

CABINET FOR HEALTH AND FAMILY SERVICES

Office of the Secretary
Office of Inspector General
Office of Health Policy
Department of Aging and Independent Living
Department for Income Support
Department for Public Health
Behavioral Health, Developmental & Intellectual Disabilities
Department for Family Resource Centers & Volunteer Services
Department for Community Based Services
Department for Medicaid Services
Medicaid Services Benefits
Commission for Children with Special Health Care Needs



STEVEN L. BESHEAR
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES

Office of Human Resource Management
275 E. Main Street, 5CD
Frankfort, KY 40621
(502) 564-7770
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Audrey Tayse Haynes
SECRETARY

June 28, 2012

Lorrie Hawkins
Auditor of Public Accounts
Division of Financial Audit
209 St. Clair Street
Frankfort, KY 40601

Dear Ms. Hawkins:

Please find enclosed a copy of the Cabinet for Health and Family Services' Title VI Compliance Report for the period of July 1, 2011 through June 30, 2012, along with the Federal Civil Rights Act Implementation Plan Update for the period of July 1, 2012 through June 30, 2013. This report and plan are being submitted in compliance with KRS 344.015 and 45 KAR 1:080. This report will show that all services and benefits provided by the Cabinet for Health and Family Services are provided in the same manner to all people regardless of race, color, or national origin.

If you have any questions concerning this report, please feel free to contact me at (502) 564-7770, Extension 3365, or Cathy Cox, our Title VI Coordinator, who prepared this plan and update, at (502) 564-7770, Extension 3375.

Sincerely,

A handwritten signature in black ink, appearing to read "J. P. Hamm".

J. P. Hamm
Executive Director

Cc: Kentucky Human Rights Commission

Enclosures



Cabinet for Health and Family Services

**Title VI
Federal Civil Rights Act
Compliance Report
For the Period of
July 1, 2011 through June 30, 2012**

And

**Title VI
Federal Civil Rights Act
Implementation Plan Update
For the Period of
July 1, 2012 through June 30, 2013**

Updated June 2012

**Cabinet for Health and Family Services
275 East Main Street
Frankfort, KY 40621
Phone: (502) 564-7770
Fax: (502) 564-3129**



**Commonwealth of Kentucky
Auditor of Public Accounts
Title VI of the Federal Civil Rights Act
Implementation
“Initial Plan and “Plan Update” Form”**

Initial Plan

Plan Update

AGENCY: Cabinet for Health and Family Services

DATE: June 22, 2012

Pursuant to KRS 344.015 and Section 2 of 45 KAR 1:080, state agencies receiving federal funds shall prepare and submit an annual Title VI plan update to the Auditor of Public Accounts and the Kentucky Commission on Human Rights by July 1, 1995 and by July 1 each year thereafter. Please complete the following information when submitting annual plan updates.

Check the corresponding sections of the plan that the agency is:

- (1) Required to update; and/or
- (2) Amending.

Please include the updated wording under the applicable sections listed below in your Plan Update.

The following sections are required to be updated annually: (6), (7), (9), (10), (12) and (13). Please attach a Plan Update detailing updates or changes from the prior year Plan – do not submit your entire plan once it is on file with the Auditor’s Office.

- (1) Glossary/Definitions
- (2) Overview
- (3) Scope Of Title VI Applicability To Programs And Activities
- (4) Responsible Official
- (5) Statement Of Assurance
- (6) Identify Programs Or Activities Subject To Title VI
- (7) Complaint Procedures
- (8) Compliance/Noncompliance Reporting
- (9) Agency Training Plan
- (10) Evaluation Procedures Of Title VI Plan
- (11) Public Notice And Outreach
- (12) Recordkeeping And Reporting
- (13) Minority Representation On Planning Board Or Advisory Body

NOTE: This form **DOES NOT** substitute for the actual **update** that may need to be completed.

Title VI Compliance Status Report
Cabinet for Health and Family Services
(July 1, 2011 - June 30, 2012)

	<u>Yes</u>	<u>No</u>
1. Services from this facility are provided to clients without regard to race, color, or national origin.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. An employee has been appointed to serve as Title VI Coordinator for this agency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Minorities are represented on the advisory board if at least 5% of the population in the geographic service area are minority persons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. A written procedure exists for hearing and reviewing Title VI complaints.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Records are maintained regarding all alleged cases of discrimination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Title VI posters (where possible) are prominently displayed and used to emphasize the Title VI program and complaint opportunities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. New employees are clearly informed about their responsibilities to clients under Title VI.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Contracts between this agency and another party include the formal Title VI "Statement of Compliance" clause.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Other parties which contract with this agency are clearly informed by this agency about their own responsibilities to clients under Title VI standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. All physical facilities and physical areas are made available to every client without regard to race, color, or national origin.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NOTE: This form **DOES NOT** substitute for the **actual update** that may need to be completed.

Cabinet for Health and Family Services

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II. Overview of the Cabinet for Health and Family Services

Mission

The mission of the Cabinet for Health and Family Services is to deliver quality services that enhance the health, safety, and well-being of all people in the Commonwealth of Kentucky.

