



Access to Healthcare  
TITLE VI Implementation Plan  
Roni Fox, Human Resource Director

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## Executive Summary

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that “no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance (42 U.S.C. Section 2000d).

The Civil Rights Restoration Act of 1987 clarified the intent of Title VI to include all programs and activities of Federal-aid recipients, and or contractors whether those programs and activities are Federally funded or not.

Executive Order 13166 placed renewed emphasis on Title VI issues, to ensure meaningful and equal access in programs and activities to persons with Limited English Proficiency (LEP).

Recipients of public transportation funding from Federal Transit Administration (FTA), and the Nevada Department of Transportation (NDOT), are required to develop policies, programs, and practices that ensure Federal Transit dollars are used in a manner that is nondiscriminatory as required under Title VI.

This document details how the ACCESS TO HEALTHCARE (AHNNV) incorporates nondiscrimination policies and practices in providing services to the public.

## Jurisdiction and Authorities

ACCESS TO HEALTHCARE is a recipient of US Department of Transportation (USDOT) funding through funding assistance and is therefore subject to the Title VI compliance conditions associated with the use of these funds pursuant to the following:

- Title VI of the Civil Rights Act of 1964 (42 USC 2000d et seq);
- Section 162 (a) of the Federal-Aid Highway Act of 1973 (23 USC 324);
- Age Discrimination Act of 1975;
- Section 504 of the Rehabilitation Act of 1973;
- Americans With Disabilities Act of 1990;
- Civil Rights Restoration Act of 1987;
- 49 CFR Part 21;
- 23 CFR Part 200;
- USDOT Order 1050.2;
- Executive Order #12898 (Environmental Justice);
- Executive Order #13166 (Limited-English-Proficiency);
- The Americans with Disabilities Act (42 USC 126)
- Title II of the Americans with Disabilities Act Implementing Regulation (28 CFR 35)
- Section 504 of the Rehabilitation Act of 1973 (29 USC 794, et seq).
- Section 504 of the Rehabilitation Act of 1973 Implementing Regulation 49 CFR 27
- Americans with Disabilities Act Accessibility Guidelines (ADAAG)
- Public Rights-of-Way (PROWAG) Notice of Proposed Rule Making, July 26, 2011
- Uniform Federal Accessibility Standards (UFAS)
- Title VII of the Civil Rights Act of 1964, as amended

(<http://www.eeoc.gov/laws/statutes/titlevii.cfm>)

- The Age Discrimination in Employment Act of 1967, as amended (<http://www.eeoc.gov/laws/statutes/adea.cfm>)
- The Equal Pay Act of 1963 (<http://www.eeoc.gov/laws/statutes/epa.cfm>)
- Sections 501 and 505 of the Rehabilitation Act of 1973, as amended (<http://www.eeoc.gov/laws/statutes/rehab.cfm>)
- The Genetic Information Nondiscrimination Act of 2008 (<http://www.eeoc.gov/laws/statutes/gina.cfm>)
- The Civil Rights Act of 1991 (<http://www.eeoc.gov/laws/statutes/cra-1991.cfm>)
- Title 29, Code of Federal Regulations, Part 1614 (<http://www.eeoc.gov/federal/directives/1614-final.cfm>)
- No Fear Act (<https://www.transportation.gov/civil-rights/civil-rights-awareness-enforcement/no-fear-act>)
- 23 CFR 230, Subpart C

## Introduction to Access to Healthcare

### Organizational Structure

AHNNV through the Nevada Department of Transportation (NDOT), provides public transportation for all members of the community. We offer a demand response transportation service. We currently have ten (10), vehicles in operation, of which, all are American's with Disabilities Act (ADA), accessible.

AHNNV utilizes the Nevada Department of Transportation's (NDOT), transit funding. AHNNV worked to secure grant funding to implement the program and services.

The AHNNV is represented by a twenty-four (24) elected Board of Directors. The ethnic percentage of Board of Directors include: 100% Caucasian.

