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# *Title VI Implementation Plan*

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**HACIENDA**  
HEALTHCARE

*February 24, 2025 – February 24, 2028*

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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 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 Hacienda Healthcare.

For more information on Hacienda HealthCare's civil rights program, and the procedures to file a complaint, contact David Mills, (602) 243-4231 ext. 175; email DMills@haciendainc.org; or visit our administrative office at 1402 E. South Mountain Avenue, Phoenix, AZ 85042. –For more information, visit [www.haciendainc.org](http://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. 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.

*The above notice is posted in the following locations: On the company web site, at Hacienda HealthCare's ICF-IID, at all Hacienda HealthCare Nursing Supported Group Homes, and in all Hacienda HealthCare transport vehicles. The above notice will also be posted in the public areas of all Hacienda HealthCare offices. Locations are as follows:*

- 1402 E. South Mountain Avenue, Phoenix, AZ 85042
- 2661 E. Brown Street, Phoenix, AZ 85028
- 2316 W. Magdalena Lane, Phoenix, AZ 85041
- 922 E. Beautiful Lane, Phoenix, AZ 85042
- 4106 S. 74<sup>th</sup> Lane Phoenix, AZ 85043
- 622 W. Sterling Place Chandler, AZ 85225

*This notice is posted online at [www.haciendainc.org](http://www.haciendainc.org).*

## **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 Hacienda HealthCare's programa de derechos civiles, y los procedimientos para presentar una queja, contacte David Mills, (602) 243-4231 ext. 175; email DMills@haciendainc.org; o visite nuestra oficina administrativa en 1402 E. South Mountain Avenue, Phoenix, AZ 85042. Para obtener más información, visite [www.haciendainc.org](http://www.haciendainc.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

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# Title VI Complaint Procedures

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## 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 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 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 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 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 within 72 hours via telephone at (602) 262-7242; email to: [phxtransiteo@phoenix.gov](mailto: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.
- (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.haciendainc.org](http://www.haciendainc.org)

# Procedimientos de Quejas Bajo el Título VI

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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](mailto: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) Después 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. 1<sup>st</sup> 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, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (11) Una copia de estos procedimientos se puede encontrar en línea en: [www.haciendainc.org](http://www.haciendainc.org)

# Title VI Complaint Form

<b>Section I:</b>		
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
<b>Section II:</b>		
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 <b>Section III</b>.</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
<b>Section III:</b>		
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.		
_____		
_____		
_____		
<b>Section IV:</b>		
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.

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**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: \_\_\_\_\_

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: \_\_\_\_\_

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@haciendainc.org

A copy of this form can be found online at [www.haciendainc.org](http://www.haciendainc.org)

# Forma de Queja del Title VI

<b>Seccion I:</b>		
Nombre:		
Direccion:		
Numero de Telefono (Casa):		Numero de Telefono (Trabajo):
Correo Electronico:		
Requisitos de Formato Accesible?	<input type="checkbox"/> Imprenta de letra grande	<input type="checkbox"/> Cinta de Audio
	<input type="checkbox"/> TDD	<input type="checkbox"/> Otro
<b>Seccion II:</b>		
Esta presentando esta queja para si mismo?		<input type="checkbox"/> Si <input type="checkbox"/> No
<i>*Si Respondio "si" a esta pregunta proceda a la Seccion III.</i>		
Si no, porfavor Proporcione el nombre y la relacion de la persona por la que presenta la queja.		
Por favor, explique por que ha presentado la solicitud para tercero:		
Porfavor, confirme que ha obtenido el permiso de la parte afectada si esta presentando la solicitud en nombre de un tercero.		<input type="checkbox"/> Si <input type="checkbox"/> No
<b>Seccion III:</b>		
Creo que la discriminacion que experimente se baso en (marque todo lo que corresponda):		
<input type="checkbox"/> Raza <input type="checkbox"/> Color <input type="checkbox"/> Origen Nacional		
Fecha de presunta discriminacion (Mes, Dia, Año): _____		
Explique lo mas claramente posible que sucedio y por que cree que fue discriminado. Describa a todas las personas que estuvieron involucradas. Inluya el nombre y la informacion de contact de la(s) persona(s) que lo discriminaron, tambien los nombres y la information de contacto de los testigos. Si necesita mas espacio, utilice el reverso de este formulario.		
_____		
_____		
_____		
<b>Seccion IV:</b>		
Ha presentado anteriormente una queja del Titulo VI ante esta agencia?		<input type="checkbox"/> Si <input type="checkbox"/> No

Si la respuesta es "Si", porfavor proporcione cualquier informacion de referencia sobre su queja anterior.