Vision

The vision of the Cabinet for Health and Family Services is to become a recognized national leader in state-level health and human services through continuous quality improvement and accountability by:

- ❖ Improving delivery of health and family services through quality customer service;
- ❖ Promoting individual self-sufficiency and community sustainability for the betterment of the vulnerable population;
- ❖ Fostering higher health awareness through education that engages all individuals and communities;
- ❖ Enhancing use of technology to increase service efficiency and effectiveness, and;
- ❖ Educating, empowering, and deploying a highly skilled workforce.

Goals

The goals of the Cabinet for Health and Family Services are:

- ❖ To provide appropriate, quality health care to persons served in our state facilities;
- ❖ To provide quality preventative services through our public health programs;
- ❖ To provide outstanding service for our families and children;
- ❖ To protect and prevent the abuse of children, elders and people with disabilities;
- ❖ To build quality programs across-the-board; and by doing all of these things,
- ❖ To make a difference in the lives of 4 million Kentuckians.

The Cabinet works to accomplish its mission through direct and contract services for planning, program operation, monitoring and evaluation, and resource management. The Cabinet consists of several agencies spanning from administrative to community resources.

The Cabinet for Health and Family Services consists of several agencies with various functions from internal administration to programs and direct services. The Cabinet includes the following organizational units as of the date of this report:

- ❖ **Office of the Secretary** provides direction and leadership for the offices, departments and divisions of the Cabinet for Health and Family Services. The Office of the Secretary includes the Secretary's Office, the Office of Legal Services, the Office of the Inspector General, the Office of Communications and Administrative Review, the Office of Human Resource Management, the Office of Policy and Budget, the Office of Administrative and Technology Services, the Office of the Ombudsman, and the Governor's Office of Electronic Health Information.
- ❖ **Office of Legal Services** Provides legal advice and assistance to all units of the Cabinet for Health and Family Services.
- ❖ **Office of the Inspector General** conducts audits and investigations for detecting the perpetration of fraud or abuse of any program by any client or vendor of services with which the Cabinet has contracted. This Office is comprised of the Division of Regulated Child Care, the Division of Health Care and the Division of Audits and Investigation.
- ❖ **Office of Communications and Administrative Review** administers Cabinet media and public relations functions and administrative review. The Division of Administrative Hearings within this Office conducts hearings on appeals of administrative actions by or concerning the Department for Community Based Services, Department for Medicaid Services, Department for Public Health, Department for Behavioral Health, Developmental, and Intellectual Disabilities, and Office of Inspector General, or as requested by the Secretary of the Cabinet. It also conducts hearings and renders decisions regarding certificate of need applications.
- ❖ **Office of Policy and Budget** supports the Office of the Secretary and coordinates with various Cabinet agencies in areas involving budgets, contracts, legislation, policies and administrative regulations.
- ❖ **Office of Human Resource Management** administers internal personnel programs including payroll, EEO investigations, disciplinary procedures, ADA compliance, oversight of the Limited English Proficiency program, exit interviews, satisfaction surveys and hiring new employees.
- ❖ **Office of Administrative and Technology Services** is comprised of the Division of General Accounting, the Division of Facilities Management, the Division of Procurement Services, the Division of Systems Management, and the Division of Infrastructure and User Support. Through these divisions, this Office Provides accounting services, including grant management, travel reimbursement, payment for goods and services, and maintenance of accounting systems; serves CHFS agencies by supporting approximately 11,000 workstations, 3,000 printers and 450 servers networked at more than 350 locations throughout the state; develops and maintains the Cabinet's 61 mission-critical systems as well as approximately 200 smaller departmental applications,

and; provides services related to leases and leased properties including space planning, project oversight, moving coordination, records management, cost distribution, insurance and claims and safety activities.

- ❖ **Office of the Ombudsman** answers questions about CHFS programs, investigates customer complaints and works with CHFS management to resolve them, advises CHFS management about patterns of complaints and recommends corrective action when appropriate.
- ❖ **Governor's Office of Electronic Health Information** With the passage of the American Recovery and Reinvestment Act (ARRA), new emphasis from the federal level is being placed on electronic health technology as a means of improving patient care, reducing medical errors and making more efficient use of health care dollars by reducing redundant and duplicate services. ARRA provides substantial resources for planning, deployment and use of electronic health technology. It sets standards for health information technology and exchange and requires the development of criteria for certification of electronic health records (EHRs). ARRA expands the role of states in fostering health information exchange and the adoption of Electronic Health Records (EHR). Because of the number of health and health-related programs housed in CHFS and because of efforts currently underway with regard to the Medicaid Transformation Grant, CHFS has been designated to lead the electronic health information technology efforts.
- ❖ **Department for Aging and Independent Living** provides services to assist older Kentuckians, people with disabilities, including persons with acquired brain injuries and their families through a statewide network of local, private and public agencies. It is comprised of the Division of Quality Living, the Division of Operations and Support, and the Division of Guardianship Services.
- ❖ **Department for Income Support** provides child support enforcement and disability determination services. The Child Support Enforcement program helps parents and legal guardians of minor children with enforcement of child support obligations, court orders and collections of support from non-custodial parents. Disability Determination Services makes disability determinations on behalf of the commissioner of the U.S. Social Security Administration for residents of Kentucky. Using federal guidelines and regulations, division staff works to determine applicant eligibility for both Supplemental Security Income and Social Security Disability Income.
- ❖ **Department for Medicaid Services (DMS)** directs quality health care outcomes for Medicaid members and manages all aspects of the state's insurance program for families and individuals with limited income and resources.
- ❖ **Department for Public Health (DPH)** coordinates a diverse group of programs that impact the health of all Kentuckians, including public health emergency preparedness, maternal and child health, chronic disease, nutrition and wellness, environmental health, epidemiology, the state public health laboratory, and working with the state's network of local health departments.