Board of Commissioners:

Seat 1	CEO
Seat 2	Board Chair
Seat 3	Board Vice President
Seat 4	Board Treasurer
Seat 5	Board Secretary
Seat 6 -24	Board Member

Our federally funded transportation program serves the Access to Healthcare communities. The following transportation components are offered in each of the areas served:

AHNNV Public Transportation FTA funding through NDOT and provides public transportation for the communities of Reno, Sparks, and Carson City.

Access To Healthcare's Title VI Coordinator is responsible for initiating and monitoring Title VI activities, preparing required reports, and other responsibilities as required by Title 23 Code of Federal Regulations ("CFR") Part 200, and Title 49 CFR Part 21.

## General Reporting Requirements

### Annual Title VI Certification and Assurance

#### Requirement

Federally assisted subrecipients must submit an annual Title VI certification and assurance as part of their Annual Certifications and Assurances submission to NDOT 23 CFR § 200.9 (a).

#### Reporting

AHNNV has submitted the required annual Title VI certification and assurance.

### Title VI Program Plan

#### Requirement

All subrecipients must document their compliance with DOT's Title VI regulations by submitting a Title VI Program Plan to NDOT annually, and/or upon request. For all recipients (including subrecipients), the Title VI Program Plan must be approved by the recipient's board of directors, appropriate governing entity, or officials responsible for policy decisions prior to submission.

#### Reporting

ACCESS TO HEALTHCARE has completed the required elements and documentation for the Title VI Program, has formalized the plan, included all attachments, and have submitted it to NDOT.

### Policy Statement

#### Requirement

All subrecipients must include a Title VI policy statement as part of their Title VI Plan.

#### Reporting

Access To Healthcare has submitted the required Title VI Policy Statement as part of their plan and is attached as ATTACHMENT A.

### Organization & Staffing

#### Requirement

All subrecipients must include a description of their staffing and reporting structure, and an organizational chart as part of their Title VI Plan.

#### Reporting

Under the authority of ACCESS TO HEALTHCARE Board of Directors, the ACCESS TO HEALTHCARE Human Resource Director, Roni Fox, will serve as the Title VI Coordinator and be responsible for ensuring implementation of the agency's Title VI program.

The Title VI Coordinator and staff are responsible for coordinating the overall administration of the Title VI program, plan, and assurances, including complaint handling, data collection and reporting, annual review and updates, and internal education.

Title VI Coordinators Responsibilities include but not limited to:

- Process the disposition of Title VI complaints received.
- Collect statistical data (race, color or national origin) of participants in and beneficiaries of agency programs, (e.g., affected citizens, and impacted communities).
- Conduct annual Title VI reviews of agency to determine the effectiveness of program activities at all levels.
- Conduct training programs on Title VI and other related statutes for agency employees.
- Prepare a yearly report of Title VI accomplishments and goals, as required.
- Develop Title VI information for dissemination to the general public and, where appropriate, in languages other than English.
- Identify and eliminate discrimination.
- Establish procedures for promptly resolving deficiency status and writing the remedial action necessary, all within a period not to exceed 90 days.

Roni Fox, Human Resource Director, administers the Title VI Program and is the designated Title VI Coordinator. As the Title VI Coordinator, she oversees the day-to-day administrative requirements of Access to Healthcare's Title VI Program. The organizational chart does address to whom Roni Fox reports to and shows she has access to the agency's highest authority and is attached as ATTACHMENT B.

## Internal and External Program Reviews

### Requirement

All subrecipients must include a description of their review/oversight process as part of their Title VI Plan.

### Reporting

Each year the Title VI Coordinators will review the agency's Title VI program to ensure implementation of the Title VI plan in all areas of the organization to ensure nondiscrimination. In addition, they will review agency operational guidelines and publications, including those for contractors, to verify that Title VI language and provisions are incorporated, as appropriate.

