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# *Title VI Implementation Plan*

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Plan effective January 17, 2019 – January 17, 2022.

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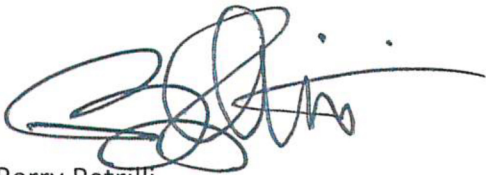
# Title VI Policy Statement

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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 sub recipients fully comply with Hacienda HealthCare Title VI Nondiscrimination Program requirements. The President and CEO has delegated the authority to Jim Hopper, Title VI Program Coordinator, to oversee and implement FTA Title VI requirements.



Perry Petrilli  
CEO



## **Notifying the Public of Rights Under Title VI Hacienda HealthCare**

The 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, e-mail [Ppetrilli@haciendainc.org](mailto:Ppetrilli@haciendainc.org); or visit our administrative office at 1406 E South Mountain Avenue, Phoenix, AZ 85298. For more information, visit [www.haciendahealthcare.org](http://www.haciendahealthcare.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. 1<sup>st</sup> Ave., Suite 900, Phoenix AZ 85003 **FTA**: ATTN: Title VI Program Coordinator, East Building, 5<sup>th</sup> 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.



## Title VI Notice to the Public - Spanish

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### 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 país de origen.

Para obtener más información sobre la Hacienda HealthCare's programa de derechos civiles, y los procedimientos para presentar una queja, Perry Petrilli, (602) 243-4231 ext 103, e-mail Ppetrilli@haciendainc.org; o visite nuestra oficina administrativa en 1406 E South Mountain Avenue, Phoenix, AZ 85298.. Para obtener más información, visite [www.haciendahealthcare.org](http://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. 1<sup>st</sup> 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.haciendahealthcare.org](http://www.haciendahealthcare.org).*

## Title VI Complaint Procedures

# Hacienda HealthCare Transportation Department Complaint Procedures

Any person who believes she or he may have been discriminated against on the basis of race, color, or national origin by Hacienda HealthCare Transportation will be able to file a complaint under Hacienda's Abuse and Neglect policy. Individuals may also file a complaint using the Title VI complaint forms available in Spanish or English or by following the guidelines listed in The Abuse and Neglect policy. Title VI forms can be requested through the following Email address or by calling the number listed. For more information please utilize the following contact.

Email: [JHopper@haciendainc.org](mailto:JHopper@haciendainc.org)

Phone: (602) 243-4231 ext 668

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 he and/or she has been discriminated against on the basis of race, color, or national origin may file a Title VI complaint by completing 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 complainant(s) and must include the complainant(s) name, address and phone number. The Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(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 him/her 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 her/him whether the complaint will be investigated by the Hacienda HealthCare or submitted to the State or Federal authority for guidance.
- (7) Hacienda HealthCare will notify ALL Title VI complaints within 72 hours via telephone at 602-534-9161; email at [Christina.hernandez@phoenix.gov](mailto:Christina.hernandez@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.
- (9) After the investigator reviews the complaint, she/he 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, she/he has 30 days after the date of the letter or the LOF to do so.
- (10) A complainant dissatisfied with 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, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

**(11)** A copy of these procedures can be found online at:  
<https://haciendainc.org/>

## Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

### Complainant's Information:

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Person Discriminated Against (someone other than complainant) Name:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Which of the following best describes the reason you believe the discrimination took place?

Race/Color (Specify) \_\_\_\_\_ National Origin (Specify) \_\_\_\_\_

On what date(s) did the alleged discrimination take place? \_\_\_\_\_

Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper).

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List names and contact information of persons who may have knowledge of the alleged discrimination.

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Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

Federal Agency

Federal Court

State Agency

State Court

Local Agency

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Please sign below. You may attach any written materials or other information you think is relevant to your complaint.



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Complainant Signature

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Date

Submit form and any additional information to:

Hacienda HealthCare Title VI Program

Jim Hopper

Title VI Program Coordinator

1402 E South Mountain Avenue

Phone: (602) 243-4231 ext. 668

JHopper@haciendainc.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).

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

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¿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

Jim Hopper

Title VI Program Coordinator

1402 E South Mountain Avenue

Phone: (602) 243-4231 ext. 668

JHopper@haciendainc.org



## Title VI Investigations, Complaints, and Lawsuits

Description/Name	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, national origin or disability)	Status	Action(s) Taken (Final findings?)
<b>Investigations</b>				
1)				
2)				
<b>Lawsuits</b>				
1)				
2)				
<b>Complaints</b>				
1)				
2)				

This form will be submitted annually.

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

*Hacienda HealthCare has not received any Title VI complaints, investigations, or lawsuits from 2015-2018.*

## Public Participation Plan

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# *Hacienda HealthCare Public Participation Plan*

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Hacienda HealthCare does not market transportation services to the public. Transport services are exclusively for disabled, elderly residents and their families. Hacienda HealthCare is engaging the public in its marketing and outreach activities. As an agency receiving federal financial assistance, Hacienda HealthCare made the following community outreach efforts:

- All admission packages are translated into Spanish.
- Translation services are provided by medical providers at doctor appointments or through hospital TTY services.
- Google Translate is available on the [Haciendahealthcare.org](http://Haciendahealthcare.org) web site.
- Training for families transitioning to home care is available to Spanish-speaking individuals.
- All Hacienda HealthCare locations have Spanish-speaking staff available for translation services.
- Hacienda HealthCare Transportation Department has Spanish-speaking vehicle operators.
- Multiple language translation services are offered through Cyracom.

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

- Hacienda HealthCare responds to community requests such as The Drowning Prevention Coalition of Arizona.
- At any requested community event, Hacienda HealthCare will provide Spanish speaking staff if required.

Hacienda HealthCare submits to the City of Phoenix Transit Department annually an application for funding. Part of the annual application is a public notice.



## Limited English Proficiency Plan

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# Hacienda HealthCare

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## *Limited English Proficiency Plan*

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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, the 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 an 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:

- All admission packages are translated into Spanish.
- Google Translate is available on the Haciendahealthcare.org web site.

Hacienda HealthCare will also be adopting City of Phoenix LAP policy available as an attachment.

## Non-elected Committees Membership Table

A sub recipient who selects the membership of transportation-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Sub recipients 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**

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Hacienda HealthCare does NOT monitor sub recipients for Title VI compliance.

## **Title VI Equity Analysis**

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Hacienda Healthcare has no current plans to develop new transportation facilities covered by these requirements. No Facilities covered by these requirements were developed since November 2015-2018”



# Board Approval for the Title VI Program

## Hacienda HealthCare

### BOARD MEETING MINUTES

**Date:** December 18, 2019  
**Location\*:** Hacienda HealthCare Conference Room, Phoenix, AZ  
**Next Meeting:** January 7, 2020 @ 1:00 pm  
**Called to Order:** 1:10 pm.  
**Adjourned:** 3:00 p.m.

Agenda Item	Minutes, Discussion, Conclusion, Recommendation	Action	Follow Up
Title IV Implementation Plan	Provided information regarding why this plan is being required by the City of Phoenix and the specifics around the plan. The Board approved the plan on December 18, 2019	None	