- ❖ **Department for Behavioral Health, Developmental and Intellectual Disabilities** provides leadership, in partnership with others, to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, mental retardation or other developmental disability, or substance abuse.
- ❖ **Office of Health Policy** ensures coordinated, timely, efficient and cost-effective health planning and policy research. The office administers the Certificate of Need program, which controls growth of unnecessary, duplicative and underused health care services, and Health Policy Development, which works to apply best practices and innovative strategies from the private sector and other states to benefit Kentuckians.
- ❖ **Department for Community Based Services (DCBS)** is made up of 9 regional offices with more than 200 local offices that provide services to all 120 counties. DCBS provides family support, child care, child and adult protection, and violence prevention services and determines Medicaid and food stamp eligibility. The department runs the state foster care and adoption system and recruits and trains parents to care for the state's children who are waiting for a permanent home.
- ❖ **Department for Family Resource Centers and Volunteer Services** consists of the Kentucky Commission on Community Volunteerism and Services (KCCVS) and the Division of Family Resource and Youth Services Centers (FRYSC). KCCVS supports volunteerism and service through grants and awards from the AmeriCorps Program. FRYSC provides administrative support, technical assistance and training to local school-based Family Resource and Youth Services Centers throughout Kentucky. The primary goal of these centers is to remove non-cognitive barriers to learning as a means to enhance student academic success.
- ❖ **Commission for Children with Special Health Care Needs (CCSHCN)** plans, develops, provides and evaluates the public system of care for children with special health care needs. The Commission serves children with physical disabilities from birth to age 21 through on-site and off-site clinics, therapies and related services.

The Cabinet maintains an employment and program atmosphere free from harassment or discrimination based on race, color, national origin, ancestry, sex, sexual orientation, gender identity, religion, age, disability, or political affiliation and responds promptly and aggressively to such complaints.

The Cabinet does not on the grounds of race, color, national origin, or limited English proficiency, directly or through contractual or other arrangements:

- deny any individual or group any service, financial aid, or other benefit provided under any program;
- provide any service, financial aid, or other benefit to an individual or group in a different manner from that provided to others under the program;

- discriminate against an individual or group who receives financial aid, or other benefit under any program;
- restrict an individual or group in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under any program;
- treat an individual or group differently from others in determining whether he satisfies any admission, enrollment, eligibility, membership or other requirement or condition individuals must meet in order to be provided any service, financial aid, or other benefit under the Cabinet's programs;
- adopt methods of administration which would limit participation by any individual or group of recipients of any programs; or
- deny an individual or group the opportunity to participate as a member of a planning or advisory body which is an integral part of a program.

VI. Programs and Activities Subject to Title VI

According to the Schedule of Expenditures of Federal Awards for the year ended June 30, 2011, the Cabinet receives the following federal financial assistance:

Special Supplemental Nutrition Program for Women, Infants, and Children
U. S. Department of Agriculture
CFDA #: 10.557

State Administrative Matching Grants for the Supplemental Nutrition Assistance Program
U. S. Department of Agriculture
CFDA #: 10.561

WIC Farmers' Market Nutrition Program (FMNP)
U.S. Department of Agriculture
CFDA #: 10.572

WIC Grants to States (WGS)
U. S. Department of Agriculture
CFDA #: 10.578

Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grant Program
U. S. Department of Justice
CFDA #: 16.580

Drug Court Discretionary Grant Program
U. S. Department of Justice
CFDA #: 16.585

Violence Against Women Formula Grants
U. S. Department of Justice
CFDA #: 16.588

Recovery Act – Edward Byrne Memorial Justice Assistance Grant (JAG) Program/Grants to States and Territories
U. S. Department of Justice
CFDA #: 16.803

Senior Community Service Employment Program
U. S. Department of Labor
CFDA #: 17.235

State Indoor Radon Grants
U. S. Environmental Protection Agency
CFDA #: 66.032

TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals
U.S. Environmental Protection Agency
CFDA #: 66.707

Weatherization Assistance for Low-Income Persons
U.S. Department of Energy
CFDA #: 81.042

Office of Environmental Waste Processing
U. S. Department of Energy
CFDA #: 81.104

Paducah Gaseous Diffusion Plant Environmental Monitoring and Oversight
Office of Environmental Management, U. S. Department of Energy
CFDA #: 81.502

Special Education Grants for Infants and Families
Infants and Toddlers with Disabilities
U. S. Department of Education
CFDA #: 84.181

Safe and Drug-Free Schools and Communities - State Grants
U. S. Department of Education
CFDA #: 84.186