AHNNV is committed to nondiscrimination in all forms. Currently AHNNV does utilize contractors, consultants, or vendors. Department Directors and Supervisors in each service area are responsible for familiarizing themselves with the requirements of Title VI, E.O. 12898, and E.O. 13166, and for ensuring that departmental contractors, consultants, and vendors are complying with the requirements of Agency's Title VI Program. They are responsible to promptly report issues or complaints concerning Title VI and related statutes to the Title VI Coordinator and for assisting the Title VI Coordinator in her efforts to implement all requirements, internally and externally. They are also responsible for coordinating with the Title VI Coordinator on any proposed changes to operating procedures, instructional memoranda, policies, and manuals, etc. that relate to Title VI.

## Data Collection

### Requirement

Federally assisted recipients, including subrecipients, are required to collect and maintain statistical data by race, color, national origin, and sex of affected communities, and participants and beneficiaries of federal aid. (49CFR 21.9 and 23 CFR 200.9)

### Reporting

AHNNV is guided by the Federal regulations to collect statistical data on the race, color, and national origin of participants in and beneficiaries of its programs. As required, Access to Healthcare will provide sign in sheets during Public Meetings and will include a space for participants to note race, color, and national origin. This information will be per the federal document retainage period guidelines and made available to authorizing agencies during reviews.

## Training

### Requirement

23 CFR 200.9 (b) (9) States that FTA's Title VI designee shall be responsible for conducting training programs on Title VI and related statutes. NDOT provides training in Title VI and related programs annually.

NDOT requires all subrecipients to have an approved Title VI Staff Awareness training program in place and given annually. The training must cover Title VI regulations, Title VI elements, and Title VI authorities.

### Reporting

Title VI Staff Awareness training program by means of in person/electronic/ combination was approved by NDOT. Title VI Staff Awareness training will be held upon hire and annually thereafter. Supporting data of Title VI Staff Awareness annual training, such as sign in sheets, handouts, and content approval by the Nevada Department of Transportation is attached to this document as [Attachment C](#).

Title VI Staff Awareness training will be held every year from inception in 2021.

## Complaint Procedures

### Requirement

Federally assisted recipients and subrecipients must develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to members of the public upon request. Recipients must also develop a Title VI complaint form, and the form and procedure for filing a complaint shall be available on the recipient's website.

### Reporting

Access to Healthcare is committed to ensuring all its programs and activities are operated in a nondiscriminatory manner and uses a general discrimination complaint form which covers the Title VI requirements of race, color, and national origin. AHNNV does not have any Title VI complaints or lawsuits during the reporting period.

Any person who believes that they have been discriminated against on the basis of race, color, or national origin by Access to Healthcare, may file a Title VI complaint with the Access to Healthcare, the Nevada Department of Transportation, or the Federal Transit Administration by completing and submitting the Title VI Complaint Form. The Complaint Form is available at [www.accesstohealthcare.org](http://www.accesstohealthcare.org) or at our office and are available in English and Spanish. Complaint Procedures are attached as *Attachment D* and Complaint Forms are attached to this document as *ATTACHMENT E*.

*All Title VI complaints are forwarded to NDOT or to FTA for investigation within twenty-one (21) days of receipt of complaint.*

Title VI Coordinator  
ACCESS TO HEALTHCARE  
4001 S. Virginia St., Suite F  
Reno, NV 89502  
(P) (775) 507-4476  
(F) (775) 284-8991  
[rsmith@accesstohealthcare.org](mailto:rsmith@accesstohealthcare.org)

Civil Rights Officer  
NDOT  
123 E. Washington Ave,  
Bldg G  
Las Vegas, NV 89101  
(P) 702-730-3301  
(F) 702-486-0487  
[jboyster@dot.nv.gov](mailto:jboyster@dot.nv.gov)

## Dissemination of Title VI Information

### Requirement

Primary recipients must assist their subrecipients in complying with DOT's Title VI regulations, including public posting requirements.

All advertising policies and practices must assure free and open competition. This also relates to requirements and practices involving licensing, bonding, prequalification, and bidding, Title VI, and nondiscrimination assurances regarding race, color, and national origin.

### Reporting

Information on AHNNV Title VI program will be disseminated on the agency's website, [www.accesstohealthcare.org](http://www.accesstohealthcare.org), in the lobby of any of AHNNV's buildings open to the public, to agency employees, contractors, and beneficiaries, available inside of any vehicle operated by Access to Healthcare, as well as to the public, at large, according to federal and state laws/regulations. The Title VI program will be available in other languages when needed.

