

**Civil Rights Compliance Information Request Package  
Section C – 3 (Pages 1-13)**



The Office of the Governor, Division of Medicaid, is responsible for enforcing several civil rights laws as they apply to applicants and/or recipients of federal financial assistance from the United States Department of Health and Human Services (US DHHS). These laws prohibit discrimination based on race, color, national origin, age, disability, limited English Proficiency, and in some instances, sex and religion.

As part of the application process for a Mississippi Medicaid Provider, you must be evaluated for compliance with the civil rights laws as described above. In order to determine your eligibility to participate in federally financed programs, please provide the information identified in the enclosed Civil Rights Compliance Information Request Package.

If you have received a Medicare certification approval letter, a copy of the compliance letter (Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discriminations Act of 1975 and Section 1557 of the Affordable Care Act of 2010) may be submitted in lieu of completing DOM's compliance packet. Medicare compliance mirrors the Medicaid compliance review requirements, as both programs are recipients of federal financial assistance and are monitored by the Office of Civil Rights for non-discrimination.

For any assistance in completing this information, please contact the Office of Provider Enrollment at 1-800-421-2408.

Thank you for your cooperation.



**OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID**

In order for a provider/vendor to participate as a provider of services in the Medicaid program, it must meet certain requirements. One such requirement is to ensure that qualified persons are not denied benefits or services based on race, color, national origin, disability, or age. In accordance with the Centers for Medicare and Medicaid Services (CMS) and civil rights regulations, it is the responsibility of the Office of the Governor, Division of Medicaid (DOM) to conduct a review of such a provider to determine its compliance with the requirements of Title VI of the Civil Rights Act of 1964 (race, color, national origin or Limited English Proficiency), Section 504 of the Rehabilitation Act of 1973 (disability), the Age Discrimination Act of 1975, and Section 1557 of the Affordable Care Act of 2010.

In order for DOM to determine compliance with the above requirements, please respond to this Civil Rights Compliance Information Request. To assist in providing this information, technical assistance materials have been included which may be helpful.

In determining a provider's compliance with the civil rights authorities cited above, DOM will evaluate the materials provided in response to the information request, which will allow DOM to examine compliance in the areas of:

- Nondiscrimination policies and the manner of their dissemination;
- Communication with persons who have a sensory or speech impairment;
- Communication with persons who have Limited English Proficiency;
- Provision of required notices and manner of providing notice;
- Section 504 coordination; and
- Restrictions based on age.

Based on your response to the information request, DOM staff will determine the need for additional information, which may be obtained through a written request, telephone contact, or site review.



**OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID**

In completing the attached Civil Rights Compliance application, below is a list of the required documentation that must be returned to the Division of Medicaid.

- General Data about the provider/Vendor (signature required) - Page 4 and 5
- A copy of the provider's Nondiscrimination Policy - See example on Page 7
- A copy of the provider's Limited English Proficiency Policy – See example on Page 11
- A copy of the provider's Sensory and Speech Impairment Policy – See example on Page 10
- A copy of provider's Program – Facility Accessibility Policy – See example on Page 12
- Statement of Compliance (signature required) – Page 13
- Attach a copy of the provider's most current published Newspaper article stating the provider's Nondiscrimination policy **(for LTC Facilities ONLY)**

OR

- General Data about the provider/Vendor (signature required) - Page 4 and 5
- Attach a copy of the provider's most recent published Newspaper article stating the provider's Nondiscrimination policy **(for LTC Facilities ONLY)**
- DHHS – Office Of Civil Rights letter of compliance

## Civil Rights Compliance Information Request for Medicaid Certification

Please return your response to this information request with your provider enrollment application.

Note: Please submit all data for numbers 1 through 7.