Special Education – Grants for Infants and Families, Recovery Act
U. S. Department of Education
CFDA #: 84.393A

Special Programs for the Aging, Title VII, Chapter 3 – Programs for Prevention of
Elder Abuse, Neglect and Exploitation
U.S. Department of Health and Human Services
CFDA #: 93.041

Special Programs for the Aging, Title VII, Chapter 2, Long Term Care
Ombudsman Services for Older Individuals
U.S. Department of Health and Human Services
CFDA #: 93.042

Special Programs for the Aging, Title III, Part D, Disease Prevention and Health
Promotion Services
U. S. Department of Health and Human Services
CFDA #: 93.043

Special Programs for the Aging, Title III, Part B, Grants for Supportive Services
and Senior Centers
U.S. Department of Health and Human Services
CFDA #: 93.044

Special Programs for the Aging, Title III, Part C, Nutrition Services
U. S. Department of Health and Human Services
CFDA #: 93.045

Special Programs for the Aging, Title IV and Title II Discretionary Projects
U. S. Department of Health and Human Services
CFDA #: 93.048

Alzheimer's Disease Demonstration Grants to States
U.S. Department of Health and Human Services
CFDA #: 93.051

National Family Caregiver Support, Title III, Part E
U. S. Department of Health and Human Services
CFDA #: 93.052

Nutrition Services Incentive Program
U. S. Department of Health and Human Services
CFDA #: 93.053

Public Health Emergency Preparedness
U.S. Department of Health and Human Services
CFDA #: 93.069

Environmental Public Health and Emergency Response
U. S. Department of Health and Human Services
CFDA #: 93.070

Medicare Enrollment Assistance Program
U. S. Department of Health and Human Services
CFDA #: 93.071

Enhance the Safety of Children Affected by Parental Methamphetamine or Other
Substance Abuse
U. S. Department of Health and Human Services
CFDA #: 93.087

Emergency System for Advance Registration of Volunteer Health Professionals
U. S. Department of Health and Human Services
CFDA #: 93.089

Affordable Care Act (ACA) Personal Responsibility Education Program
U. S. Department of Health and Human Services
CFDA #: 93.092

Food and Drug Administration Research
U.S. Department of Health and Human Services
CFDA #: 93.103

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances
U.S. Department of Health and Human Services
CFDA #: 93.104

Maternal and Child Health Federal Consolidated Programs
U. S. Department of Health and Human Services
CFDA #: 93.110

Project Grants and Cooperative Agreements for Tuberculosis Control Programs
U. S. Department of Health and Human Services
CFDA #: 93.116

Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices
U. S. Department of Health and Human Services
CFDA #: 93.130

Grants to Increase Organ Donations
Department of Health and Human Services
CFDA #: 93.134

Injury Prevention and Control Research and State and Community Based Programs
U. S. Department of Health and Human Services
CFDA #: 93.136

Projects for Assistance in Transition from Homelessness
U.S. Department of Health and Human Services
CFDA #: 93.150

Childhood Lead Poisoning Prevention Projects – State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children
U. S. Department of Health and Human Services
CFDA #: 93.197

Family Planning Services
U. S. Department of Health and Human Services
CFDA #: 93.217

Traumatic Brain Injury State Demonstration Grant Program
U. S. Department of Health and Human Services
CFDA #: 93.234

Affordable Care Act (ACA) Abstinence Education Program
U.S. Department of Health and Human Services
CFDA #: 93.235

Grants for Dental Public Health Residency Training
U. S. Department of Health and Human Services
CFDA #: 93.236

Mental Health Research Grants
U. S. Department of Health and Human Services
CFDA #: 93.242

Substance Abuse and Mental Health Services-Projects of Regional and National Significance
U. S. Department of Health and Human Services
CFDA #: 93.243

Universal Newborn Hearing Screening
U.S. Department of Health and Human Services
CFDA #: 93.251

Occupational Safety and Health Program
U. S. Department of Health and Human Services
CFDA #: 93.262

Immunization Grants
U. S. Department of Health and Human Services
CFDA #: 93.268

Adult Viral Hepatitis Prevention and Control
U.S. Department of Health and Human Services
CFDA #: 93.270

Centers for Disease Control and Prevention - Investigations and Technical Assistance
U. S. Department of Health and Human Services
CFDA #: 93.283

State Partnership Grant Program to Improve Minority Health
U.S. Department of Health and Human Services
CFDA #: 93.296

ARRA – State Primary Care Offices
U. S. Department of Health and Human Services
CFDA #: 93.414

Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program
U. S. Department of Health and Human Services
CFDA #: 93.505

Strengthening Public Health Infrastructure for Improved Health Outcomes
U. S. Department of Health and Human Services
CFDA #: 93.507

Affordable Care Act – Medicare Improvements for Patients and Providers
U. S. Department of Health and Human Services
CFDA #: 93.518

Affordable Care Act – Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infection Disease and Emerging Infections Program Cooperative Agreements
U. S. Department of Health and Human Services
CFDA #: 93.521

State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges
U. S. Department of Health and Human Services
CFDA #: 93.525

Promoting Safe and Stable Families
U.S. Department of Health and Human Services
CFDA #: 93.556