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**Seccion V:**

Ha presentado esta queja ante alguna agencia federal, estatal, o local, o ante algun tribunal federal o estatal?

Si                       No

Si la respuesta es "Si", marque todas las opciones que correspondan:

Agencia Federal: \_\_\_\_\_

Tribunal Federal: \_\_\_\_\_                       Agencia Estatal: \_\_\_\_\_

Tribunal Estatal: \_\_\_\_\_                       Agencia Local: \_\_\_\_\_

Porfavor proporcione informacion sobre una persona de contacto en la agencia/tribunal donde se present la queja.

Nombre:

Titulo:

Agencia:

Direccion:

Numero de Telefono:

**Seccion VI:**

Nombre de la agencia contra la que se presenta la queja:

Nombre de la persona contra que se presenta la queja:

Titulo:

Ubicacion:

Numero de Telefono (si esta disponible):

Puede adjuntar cualquier material escrito u otra informacion que considere relevante para su queja. Su frima y fecha son necesario a continuacion.

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

Favor de enviar este formulation personalmente a la siguiente direccion o por correo electronico a:

Programa Titulo VI de Hacienda HealthCare

Dave Mills

1402 E. South Mountain Ave.

Phoenix, AZ 85042

Phone: (602) 243-4231 ext. 175

DMills@haciendainc.org

Se puede encontrar una copia de este formulario en linea en: [www.haciendainc.org](http://www.haciendainc.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>
<b>Investigations</b>				
<b>Lawsuits</b>				
<b>Complaints</b>				

Hacienda HealthCare has not had any Title VI complaints, investigations, or lawsuits during the reporting period 2022-2025.

# Public Participation Plan

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## *Hacienda HealthCare Public Participation Plan*

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The people we support at Hacienda HealthCare are all members of the Division of Developmental Disabilities (DDD). Hacienda's members all come by way of referral from DDD, therefore Hacienda does not market services, including transportation services, to the general public. Hacienda's Transport services are exclusively for Hacienda's members. As an agency receiving federal financial assistance, Hacienda HealthCare made the following community outreach efforts:

- Hacienda HealthCare Participated in the Maricopa Association of Governments (MAG) Transportation Ambassador Program by:
  - Attended training opportunities and workshops offered by MAG.
  - Attended and participated in the quarterly TAP meetings.
  - Presenting an agency spotlight during a quarterly TAP meeting for all attendees.
  - Attended trainings offered by Section 5310.
  - Hacienda welcomed our current and potential members families and guardians to tour our facilities.
- Hacienda HealthCare addressed all concerns and questions from our members, their families, guardians, and all state surveying agencies.
- Hacienda HealthCare posted the "Notice to the Public" on our company website in both English and Spanish, as well as within our facility in conspicuous areas for our members and visitors to see.

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

- Continue participating in the MAG Transportation Ambassador Program meetings,
- Continue attending trainings and workshops held by MAG and/or Section 5310.
- Encourage more staff members to attend these events as well.
- Look for opportunities to engage in the above-mentioned events when available.
- Hacienda will connect with other agencies as we go through the disposal process for a couple of our vehicles.

- Hacienda Healthcare will continue to invite the families and guardians of our members, and perspective members, to tour our facilities prior to admissions, and when requested.

**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 is a privately owned nonprofit organization which focuses on programs that support individuals with developmental disabilities. Due to the nature of our business, we do not hold public meetings. Hacienda communicates with the families and guardians of our members, as needed, when there is a change in operations that may affect our members. This includes any updates and/or changes in our transportation departments that directly affect the services we provide to our members.



**Limited English Proficiency Plan**

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# Hacienda HealthCare

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*Limited English Proficiency Plan*

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**HACIENDA**  
HEALTHCARE

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.