### 1. General data about the provider/vendor

#### A. Name of provider/vendor

#### B. Address

#### C. Administrator's Name

#### D. Contact Person's Name (If different from Administrator)

#### E. Phone Number

#### F. TDD

#### G. Email

#### H. FAX

#### I. NPI

#### J. Tax ID/SSN

#### Type of provider/vendor (physician, dentist etc.)

#### Number of employees (including part time)

2. A signed copy of the form, Statement of Compliance (included). (A copy should be kept by provider/vendor and a signed original must be returned with your response to information request.)
3. Data regarding your nondiscrimination policies and notices, including: (*Please see Attachment A "Establishing Effective Nondiscrimination Policies and Notice Procedures," for help in creating or modifying a nondiscrimination policy.*)
  - A. A copy of your written notice(s) of nondiscrimination that provides for admission and services without regard to race, color, national origin, disability, or age.
  - B. A description of the methods used by the provider/vendor to disseminate its nondiscrimination notice(s) to participants, beneficiaries, and potential beneficiaries, employees, patients, community organizations, and referral sources of the protection against discrimination assured them by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Section 1557 of the Affordable Care Act of 2010. (*Please submit copies of brochures or newspaper articles, if publication is one of the methods used.*) Please describe methods used to provide this information to persons who have sensory impairments and to persons who have Limited English Proficiency (LEP).
4. Data regarding your staff's communication with persons of national origin who are LEP, including: (Please see Attachment B, "How to Establish Effective Communication Procedures for Persons with Limited English Proficiency and for Persons with Impaired Hearing, Vision, or Speech," for help, if needed.)
  - A. A description (or copy) of procedures used by provider/vendor to communicate with persons who have LEP, including how you obtain qualified interpreters for such persons.
  - B. Samples of all written material printed in a non-English language. (Notices, consent forms, waivers, description of services provided, explanation of procedures, etc). If none is available, a description of how LEP beneficiaries are provided the same information as other beneficiaries.
5. Procedures used by a provider/vendor to disseminate information to patients and potential patients about the existence and location of your services and facilities that are accessible to persons with disabilities. (Please see Attachment C.)

**General data about the provider/vendor continued:**

- 6. Data regarding the available auxiliary aids which a provider/vendor provides to persons with impaired sensory, manual, or speaking skills: *(Please see Attachment C, "504 Notice of Program Accessibility," for examples of auxiliary aids.)*
  - A. If a provider/vendor employs 15 or more persons, please contact DOM regarding other requirements under DOM's Section 504 regulations for providers with 15 or more employees.
  - B. If a provider/vendor employs fewer than 15 persons, a provider/vendor has a continuing obligation to ensure that qualified persons with disabilities are not denied services because of their disability. To meet this obligation, a provider/vendor should, on its initiative, examine the needs of sensory and speech-impaired patients/clients and potential patients/clients. Based on the needs identified, such auxiliary aids can be made readily available. DOM regulations do not specifically require a provider/vendor to furnish auxiliary aids if the provision of such aids would significantly impair a provider/vendor's ability to provide benefits and services.
- 7. Data regarding Age Discrimination Act, including a description or copy of any policy(ies) or practice(s) restricting or limiting admissions or services provided by a provider/vendor on the basis of age.

After review, an authorized official must sign and date the certification below. Please ensure that complete responses to all information/data requests are provided to facilitate prompt processing of a provider/vendor's request for Medicaid participation. Failure to provide the information/data requested may delay provider/vendor's certification for funding.

**CERTIFICATION:**

**I certify that the information provided to the DOM is true and correct to the best of my knowledge**

<b><i>Provider Signature</i></b>	<b><i>Date</i></b>
<b><i>Provider's Title</i></b>	

**ATTACHMENT A**

**ESTABLISHING EFFECTIVE  
NONDISCRIMINATION POLICIES AND  
NOTICE PROCEDURES**

Various sections of the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), the Age Discrimination Act of 1975 and Section 1557 of the Affordable Care Act of 2010, *require providers that are "recipients" of Federal financial assistance to notify beneficiaries, potential beneficiaries, employees, and others of the availability of programs and services to all persons without regard to race, color, national origin, sex, disability, Limited English Proficiency, or age. For notice to be effective, an appropriate policy statement of nondiscrimination must be adopted and disseminated.* (see Part II)

To meet these requirements, many providers elect to adopt a single policy of nondiscrimination on the basis of race, color, national origin, sex, disability, or age in the provision of services and employment. Additional nondiscrimination factors, such as sex, religion or creed, methods of payment, etc., are sometimes added to meet other federal, state, or local requirements. (A model nondiscrimination policy statement is attached.)