Temporary Assistance for Needy Families
U. S. Department of Health and Human Services
CFDA #: 93.558

Child Support Enforcement
U.S. Department of Health and Human Services
CFDA #: 93.563

Child Support Enforcement Research
U. S. Department of Health and Human Services
CFDA #: 93.564

Low Income Home Energy Assistance
U.S. Department of Health and Human Services
CFDA #: 93.568

Community Services Block Grant
U. S. Department of Health and Human Services
CFDA #: 93.569

Community Services Block Grant Formula and Discretionary Awards Community Food and Nutrition Programs
U. S. Department of Health and Human Services
CFDA #: 93.571

Child Care and Development Block Grant
U. S. Department of Health and Human Services
CFDA #: 93.575

Community-Based Child Abuse Prevention Grants
U.S. Department of Health and Human Services
CFDA #: 93.590

Child Care Mandatory and Matching Funds of the Child Care and Development Fund

U. S. Department of Health and Human Services
CFDA #: 93.596

Grants to States for Access and Visitation Programs

U. S. Department of Health and Human Services
CFDA #: 93.597

Chafee Educational and Training Vouchers Program (ETV)

U. S. Department of Health and Human Services
CFDA #: 93.599

Adoption Incentive Payments

U. S. Department of Health and Human Services
CFDA #: 93.603

Developmental Disabilities Basic Support and Advocacy Grants

U. S. Department of Health and Human Services
CFDA #: 93.630

Children's Justice Grants to States

U. S. Department of Health and Human Services
CFDA #: 93.643

Stephanie Tubbs Jones Child Welfare Service Program

U. S. Department of Health and Human Services
CFDA #: 93.645

Adoption Opportunities

U. S. Department of Health and Human Services
CFDA #: 93.652

Foster Care, Title IV-E

U. S. Department of Health and Human Services
CFDA #: 93.658

Adoption Assistance

U. S. Department of Health and Human Services
CFDA #: 93.659

Social Services Block Grant

U. S. Department of Health and Human Services
CFDA #: 93.667

Child Abuse and Neglect State Grants

U. S. Department of Health and Human Services
CFDA #: 93.669

Family Violence Prevention and Services/Grants for Battered Women's Shelters -
Grants to States and Indian Tribes
U. S. Department of Health and Human Services
CFDA #: 93.671

Chafee Foster Care Independent Living
U. S. Department of Health and Human Services
CFDA #: 93.674

Aging Home-Delivered Nutrition Services for States
U. S. Department of Health and Human Services
CFDA #: 93.705

Aging Congregate Nutrition Services for States
U. S. Department of health and Human Services
CFDA #: 93.707

ARRA – Community Service Block Grant
U. S. Department of Health and Human Services
CFDA #: 93.710

ARRA – Immunization
U. S. Department of Health and Human Services
CFDA #: 93.712

ARRA – Child Care and Development Block Grant
U. S. Department of Health and Human Services
CFDA #: 93.713

ARRA – Emergency Contingency Fund for Temporary Assistance for Needy
Families (TANF) State Program
U. S. Department of Health and Human Services
CFDA #: 93.714

ARRA – Preventing Healthcare-Associated Infections
U. S. Department of Health and Human Services
CFDA #: 93.717

ARRA – State Grants to Promote Health Information Technology
U. S. Department of Health and Human Services
CFDA #: 93.719

ARRA – Survey and Certification Ambulatory Surgical Center Healthcare-
Associated Infection Prevention
U. S. Department of Health and Human Services
CFDA #: 93.720

ARRA – Prevention and Wellness – State, Territories and Pacific Islands
U. S. Department of Health and Human Services
CFDA #: 93.723

ARRA – Communities Putting Prevention to Work: Chronic Disease Self-Management Program

U. S. Department of Health and Human Services
CFDA #: 93.725

Children's Health Insurance Program

U. S. Department of Health and Human Services
CFDA #: 93.767

State Survey and Certification of Health Care Providers and Suppliers

U.S. Department of Health and Human Services
CFDA #: 93.777

Medical Assistance Program

U. S. Department of Health and Human Services
CFDA #: 93.778

Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations

U. S. Department of Health and Human Services
CFDA #: 93.779

Medication Transformation Grants

U.S. Department of Health and Human Services
CFDA #: 93.793

National Bioterrorism Hospital Preparedness Program

U. S. Department of Health and Human Services
CFDA #: 93.889

HIV Care Formula Grants

U. S. Department of Health and Human Services
CFDA #: 93.917

Cooperative Agreements to Support Comprehensive School Health Programs to Prevent the Spread of HIV and Other Important Health Problems

U. S. Department of Health and Human Services
CFDA #: 93.938

HIV Prevention Activities – Health Department Based

U. S. Department of Health and Human Services
CFDA #: 93.940

HIV Demonstration, Research, Public and Professional Education Projects

U.S. Department of Health and Human Services
CFDA #: 93.941

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance

U. S. Department of Health and Human Services
CFDA #: 93.944

Block Grants for Community Mental Health Services
U. S. Department of Health and Human Services
CFDA #: 93.958