**Factor 1.** Hacienda used the AHCCCS Population by Category” chart below to identify the number of DDD members that are in Hacienda’s service area. We then used the American Community Survey (ACS) five-year report to determine that 26% of the area have limited English proficiency. Using that number, we are able to determine that there are approximately 11,275 people eligible for Hacienda’s services that have limited English proficiency.

AHCCCS POPULATION BY CATEGORY

PROGRAM	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	One Month Change	% of Monthly Change	One Year Change	% of Yearly Change
SSI Cash	89,003	88,791	88,630	88,633	88,426	88,741	88,722	89,808	89,987	89,847	88,632	88,931	88,834	-127	0%	(399)	0%
SSI Related	108,974	109,238	110,000	110,042	110,709	110,883	110,979	111,488	111,476	111,713	111,710	111,680	112,016	+336	0%	+3,042	3%
Related Expenses	35,794	36,299	36,718	36,873	37,327	37,269	37,289	37,636	37,492	37,825	38,038	37,892	38,187	+295	0%	+2,373	4%
1931 AHCCCS for Families & Children	281,987	281,616	277,837	272,844	271,867	270,151	269,869	260,359	252,181	249,937	234,456	228,587	216,983	(8,944)	-4%	(64,046)	-23%
1931-Regard	149,985	149,433	148,724	141,833	141,038	139,191	139,042	134,495	129,721	125,788	118,979	113,984	108,072	(5,917)	-5%	(41,593)	-28%
1931-Expense	131,402	131,615	132,113	131,009	130,623	130,960	129,859	125,590	123,460	121,069	115,579	112,583	108,911	(3,672)	-3%	(22,491)	-17%
1931 Related	33,024	32,649	32,913	32,924	32,961	32,957	32,416	32,366	32,446	32,058	31,746	31,628	31,628	(20)	0%	(1,218)	-2%
Transitional Medical Assistance (TMA)	65,104	62,633	62,443	74,604	74,776	73,857	71,720	73,978	81,154	84,914	87,923	100,748	98,548	(2,197)	-2%	+32,443	51%
SOBRA Child	844,541	852,478	855,636	851,432	853,718	852,236	851,282	848,336	841,593	834,588	820,503	809,594	801,689	(8,095)	-1%	(42,952)	-7%
SOBRA Pregnant	16,565	16,146	15,628	16,114	16,844	16,476	17,003	18,987	20,318	20,795	20,292	20,959	21,823	+834	2%	+25,950	164%
Prop 204 Restoration (0 - 100% FPL)	529,974	529,256	528,824	520,434	519,237	513,971	508,682	503,257	493,059	484,774	468,110	448,592	433,259	(14,933)	-3%	(92,318)	-16%
Adult Expansion (100% - 133% FPL)	76,156	76,756	79,837	78,323	77,623	78,881	78,173	78,049	78,079	74,121	72,787	70,866	68,702	(4,164)	-5%	(71,454)	-15%
ALTCS	69,158	69,326	69,538	69,892	70,056	70,343	70,861	70,993	71,194	71,442	71,826	72,012	72,213	+201	0%	+2,166	5%
Developmentally Disabled	41,546	41,801	42,029	42,372	42,585	42,882	43,161	43,434	43,742	43,888	44,039	44,119	44,366	+347	0%	+3,825	9%
Elderly & Physically Disabled	27,610	27,505	27,477	27,510	27,471	27,491	27,800	27,489	27,412	28,774	28,897	28,893	28,947	+55	0%	+542	7%
Freedom to Work (FTW)	2,947	2,798	2,770	2,844	2,897	2,951	3,038	3,094	3,158	3,149	3,161	2,500	2,498	(20)	0%	(349)	-12%
FTW Home Care	2,599	2,414	2,473	2,524	2,593	2,664	2,699	2,717	2,733	2,711	2,712	2,130	2,114	(16)	-1%	(455)	-18%
FTW Long Term Care	378	384	393	320	308	357	369	377	405	432	449	370	384	+14	4%	+106	38%
KidCare	66,824	61,843	62,738	62,714	63,869	64,426	64,449	60,339	62,183	61,436	59,927	58,233	56,939	(1,291)	-2%	(3,885)	-6%
OMS	7,591	7,539	7,537	7,505	7,395	7,385	7,324	7,281	7,180	7,181	7,046	7,471	6,733	(728)	-8%	(542)	-7%
Breast and Cervical Cancer Program	125	125	120	109	94	99	100	102	101	102	106	110	108	(2)	-2%	(17)	-14%
Hospital Presumptive Eligibility	0	0	1	0	0	0	0	0	0	0	0	0	0	+0	0%	+0	0%
<b>SUBTOTAL</b>	<b>2,022,153</b>	<b>2,012,152</b>	<b>2,020,435</b>	<b>2,006,420</b>	<b>2,000,949</b>	<b>2,002,535</b>	<b>1,988,618</b>	<b>1,977,733</b>	<b>1,963,855</b>	<b>1,947,795</b>	<b>1,916,197</b>	<b>1,892,099</b>	<b>1,851,322</b>	<b>(30,567)</b>	<b>-2%</b>	<b>(190,831)</b>	<b>-9%</b>
Emergency Services	131,301	131,653	132,357	132,739	133,519	133,663	134,018	133,909	134,937	134,778	133,289	132,586	131,897	(877)	-1%	+386	0%
SLMB	46,404	46,732	46,791	46,877	46,848	46,785	46,695	47,019	46,934	47,159	46,958	47,383	45,451	(4,069)	9%	+3,047	12%
Ch-I	25,491	24,630	25,249	24,955	24,763	24,992	27,316	27,516	27,845	28,010	28,290	27,495	26,361	(7,184)	-35%	(8,153)	-20%
Transplant Option I & II	2	3	3	0	0	0	0	0	2	2	2	2	1	(1)	(5)	(1)	(60%)
<b>GRAND TOTAL</b>	<b>2,199,311</b>	<b>2,209,142</b>	<b>2,218,999</b>	<b>2,207,967</b>	<b>2,209,888</b>	<b>2,204,281</b>	<b>2,190,917</b>	<b>2,176,972</b>	<b>2,167,282</b>	<b>2,151,742</b>	<b>2,118,704</b>	<b>2,092,837</b>	<b>2,048,972</b>	<b>(34,565)</b>	<b>-2%</b>	<b>(190,339)</b>	<b>-7%</b>

