

**NONDISCRIMINATION COMPLIANCE REVIEW**

The Department of Human Services has the responsibility for ensuring that Medicaid providers are in compliance with Title VI of the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended; and the Age Discrimination Act of 1975, as amended.

**Identifying Information**

Facility Name	County	Phone ( )
Address		
Legal Auspices:	<input type="checkbox"/> Proprietary <input type="checkbox"/> Nonprofit <input type="checkbox"/> Governmental	Provider No.
Number of Beds _____ NF    _____ Skilled    _____ Other    Total _____		

Documentation to support the information you provide on this form must be available for inspection at the facility.

Yes No **A. Admission Policies**

- 1. Does your facility have an admissions policy prohibiting discrimination based on race, color, age, national origin, or disability (mental or physical)?
- 2. If such a policy has been adopted, is it in writing and posted?
- 3. Have the following been notified in writing of the facility's policy on nondiscrimination:  
Note: If you answer no to any of the items, explain in Section G.
- Community
- Employees
- Residents
- Attending physicians
- 4. Is admission to your facility limited to membership in a defined group, e.g. fraternal organization, religious denomination, corporate employee, etc.?

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

5. Specify major referral sources for new admissions: \_\_\_\_\_  
\_\_\_\_\_

6. What approximate percentage of your geographic service area population consists of racial minorities? \_\_\_\_\_%

**B. Analysis of Residents Admitted During the Previous 12-Month Period**

	Total	RACIAL/ETHNIC GROUP IDENTIFICATION					With Disabilities	Age	
		White	Black	Hispanic	Amer. Ind. Alas. Nat.	Asian/ P.I.		Age 40+	39 or less
Men									
Women									
Total									

**C. Type of Room Assignment**

	White	Black	Hispanic	Amer. Ind. Alas. Nat.	Asian/ P.I.	With Disabilities
Number of residents in:						
Single room or in room alone						
Semiprivate or ward room with <b>no</b> minority people						
Semiprivate or ward room with <b>only</b> minority people						
Semiprivate or ward room with mixed racial/ethnic groups						
Total						

**D. General Availability of Facilities and Services**

Yes No

- 1. Are all services and facilities available to and used by all residents without regard to race, color, age, national origin, or disability?
- 2. Can any licensed physician or therapist visit or treat a patient who is residing in this facility, regardless of race, color, age, national origin or disability of the patient or practitioner?
- 3. Has any qualified person within a disability been denied admission or excluded from participation in any applicable services or programs because the facility is structurally inaccessible? (If so, describe in Section G and state your plan for correction.)
- 4. Have persons with disabilities (or organizations representing them) assisted in identifying potential barriers to optimal participation by persons with disabilities in facility programs? (Please describe in Section G.)
- 5. Providers with fewer than 15 employees may refer persons with disabilities to an accessible provider only if no means other than a significant alteration in existing facilities is available. Do you have a procedure which is followed to ensure that referrals are made under this condition?
- 6. Do you have a method of determining where services may be provided at alternate accessible sites in a nondiscriminatory manner?
- 7. When assessing a person’s eligibility for your programs and services, you use the same procedures for disabled and non disabled?

Yes No

- 8. Are appropriate services provided by your facility to persons with disabilities regardless of the nature of their disability?
- 9. Do you admit or treat alcohol or drug abusers in your programs or services on a nondiscriminatory basis?
- 10. Is there an effective means of communication for persons with hearing impairments receiving care in your facility?
- 11. Are auxiliary aids for persons with disabilities, including those with visual and hearing impairments, used to ensure equal benefit from services?
- 12. Has your staff been informed of the auxiliary aids which are available for service to persons who are disabled?
- 13. Does your facility have a written policy concerning hiring of bilingual employees to match bilingual characteristics of the population?
- 14. Does your facility have a written policy and procedure prohibiting discrimination in employment based on race, color, national origin, religion, sex, age, creed, and disability? If not, describe why in Section G.

**E. Current Employment Breakdown**

Staff Positions	White		Black		Hispanic		Amer. Ind. Alas. Nat.		Asian/ P.I.		With Disabilities	Age 40+	39 or less
	M	F	M	F	M	F	M	F	M	F			
Administrative													
RN/LPNs													
Nurses Aides													
Dietary													
Housekeeping & Maintenance													
Laundry													
Beauticians & Barbers													
Activities & Social Serv.													
Therapists & Consultants													
Other													
Other													
Total													

**F. Grievance**

Yes No

1. Does your facility have a written grievance policy and procedure prohibiting discrimination in the delivery of services to residents based on race, color, national origin, age, or disability?
2. Has your facility received a complaint of discrimination based on:  
If so, describe in Section G.

**Services to Residents:**

Yes	Number	No

- a. Race
- b.. Color
- c. Religion
- d. Creed
- e. Sex
- f. National Origin
- g. Disability
- h. Age
- i. Other

**Treatment of Employees:**

Yes	Number	No

3. Is documentation maintained by your facility which can substantiate the nondiscriminatory practices on the basis of race, color, national origin, age, or disability? At the time of an on-site compliance review, documentation must be made available to the state’s authorized reviewer.

**G. Additional Information** (Attach additional sheets, if necessary.)

**CERTIFICATION**

**I CERTIFY THAT THE INFORMATION FURNISHED IN THIS CIVIL RIGHTS REVIEW REPRESENTS ACCURATELY THE POLICIES, PRACTICES, AND CURRENT STATUS OF THIS FACILITY.**

Signature of Person Completing Form	Date
Authorized Signature - Administrator	Date