Once adopted, the notice must be distributed to the general public and such protected groups as sensory impaired persons and those with Limited English Proficiency. "Effective Notice" does not mean that every individual within a particular group must be notified or that all publications must be translated into languages represented in the service area population. Nor does it specifically require an outreach program. It usually means, however, that the provider must take extra steps to ensure that persons protected by the regulations have an equal opportunity to receive notice of and access to its programs.

**(PART I) STEPS IN DEVELOPING AN EFFECTIVE NOTICE PROCEDURE**

An effective procedure can usually be developed by taking the following steps: (The specific procedure will necessarily reflect the kinds of information normally distributed by the provider, community resources available, and input from those resources.)

1. Identify the existing methods of distributing information on services, benefits, waivers of rights and consent to treatment to beneficiaries, potential beneficiaries, applicants and employees.
2. Familiarize yourself with your service area by identifying the major languages and disabled groups. This can be done by gathering statistical data from such sources as the U.S. Census, local and state planning bodies, chambers of commerce, educational institutions, and other providers.
3. Determine if the existing methods of giving notice adequately reach persons with limited proficiency in English and persons with impaired vision or hearing.
4. Consult with members of these groups or with organizations representing them for suggestions about ways to give notice to their constituencies, such as at regular meetings and conferences, through newsletters or other publications, and by posting in the provider/vendor's office and locations frequented by the particular group.
  - For persons whose primary or exclusive language is other than English, translated versions of the notices and bilingual interpreters should be available. For persons who are sensory or speech impaired, braille versions, voice tapes, interpreters, or readers should be available depending upon the circumstances. The persons and groups receiving the notice are usually the best guides for determining the most effective methods.
5. Describe how the notices will be disseminated to Limited English Proficient speaking persons and to persons with sensory or speech impairments. This usually means adopting an instruction or standard operating procedure.
6. Notify and train appropriate staff about the notice procedure.



(PART II)
NOTICE REQUIREMENTS AND REGULATION CITATIONS

TITLE VI

Notify participants, beneficiaries, and other interested persons of the provisions of the Title VI Regulation and how it applies to the recipient's program - 45 C.F.R. § 80.6(d);

Notify all persons concerning their right to file a complaint of discrimination and the procedure for filing such a complaint - 45 C.F.R. § 80.6(d).

SECTION 504

- Adopt and implement procedures to ensure that interested persons, including those with impaired vision or hearing, can obtain information about the recipient's facilities which are accessible to and usable by disabled persons - 45 C.F.R. § 84.22(f);
Notify disabled persons, including those with sensory or speech impairments, of any general notices of the recipient's services or benefits and of written materials concerning waivers of rights or consent to treatment (e.g., information releases, financial agreements, insurance assignments, informed consent for treatment) - 45 C.F.R. § 84.52(b);
Notify participants, beneficiaries, applicants, employees, and affiliated unions or professional organizations that the recipient does not discriminate on the basis of disability in violation of Section 504 in the areas of access, admission, treatment, or employment - 45 C.F.R. § 84.8(a);
- Include in the notice the name or title of the employee designated by the recipient to be responsible for coordinating its efforts to comply with Section 504;
- Ensure that persons with impaired vision or hearing receive effective notice of the foregoing;
Include the nondiscrimination notice in publications of general information about the recipient's programs by adding appropriate inserts in existing materials and publications or by revising and reprinting the materials and publications - 45 C.F.R. § 84.8(b).

AGE DISCRIMINATION ACT

Notify program beneficiaries of the protection against discrimination on the basis of age provided by the Act and its regulations - 45 C.F.R. § 91.32(b). \*\*\*\*\*

SECTION 1557

- Prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities under TVI, Title IX, the Age Discrimination Act and Section 504 of the Rehabilitation Act. 45 C.F.R. § 92.1.
Provide meaningful access to an individual with limited English proficiency that is served or encountered in its health programs and activities. The covered entity must offer that individual a qualified interpreter and translation services. 45 C.F.R. § 92.201(a).

(Attached are examples of a nondiscrimination policy and a nondiscrimination statement which, if properly completed, are suitable for posting and other dissemination.)