In addition to language access measures, other major components of the Public Participation Plan include public participation design factors; a range of public participation methods to provide information, to invite participation and/or to seek input; examples to demonstrate how population-appropriate outreach methods can be and were identified and utilized; and performance measures and objectives to ensure accountability and a means for improving over time. Notice to the Public of their Title VI rights is attached as ATTACHMENT F.

## Limited English Proficiency (LEP) and Language Assistance Plan (LAP)

### Requirement

Federally assisted recipients must take responsible steps to ensure meaningful access to benefits, services, information, and other important portions of its programs and activities for individuals who



are Limited English Proficient (LEP). Recipients must use the information obtained in their Four-Factor Analysis to determine the specific language services that are appropriate to provide.

### Reporting

Access to Healthcare is committed to assisting people who do not speak English or do not speak English well. Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English are limited English proficient, or LEP. These individuals may be entitled to language assistance with respect to a particular type of program, service, or activity. This section outlines the LEP protections and plans for compliance. Title VI and Executive Order 13166 prohibit recipients of federal financial assistance from discrimination based on national origin.

It is the policy of AHNNV to take reasonable steps to provide Limited English Proficient individuals with meaningful access to all programs, services, or activities. AHNNV shall take reasonable steps to effectively inform the public of the availability of language accessible programs, services, and activities.

All vital documents will be translated into Spanish, Russian, Chinese, and Tagalog and all other languages will be translated upon request.

Si desea traducir documentos vitales al español, póngase en contacto con Rob Smith.

Если вы хотите перевести жизненно важные документы на испанский язык, пожалуйста, свяжитесь с Алексом Мартинесом.

如果您想将重要文件翻译成西班牙语，请联系亚历克斯·马丁内斯。

Kung gusto mo ng mahahalagang dokumentong isinalin sa Espanyol, kontakin lamang si Rob Smith.

Following federal guidance, a “four factor analysis” has been completed to understand language need and allocate resources appropriately. It is attached as ATTACHMENT G.

## Environmental Justice (EJ)

### Requirement

All subrecipients must include an Environmental Justice process as part of their Title VI Plan.

### Reporting

23 C.F.R 771, sets forth the policy of environmental analyses in a single process. It defines the roles and responsibilities of FTA and its grant applicants. In conjunction with EO 12898, the FTA outlines the consideration of EJ issues must be considered using an Environmental Impact Statement (EIS). The principles outline the identification of minority or low-income populations, and/or disproportionately high and adverse human health or environmental effects on these populations.

Access to Healthcare is committed to Environmental Justice and ensuring meaningful access in our programs and services.

## Public Participation

### Requirement

All subrecipients must include a public participation plan as part of their Title VI Plan.

Federally assisted recipients must also provide information to the public regarding their Title VI obligations and apprise members of the public of the protections against discrimination afforded to them by Title VI.

At a minimum, recipients must disseminate this information to the public through measures including a posting on its website, and in public areas of the agency's office. Furthermore, notices will detail a recipient's Title VI obligations in languages other than English, as needed and consistent with the DOT LEP Guidance and the recipient's LAP.

### Reporting

The public outreach strategies employed by AHNNV are often determined by the circumstances unique to individual projects and typically include a mix of public hearings and stakeholder meetings or as applicable. Information is distributed via the AHNNV website or social media websites, advertising, media outreach, community events, and targeted presentations AHNNV's commitment to public participation is based firmly on the belief that public involvement fosters an open decision-making process that elicits active participation from affected individuals, groups, communities, and other public agencies.

## Review of Directives

### Requirement

All subrecipients must include a process to review internal directives, policies, and procedures for potential Title VI impacts as part of their Title VI Plan.

### Reporting

Access to Healthcare has submitted a review of agency directives as part of their Title VI plan. This consisted of review logs outlining the Directives the Title VI Coordinator reviewed, and took action, if necessary, to ensure that discriminatory language or implications were absent from any changes in policy, procedures, or new directives.