**Factor 2.** Hacienda HealthCare has multiple programs including an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), Nursing Supported Group Homes (NSGH), a Day Treatment and Training for Adults (DTA), and a Group Supported Employment (GSE) vocational program. Many of the people we support reside in one of our homes, or our ICF-IID. Others attend our programs daily, Monday through Friday. This means that LEP individuals come in contact with Hacienda’s services daily.

**Factor 3.** Hacienda’s programs are designed to help each person we support reach their fullest potential. We provide a truly unique service to a wonderfully unique population. Having the ability to translate for LEP persons within this population allows Hacienda to provide our services to a group of individuals who may otherwise not have the opportunity to receive the services and support that we provide.

**Factor 4.** Hacienda has contracted with Cyacom to provide translation services for all languages. For \$10 per month Hacienda receives 13 minutes of voice and/or visual translation. Each minute after that will be at a cost of \$.79 per minute. Cyacom also provides written translation services if needed. The information is available on Hacienda’s website for the public to view and use if needed when communicating with Hacienda Healthcare.

Hacienda also has many bi-lingual staff members who are available to help with translation when needed and posts all required notices in English and Spanish on our website, and in areas of our facility's where they can be seen by our members, staff, and guests.

### **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 display vital documents 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

# Non-elected Committees Membership Table

A subrecipient 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 have subrecipients and does not monitor subrecipients for Title VI compliance.

# Title VI Equity Analysis

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A subrecipient 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 the year 2000 when our last facility expansion was built.

# Board Approval for the Title VI Program

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ATTACH A COPY OF THE BOARD MEETING MINUTES HERE





**BOARD OF DIRECTORS RESOLUTION  
TO  
ACCEPT THE UPDATED HACIENDA HEALTHCARE IMPLEMENTATION PLAN OF  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

**WHEREAS**, the Board of Directors of Hacienda HealthCare has assembled in a meeting this 30<sup>th</sup> day of January, 2025;

**WHEREAS**, Hacienda HealthCare has entered into contractual agreements with the City of Phoenix and the Maricopa Association of Governments:

**WHEREAS**, Hacienda HealthCare, as part of these contractual agreements, is required, from time to time, to update its Title VI of the Civil Rights Act of 1964 Implementation Plan Information (the "Plan" is attached) and make that information available to the public via its website and other means as applicable.