*The following is an example of a nondiscrimination policy suitable for posting and other dissemination.*

**NONDISCRIMINATION POLICY**

As a recipient of federal financial assistance, the **(name of provider)** does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, sex, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by **(name of provider)** directly or through a contractor or any other entity with whom the **(name of provider)** arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, 91, and 92. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

Provider Name

Coordinator  
Telephone number  
TDD

*The following is a notice of nondiscrimination which was found to be acceptable as a shortened version of a provider's adopted policy of nondiscrimination. Owing to its brevity, such a statement is more convenient to include in publications, announcements, advertisements, etc., than the complete policy.*

**(Name of provider)** does not discriminate against any person on the basis of race, color, national origin, sex, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: **(name, phone number, TDD)**.





**ATTACHMENT B**

**HOW TO ESTABLISH EFFECTIVE COMMUNICATION PROCEDURES  
FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY  
AND FOR PERSONS WITH IMPAIRED HEARING, VISION, OR SPEECH**

The Department of Health and Human Services has issued regulations to notify health care and social service providers, who are recipients of federal financial assistance from the Department, of their civil rights obligations under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Section 1557 of the Affordable Care Act of 2010. Regulations or Title 45, Code of Federal Regulations Part 80, issued pursuant to Title VI, prohibit recipients from conducting any program, activity or service in a manner that excludes, denies, or otherwise discriminates on the basis of race, color, or national origin. Regulations or Title 45, Code of Federal Regulations Part 84, issued pursuant to Section 504, prohibit similar discrimination on the basis of disability. Regulations or Title 45, Code of Federal Regulations Part 92.101, prohibit covered entities from discriminating on the basis of color, national origin, sex, age, or disability. Health care and social service providers may also be subject to Title II or Title III of the Americans with Disabilities Act (ADA). Title II of the ADA prohibits discrimination against individuals with a disability in public services, and Title III of the ADA prohibits discrimination in public accommodations against individuals with a disability.

A frequent cause of discrimination on the basis of national origin in a health care setting that may violate Title VI is a provider's method of communicating with patients and other persons who, because of their national origin, have limited proficiency in speaking or understanding English. A similar cause of disability discrimination is a provider's ineffective communication with patients and other persons who have sensory or speech impairments.

Providers have an obligation under 45 C.F.R. Part 80 to ensure that persons with limited proficiency in English, because of their national origin, have a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered. Under 45 C.F.R. Part 84, for providers with 15 or more employees, individuals with sensory or speech impairments must have an opportunity equal to, or as effective as, that afforded others to apply for, receive or participate in, or benefit from the services offered. One way for providers to meet these obligations is to establish written procedures (sample written procedures are included) and train staff on how to obtain assistance in communicating with patients who are Limited English Proficient (LEP), and who have sensory or speech impairments.

Providers have the obligation to provide communication aids and qualified interpreters at no cost to the LEP/sensory impaired person.



*The following is a sample procedure for effective communication with persons with sensory impairments.*

**PROCEDURE FOR COMMUNICATING INFORMATION TO PERSONS WITH SENSORY IMPAIRMENTS**

**(Name of provider)** will take such steps as are necessary to ensure that qualified persons with disabilities, including those with impaired sensory or speaking skills, receive effective notice concerning benefits or services or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice are provided without cost to the person being served.

For Persons With Hearing Impairments: Qualified sign-language interpreter for persons who are deaf/hearing impaired and who use sign-language as their primary means of communication, the following procedure has been developed and resources identified for obtaining the services of a qualified sign-language interpreter to communicate both verbal and written information:

(Insert the information for obtaining the services of a qualified sign-language interpreter. The information should identify the staff person authorized to obtain the interpreter, the information on the agency that has agreed to provide the service, telephone numbers and hours of availability and/or a list of qualified staff interpreters. Methods used to train patient contact staff in the use of effective methods of communication with Sensory Impaired persons should also be included. Note: Family members and friends should be used as interpreters only if: 1) the patient/client has been made aware of the availability of qualified sign-language interpreters at no additional charge and, without any coercion whatsoever, chooses the services of family members or friends). 2) If no interpreters are available in your community (within 30 miles of provider/vendor).