## Compliance & Enforcement Procedures

### Requirement

All subrecipients must include compliance and enforcement procedures as part of their Title VI Plan.

### Reporting

Access to Healthcare is committed to ensure the required Compliance and Enforcement Procedures. Access to Healthcare does utilize contractors, vendors, or consultants. Department Directors and Supervisors in each service area are responsible for familiarizing themselves with the requirements of Title VI, E.O. 12898, and E.O. 13166, and for complying with the requirements of Access to HealthCare's Title VI Program. They have promptly reported any issues or complaints concerning Title VI and related statutes to the Title VI Coordinator. As of this reporting period, no compliance or

enforcement procedures have been enacted by Access to Healthcare on any of its consultants, contractors, or vendors. Access to Healthcare expects and addresses all nondiscrimination efforts in all business relations. Should noncompliance be found, Access to Healthcare shall work with the contractor, consultant, or vendor to come into voluntary compliance. If that is unsuccessful, Access to Healthcare shall take additional action to ensure compliance. All procedures for compliance and enforcement outline the agency's commitment to compliance in all Title VI and other non-discrimination areas, such as ADA, DBE, and Contract Compliance.

## Requirements and Guidelines for Fixed Route Transit Providers

### Requirement

The requirements described in this section apply to all providers of fixed route public transportation (also referred to as transit providers) that receive Federal financial assistance, inclusive of States, local and regional entities, and public and private entities. Contractors are responsible for following the Title VI Program(s) of the transit provider(s) with whom they contract. Transit providers that are subrecipients will submit the information required to their primary recipient (the entity from whom they directly receive transit funds) every three years on a schedule determined by the primary recipient. Direct and primary recipients will submit the information required in this chapter to FTA every three years.

All transit providers—whether direct recipients, primary recipients or subrecipients—that receive financial assistance from FTA are also responsible for following the general requirements in Chapter III of the FTA circular 4702.1B. The requirements in this chapter are scaled based on the size of the fixed route transit provider.

Providers of public transportation that only operate demand response service are responsible only for the requirements in sections 2 through 3.2.13. Demand response includes general public paratransit, Americans with Disabilities Act complementary paratransit, vanpools, and Section 5310 non-profits that serve only their own clientele (closed door service). Providers of public transportation that operate fixed route and demand response service, or only fixed route service, are responsible for the reporting requirements in this chapter, but these requirements only apply to fixed route service.

Requirement	Transit Providers that Operate Fixed Route Service	Transit Providers that Operate 50 or More Fixed Route Vehicles in Peak Service and are in a UZA of 200,000 or More in Population
Set system-wide Standards and Policies	Required	Required
Collect and Report Data	Not Required	Required: <ul style="list-style-type: none"> <li>Demographic and service profile maps and charts</li> <li>Survey data regarding customer demographics and travel patterns</li> </ul>
Evaluate Service and Fare Equity Changes	Not Required	Required
Monitor Transit Service	Not Required	Required

If a transit provider operates fifty (50) or more fixed route vehicles in peak service and is located in an Urbanized Area (UZA) of 200,000 or more in population or has been placed in this category at the discretion of the Director of Civil Rights in consultation with the FTYA Administrator, then the transit providers Title VI Program must contain all of the elements described in this chapter.

If a fixed route transit provider does not meet the threshold in the above paragraph, then the transit provider is only required to set system-wide standards and policies, as further described below.

FTA requires all transit providers to submit a Title VI Program to comply with DOT Title VI regulations; the threshold provides a distinction regarding the degree of evidence of a fixed route transit provider to demonstrate compliance with those regulations.

As of the effective date of Circular (4702.1B), those transit providers that operate 50 or more fixed route vehicles in peak service and are located in a UZA of 200,000 or more in population, are required to meet all requirements of Chapter 4 of the Circular (4702.1B) (i.e., setting service standards and policies, collecting and reporting data, monitoring transit service, and evaluating fare and service changes).

### Reporting

Access to Healthcare is a demand response service provider.