Block Grants for Prevention and Treatment of Substance Abuse
U. S. Department of Health and Human Services
CFDA #: 93.959

National All Schedules Prescription Electronic Reporting Grant
U. S. Department of Health and Human Services
CFDA #: 93.975

Preventive Health Services Sexually Transmitted Diseases Control Grants
U. S. Department of Health and Human Services
CFDA #: 93.977

Cooperative Agreements for State-Based Diabetes Control Programs and
Evaluation of Surveillance Systems
U. S. Department of Health and Human Services
CFDA #: 93.988

Preventive Health and Health Services Block Grant
U.S. Department of Health and Human Services
CFDA #: 93.991

Maternal and Child Health Services Block Grant to the States
U. S. Department of Health and Human Services
CFDA #: 93.994

State Commissions
Corporation for National and Community Service
CFDA #: 94.003

AmeriCorps
Corporation for National and Community Service
CFDA #: 94.006

Program Development and Innovation Grants
Corporation for National and Community Service
CFDA #: 94.007

Training and Technical Assistance
Corporation for National and Community Service
CFDA #: 94.009

Foster Grandparent Program
Corporation for National and Community Service
CFDA #: 94.011

Social Security, Disability Insurance
Social Security Administration
CFDA #: 96.001

Chemical Stockpile Emergency Preparedness Program
U. S. Department of Homeland Security
CFDA #: 97.040

Other Federal Assistance: Clinical Laboratory Improvement Act
U. S. Department of Health and Human Services
CFDA #: 93.NA(1)

These funds are used to implement the following programs and services:

Department for Community Based Services

The Special Nutrition Assistance (Food Stamp) Program is designed to promote the general welfare and to safeguard the health and well-being of the nation's population by raising the levels of nutrition among low-income households. Any household having a lower or temporarily reduced monthly income may be eligible to receive food stamps if basic eligibility requirements are met. The Food Stamp Program is administered through the Department for Community Based Services (DCBS) network of staff with offices in each of Kentucky's 120 counties.

The Special Nutrition Assistance Employment and Training Program (FSETP) is designed to assist able-bodied food stamp recipients obtain employment that leads to self-sufficiency. Work registrants participate in either vocational education training or a Work Experience Program. The FSETP is administered through the Department for Community Based Services (DCBS) network of staff with offices in each of Kentucky's 120 counties.

The Medical Assistance (Medicaid) Program is administered in compliance with Title XIX of the Social Security Act through a contract with the Department for Medicaid Services for eligibility determination.

The Low Income Home Energy Assistance Program (LIHEAP) provides assistance to help low-income households meet the rising cost of energy expenses. The goal of the Home Energy Assistance Program is to provide assistance to low income households for home heating. The program is divided into two segments: subsidy, which provides heating assistance benefits to all eligible households; and crisis, which is designed to assist any low income family experiencing a home heating emergency. The Cabinet for Health and Family Services contracts with the Kentucky Association for Community Action, which subcontracts with community action agencies and municipal governments, to administer the Low Income Home Energy Assistance Program.

The Kentucky Transitional Assistance Program (K-TAP) provides financial assistance to families to meet basic subsistence needs. K-TAP is administered via the Department for Community Based Services (DCBS) network of staff with offices in each of Kentucky's 120 counties. On August 22, 1996, the Personal

Responsibility and Work Opportunity Reconciliation Act amended Title IV-A of the Social Security Act to authorize block grants to states for Temporary Assistance for Needy Families (TANF). K-TAP is Kentucky's TANF program.

Kentucky Works Program (KWP; formerly JOBS) assists clients who receive K-TAP in achieving self-sufficiency. All K-TAP adults must participate in KWP unless the recipient meets certain exemption criteria. An initial needs assessment and Transitional Assistance Agreement are completed with the participant outlining a plan to become self-sufficient. The recipient is assigned to a case manager who completes the comprehensive assessment, makes referrals to acceptable work or work preparation activities, monitors attendance, and authorizes necessary supportive services for items needed for successful participation and makes referrals for transportation and child care services.

Child Protection Services receives allegations of child abuse, conducts investigations and consults with central office specialists as necessary. Central office specialists provide technical assistance on policy issues, conduct case reviews in local offices and track child fatalities.

Out of Home Care Services focuses on children placed out of their home of origin assisting the Cabinet in achieving safety, permanency, and well-being outcomes for children and families. Foster care, private child care placements, kinship care and interstate compact are all service areas that provide for a child's placement needs. Additionally, the Out of Home Care Branch develops standards of practice and services to support the child and their family while placed in out of home care.

Adoption Services of DCBS is the primary adoption agency in Kentucky. DCBS places hundreds of children and youth for adoption each year. The primary focus is timely permanency planning and achievement for committed children in out of home care. The Special Needs Adoption Program (SNAP) provides specialized child-specific recruitment for children in need of an adoptive family.

Adult Protective Services (APS) is responsible for investigating and providing preventive services to individuals that are reported to be the alleged victim of abuse, neglect or exploitation according to KRS 209.020(7,8 and 15). The preventive services may include but are not limited to assisting the adult with a protective need in securing appropriate community or institutional placement, in-home supports, medical treatment, crisis assistance and guardianship. Additionally APS works to increase awareness surrounding the issue of elder abuse.

