

**Civil Rights Compliance Self-Evaluation & Certification**  
**Completed for:**



Print name of facility

Question	Regulatory Citation	Reference Materials
<p>1. Do you have a non-discrimination notice available to patients/clients, employees, and others regarding the availability of programs and services to all persons without regard to race, color, national origin, disability or age?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><a href="#">45 CFR 80.6(d)</a>  <a href="#">45 CFR 84.8</a>  <a href="#">45 CFR 90.12</a></p>	<p><a href="#">DHCFP Civil Rights Resource Page</a></p>
<p>2. How do you notify clientele and employees/applicants of your non-discrimination policy? (Post in a prominent place, in admission packages, publications, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>3. Do you have written grievance procedures towards resolving complaints regarding discriminatory acts against disabled persons (for both patients/clients and job applicants)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><a href="#">45 CFR 84.7</a></p>	<p><a href="#">DHCFP Civil Rights Resource Page</a></p>
<p>4. Do the grievance procedures designate at least one person to coordinate efforts to comply with discrimination on the basis of disability?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><a href="#">45 CFR 84.7</a>  <a href="#">28 CFR 35.107</a></p>	
<p>5. Do your <i>procedures</i> ensure reasonable accommodation to individuals with disabilities so they have equal access to programs and services?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><a href="#">45 CFR 84.4</a></p>	
<p>6. Do your <i>facilities</i> allow access to programs/activities to handicapped persons? (Compliance can include such means as redesign of equipment, reassignment of classes/services to accessible buildings.)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><a href="#">45 CFR 84.22</a></p>	
<p>7. Do your policies and procedure ensure no person shall - on the basis of age or disability - be excluded from participation in, denied the benefits of, or subjected to discrimination under any program or activity?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><a href="#">45 CFR 90.12(a)</a>  <a href="#">28 CFR 35.130</a></p>	<p><a href="#">DHCFP Civil Rights Resource Page</a></p>

8. Are your services/programs provided in the most integrated setting appropriate to the needs of individuals regardless of disability? (Separate but equal programs are sometimes acceptable to ensure benefits and services which are equally effective.)

[28 CFR 35.130\(b\)\(iv\)](#)  
[45 CFR 84.52](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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9. Do your policies ensure that no qualified person is denied the opportunity to be a member of your planning or advisory boards on the basis of race, color, national origin, or disability?

[45 CFR 84.4\(b\)\(vi\)](#)  
[45 CFR 80.3\(b\)\(vii\)](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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10. Does your facility have written policies that provide for language assistance to patients/clients enabling participation in services/programs if they are not proficient in English?

[45 CFR 80.3](#)

[DHCFP Civil Rights Resource Page](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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11. Do your facility's agreements/contracts to provide services to your patients/clients contain a non-discrimination clause?

[45 CFR 84.11\(a\)\(4\)](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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12. Are your written materials regarding benefits and services and those concerning *waivers of rights* or *consent to treatment* available to those with impaired sensory or speaking skills? (Such as: Medical Consent, Authorization to Disclose Medical Information, Financial Agreement.)

[45 CFR 84.52\(b\)](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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13. Do you supply auxiliary aids to persons with impaired sensory, manual, or speaking skills, where necessary to afford them an equal opportunity to benefit from your programs and services? (Auxiliary aids may include brailled & taped material, interpreters, and aids for hearing impaired.)

[45 CFR 84.4](#)  
[45 CFR 84.52\(c\)](#) and  
(d)

[DHCFP Civil Rights Resource Page](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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14. If not, what resources do you use to ensure persons with disabilities receive services?

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15. Are your patient/client intake procedures free from measures that would screen out persons on the basis of race, color, national origin, or disability?

[45 CFR 80.3\(b\)\(v\)](#)  
[28 CFR 35.130\(b\)\(8\)](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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16. Are your hiring and employment procedures free from measures that would screen out persons on the basis of race, color, national origin, or disability?

[45 CFR 84.11\(a\)\(3\)](#)  
[45 CFR 84.14\(a\)](#)  
[45 CFR 80.2\(d\)](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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17. Do you make reasonable accommodations for applicants and employees with known mental or physical limitations? (Can include making facilities accessible, modified work schedules, modification of equipment, provision of readers/interpreters or other similar actions.)

[45 CFR 84.12](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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18. Do your hiring procedures include a pre-employment physical exam:

[45 CFR 84.14](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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19. Are all entering employees subject to the same examination, regardless of handicap?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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20. Are results of such an examination used only towards determining an applicant's ability to perform job-related functions?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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21. (If your facility is a hospital or out-patient facility) Do you have procedures for communication with persons with impaired hearing for providing emergency care?

[45 CFR 84.52\(c\)](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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22. (If your facility is a hospital or out-patient facility) Do your procedures ensure that a drug/alcohol abuser is not denied admission or treatment solely because of his/her abuse?

[45 CFR 84.53](#)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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## Statement of Compliance

I certify that I have reviewed our organization's policies and procedures related to non-discrimination, which reflect the level of our compliance with:

- Title VI of the Civil Rights Act of 1964 (45 Code of Federal Regulations (CFR) Part 80);
- Section 504 of the Rehabilitation Act of 1973 (45 CFR Part 84);
- Title II of the Americans With Disabilities Act (ADA) of 1990;
- The Age Discrimination Act of 1975 (45 CFR Parts 90 and 91); and
- that this organization has the above policies, procedures, public notices and documents in place. If those documents are not in place, corrective action will be taken within 30 days of submission of this evaluation and I will submit a follow-up report confirming corrective actions to the Division of Health Care Financing and Policy.

I further certify that the information given is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of Administrator)

\_\_\_\_\_  
(Official Title)

\_\_\_\_\_  
(Print name of Administrator)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Facility)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Fax number)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(E-mail address)

*The Nevada Division of Health Care Financing and Policy (DHCFP) is federally-mandated by the U.S. Department of Health and Human Services (HHS) to ensure that certain licensed health care facilities comply with federal and state laws concerning Civil Rights. This self-evaluation tool is intended to remind facilities and providers of their responsibilities, and to provide assurance to the DHCFP that Civil Rights regulations are followed by recipients of federal funds. For more information about the DHCFP monitoring policies or for technical assistance in developing and/or implementing appropriate policies and procedures, please contact the Recipient Civil Rights Officer at (775) 684-3157. Samples of some relevant documents may be found on the DHCFP website, <http://dhcfp.nv.gov/crad.htm> and technical assistance is also accessible on the HHS Office for Civil Rights website, <http://www.hhs.gov/ocr>.*

*Completion of this certification does not exempt a facility from on-site compliance monitoring. Compliance may be assessed during visits by staff of any agency or program within the Nevada Department of Human Resources. In addition, the DHCFP reserves the right to make any on-site visits deemed necessary for the express purpose of determining Civil Rights compliance.*

### Return this form to:

[civilrights@dhcfp.nv.gov](mailto:civilrights@dhcfp.nv.gov)

Recipient Civil Rights Officer  
Division of Health Care Financing & Policy  
1100 East William Street, Suite 101  
Carson City, NV 89701