**NOW, THEREFORE, BE IT RESOLVED THAT:**

1. The Plan is approved.

The undersigned, Alex Ryan (President of the Board), hereby certifies that the foregoing resolution was duly adopted by the Board of Directors at the meeting referenced herein and that the Plan is the true copy of the document referenced in the resolution.

A handwritten signature in black ink that reads "Alex Ryan".

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Alex Ryan  
President, Board of Directors

A handwritten date in black ink that reads "1/30/25".

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Date

# Hacienda HealthCare

Hacienda ICF/IID, Home & Community Based Services, Los Ninos Home Medical Services

## BOARD MEETING MINUTES

**Members Present:** Janet Weigel, Gary Orman, Alex Ryan

**Date:** January 30, 2025

**Members Absent:**

**Location:** Virtual Meeting via Teams

**Staff Present:** Perry Petrilli, Laura Worthy, Ida Alexandrino, David Mills

**Next Meeting:** October 30, 2024  
1:00 pm

**Visitors Present:**

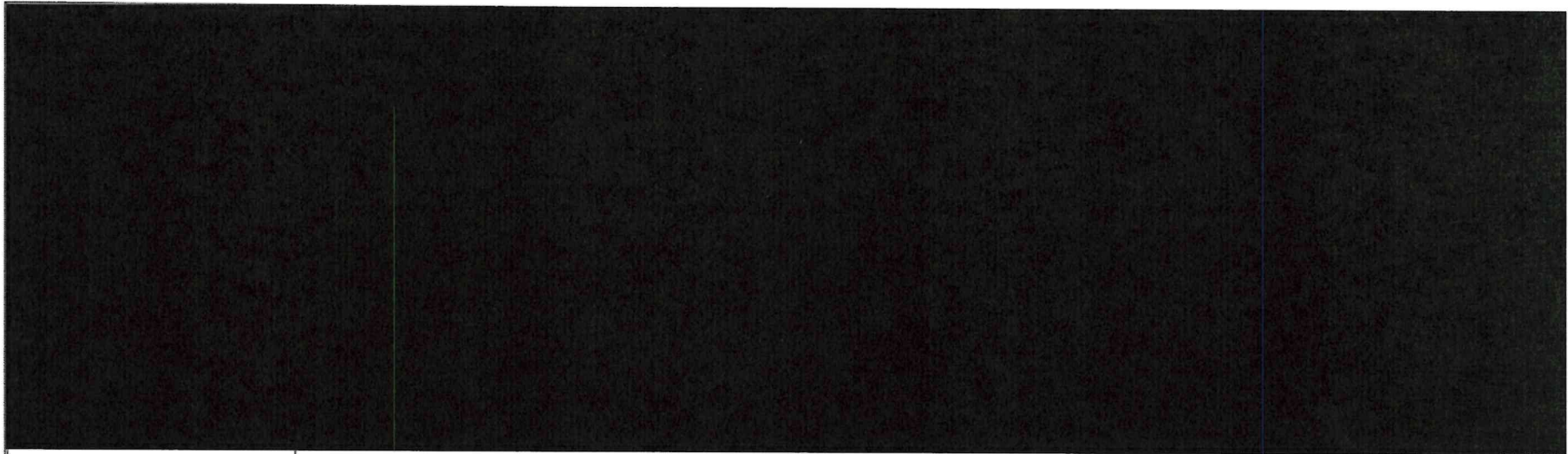
**Called to Order:** 1:03 pm

**Adjourned:** 1:58 pm

Agenda Item	Minutes, Discussion, Conclusion, Recommendation
Meeting Minutes	Board members reviewed and approved the last meeting's minutes.

Title VI Plan Review

The board reviewed and approved Hacienda, Inc.'s Title VI plan for reporting period February 24, 2025 – February 24, 2028



Next Board Meeting	February 27, 2025, at 1:00pm
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ATTESTED BY: *Alex Ryan*  
ALEX RYAN, PRESIDENT