Violence Prevention Resources programs include Rape Crisis Centers, Children's Advocacy Centers and Batterer Intervention. Violence Prevention staff work closely with the Kentucky Association of Sexual Assault Programs (KASAP) and the Kentucky Domestic Violence Association.

Child Care Services cover a wide range of areas to promote, expand, and improve the quality of care for children in Kentucky. STARS for KIDS NOW is Kentucky's voluntary quality rating improvement system for licensed type I, licensed type II and certified family child care homes. The Child Care Assistance

Program (CCAP) provides access to quality child care, allowing parents to work, attend school and/or to participate in the Kentucky Temporary Assistance Program. Child Care Services are directed at: preventing or remedying abuse, neglect or exploitation of children; strengthening and maintaining client families; preventing family dissolution; preventing out-of-home placements; and reducing client dependency on social services and public assistance by promoting self-sufficiency. Subsidized childcare is available through the Child Care Development Fund. Licensed and certified programs provide full and part-day care services.

Commission for Children with Special Health Care Needs:

The Special Health Care Needs Program provides diagnosis and treatment of medically fragile children. Services provided include In Patient and Out Patient Surgery, In Patient Hospital Care, Coordination of Care, Occupational Therapy, Physical Therapy, Speech Therapy, Audiology Services, Vision Screening, Nutritional consultation, Social Work counseling, Training for Scoliosis Screening, In-School Screening for Hearing, and Purchase of Durable Medical Equipment.

Hemophilia Program provides treatment of children and adults with Hemophilia disease.

KY Teach emphasizes transition activities for disabled teens as they prepare for adulthood.

Universal Newborn Hearing Screening (UNHS) manages Kentucky's Newborn Hearing Screening program which provides a hearing screening test to all babies before they leave the hospital. Babies who refer for further testing or have risk factors for progressive or late-onset hearing loss receive information about follow-up diagnosis and resources.

Early Hearing Detection & Intervention (EHDI) provides monies for training and development of on-line reporting systems, data collection, equipment and supplies.

KY Infant Sound Start (KISS) provides newborn hearing screening.

Vision Screening provides vision screening for schools.

Department for Public Health:

Public Health Preparedness provides the strategic direction, coordination and assessment needed to deal with public health emergency preparedness activities and special threats posed by bioterrorism, infectious diseases and other emergency situations. The focus of the branch is building the public health's capacity to respond at the state and local level through a unified, regionally-focused emergency response plan, ensuring statewide readiness with local health departments, hospitals and other health care facilities.

Communicable Disease Program provides vaccines, direct disease control services and consultation for public health disease prevention and control

services through the immunizations, tuberculosis and sexually transmitted disease programs. Consultation regarding public health management of other reported communicable disease or possible communicable disease (meningitis, food or water borne disease, etc.) cases and outbreaks is also provided.

Surveillance and Health Data maintains a public health database which supports health assessment and planning, maintains an automated register of all legally mandated disease reports used for epidemiological decision making, and conducts the Behavioral Risk Factor Surveillance System. This system is an ongoing statewide telephone survey of adults which collects information on lifestyles and health risk factors. The branch publishes the *Kentucky Annual Vital Statistics Report* and the *Reportable Diseases in Kentucky* annual summary.

HIV-AIDS Program assesses the current and future impact of HIV in Kentucky and provides HIV prevention education to those at risk for infection and to licensed professionals providing interventions. The branch also provides services to persons with HIV infection or advanced HIV disease.

Vital Statistics collects, preserves and protects certificates of birth, death, marriage, divorce and stillbirth that occur in the Commonwealth of Kentucky and issues copies to the public and other agencies as requested. The office also registers delayed births and records foreign births, as well as amends registered vital records due to adoptions, paternities and corrections.

Maternal and Child Health (MCH) provides leadership to improve the physical, socio-emotional health, safety and well-being of the maternal and child health population which includes all of Kentucky's women, infants, children, adolescents and their families. This mission is carried out in collaboration with partner agencies, primarily, local health departments, other state agencies and state universities to provide clinical and community-based services to the MCH population. State level MCH staff support services and infrastructure building through policy development and implementation, surveillance activities, technical assistance, consultation, training, education and case management. Services and programs focus on clinical planning and training, family planning, abstinence education, folic acid supplements, prenatal, preterm birth, well child, lead poisoning prevention, breast and cervical cancer, epidemiology, injury prevention, child fatality review, teen pregnancy prevention and coordinated school health.

Early Childhood Development provides active leadership in achieving the health goals of the state's early childhood initiatives through HANDS (Health Access Nurturing Development Services) home visiting services, Healthy Start in Child Care, Early Childhood Mental Health, First Steps - Kentucky's Early Intervention System, Newborn Metabolic Screening, Genetics, Adult PKU and the KY Birth Surveillance Registry.

Chronic Disease Prevention and Control is responsible for decreasing the morbidity and mortality of Kentuckians from chronic disease. Emphasis is placed on prevention and risk factors that can be reduced through healthy lifestyles. The Branch puts a significant amount of its effort into decreasing the use of

tobacco, increasing physical activity, and educating citizens about diabetes, asthma and cardiovascular health. The branch assists and monitors local health department's delivery of community-based services aimed at educating individuals and bringing about policy and environmental changes that will improve the health status of Kentuckians.