If your agency/provider/vendor utilizes a Telecommunication Device for the Deaf (TDD), give an explanation of where it is located, how to operate it, and the telephone number. If there is an arrangement for sharing a TDD, give an explanation of the sharing arrangement, the telephone number and the procedures for borrowing the device.

For Persons With Visual Impairments: Reader/staff will communicate the content of written materials concerning benefits, services, waivers of rights, and consent to treatment forms by reading them out loud to visually impaired persons.

Large print, taped, and braille materials: (If any of these aids are chosen, in addition to reading, this section should tell what other aids are available, where they are located, and how they are used.)

For Persons With Speech Impairments: Writing materials, typewriters, TDD, and computers are available to facilitate communication concerning program services and benefits, waivers of rights, and consent to treatment forms.



*The following is a sample procedure for effective communication with persons of Limited English Proficiency.*

**PROCEDURE FOR COMMUNICATION WITH PERSONS OF LIMITED ENGLISH PROFICIENCY**

**POLICY:**

It is the policy of **(name of provider)** to provide communication aids (at no cost to the person being served) to Limited English Proficient (LEP) persons, including current and prospective patients, clients, family members, interested persons, et al., to ensure them a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered. The procedures outlined below will reasonably ensure that information about services, benefits, consent forms, waivers of rights, financial obligations, etc., is communicated to LEP persons in a language which they understand. Also, they will provide for an effective exchange of information between staff/employees and patients/clients and/or families while services are being provided.

**PROCEDURE:**

1. The **(provider)** will designate **(employee name and/or title)** to be responsible for implementing methods of effective communication with LEP persons.
2. **(Employee name and/or title)** will:
  - Maintain and routinely update a list of all bilingual persons, organizations, and staff members who are available to provide bilingual services, and
  - Develop written instructions on how to gain access to these services, i.e., contact persons, telephone numbers, addresses, languages available, hours available, fees and conditions under which the person(s) are available.
    - Post a short “tagline” written in at least the top 15 languages spoken by individuals with limited English Proficiency in relative state informing that language assistance service is free of charge.
3. In order to ensure effective communication and to protect the confidentiality of (client/patient) information and privacy, the **(client/patient)** will be informed that the services of a qualified interpreter are available to him/her at no additional charge. Only after having been so informed, the **(client/patient)** may choose to rely on a family member or friend in an emergency situation. The choice of the **(client/patient)** and presence of an interpreter will be documented after every visit.
  - Use a translator when translating written content in paper or electronic form.



**ATTACHMENT C**

**SECTION 504 NOTICE OF PROGRAM ACCESSIBILITY**

The regulation implementing Section 504 requires that an agency/provider/vendor *"shall adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons."* (45 C.F.R. §84.22(f))

**The following Access Notice examples meet regulatory requirements for notice to those persons able to read English printed in this format.**

**Access Notice** (Example )

This provider/vendor and all of its programs and activities are accessible to and usable by disabled persons, including persons with impaired hearing and vision. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons with impaired hearing, vision, speech, or manual skills, without additional charge for such aids:

**If you require any of the aids listed above, please let the receptionist or your nurse know.**

**Civil Rights Compliance Information Request for Medicaid Certification**



**STATEMENT OF COMPLIANCE**

Assurance is hereby given that in accordance with Title VI of the Civil Rights Act of 1964, (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), the Age Discrimination Act of 1975 (42 U.S.C. 6101, et seq.), the Americans with Disabilities Act of 1990, Section 1557 of the Affordable Care Act of 2010 (45 U.S.C. 92.101), and the Regulations issued there under by the Department of Health and Human Services (42 CFR Parts 80, 84 and 90) no individual shall, on the grounds of race, sex, color, creed, national origin, limited English proficiency age or handicap, be excluded from participation, be denied the benefits of, or be otherwise subjected to discrimination under any program or services of this institution.

**Provider's Acknowledgement**

I certify that all responses and information given are true to the best of my knowledge.

***Print Name***

***Provider's Signature***

***Date***

**Facility Operations Contact Person:**

***Print Name and Title as stated by Employer***

***Phone Number***

***Signature***

***Date***