Nutrition Services administers the federally funded Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) that provides nutritious foods, nutrition education and, breastfeeding information, when appropriate, and referral for intensive care to low-income pregnant and postpartum women, infants, and children at nutritional risk.

Laboratory Services performs clinical chemistry and newborn screening tests and a variety of environmental assays; conducts classical public health microbiological testing; performs testing on HIV, Chlamydia/GC, syphilis, rubella, and hepatitis markers; and, tests clinical specimens for the presence of viruses, identifies referral viral isolates, and performs serological tests to determine antibody status to various agents.

Milk Safety protects consumers by preventing the sale of adulterated, misbranded or falsely advertised milk and milk products through several mandated inspection programs, education and outreach.

Food Safety prohibits the sale of adulterated, misbranded or falsely advertised foods and food products and eliminates unsanitary conditions in boarding homes, tattoo, body piercing and ear piercing studios through education, outreach and inspection.

Environmental Management prevents disease and eliminates existing unsanitary conditions and safety hazards in public facilities as well as in an individual's personal environment. Facilities are regulated through annual operating permits and routine inspections. Facilities that are regulated include hotels/motels, public restrooms, schools, state confinement facilities, public swimming and bathing facilities, mobile home/recreational vehicle parks and youth camps.

Onsite Wastewater Program includes regulation of onsite wastewater treatment and disposal systems with subsurface discharges (septic systems), septic tank cleaners, certified inspectors of wastewater systems, certified installers of wastewater systems and private water supplies. This program is administered through the local health department environmentalists.

Radiation Health is responsible for: protecting the public from unnecessary exposure to radiation; licensure, registration, certification of all uses of radiation and surveillance of radiation facilities; inspection and licensure of users of radioactive materials in the fields of medicine, industry, research and academia; assisting when radioactive materials and wastes are being transported; and, responding to radiological incidents and emergencies.

Environmental Lead Program is charged with regulating and enforcing activities related to lead detection and abatement in pre-1978 housing. This includes certifying trainers and training programs, persons to perform the work and conducting inspections at permitted abatement projects.

Pool Safety Engineering Program is part of a review system designed to protect the public's health at public facilities. All new pool designs and substantial changes must be reviewed and approved by the pool engineer prior to construction activities.

KY Sickle Cell Program provides early diagnosis and referral for treatment for children with Sickle Cell in Kentucky. This program is funded in part with a Maternal Child Health Block Grant.

Department for Medicaid Services:

The Medical Assistance (Medicaid) Program furnishes medical assistance to eligible individuals and is administered in compliance with Title XIX of the Social Security Act. Eligibility for the program is determined through a contract with the Department for Community Based Services.

Kentucky Children's Health Insurance Program (KCHIP) provides health insurance for low income, uninsured children in Kentucky who are below 200% of the federal poverty level and are not otherwise Medicaid eligible.

Persons eligible for the two programs averages approximately 800,000 persons per month. The program pays health care providers that provide services to eligible persons, provided the service is covered by the Medicaid Program.

Department for Behavioral Health, Developmental and Intellectual Disabilities:

Developmental Disabilities Services includes services to persons in the community including in-home care, respite, support coordination, residential care, therapies, behavior support, leisure activities, crisis prevention, individual supports and supported living are provided through 14 regional community mental health/mental retardation centers.

Supports for Community Living provides staff support for and oversight of the Supports for Community Living waiver program, a community residential alternative to institutionalization. The focus of SCL is to allow a person to remain in or return to the community. Persons with mental retardation or other developmental disabilities who meet the requirements for residence in an Intermediate Care Facility for persons with Mental Retardation (ICF/MR), and who meet other Medicaid requirements, are eligible for this program.

The Department operates Residential Facilities including psychiatric hospitals, forensic psychiatric hospitals, nursing facilities for persons with chronic mental illness, intermediate care facilities for persons with mental retardation, and substance abuse programs. These facilities provide psychiatric, rehabilitative and nursing care services to its clients.

Mental Health and Substance Abuse Program is responsible for creating and planning program infrastructure based on assessment of need, promising practices, and stakeholder participation. The Program Development Branch staff is responsible for the following program areas: Adolescent Substance Abuse Services, Children's Targeted Case Management, Consumer Services, Co-Occurring Disorders, Women's Substance Abuse Services, Additionally, the program staff is responsible for programs related to Adult Targeted Case Management, Children's System of Care, the Community Medication Program, Crisis Stabilization Services, Cultural Competency, Deaf and Hard of Hearing Services, Decriminalization, Early Childhood Mental Health, Faith-Based Initiatives, Group Home Loan Program (Oxford House), Jailer Training and Crisis Network for Mental Health and Suicide Prevention, Opiate Replacement Therapy (OPT), Psychiatric Residential Treatment Facilities for Children and Adolescents (PRTFs), School-Based Mental Health, Suicide Prevention, Supported Employment, Supported Housing, and Treatment Referral Information.

DUI Program monitors and regulates the statewide network of more than 100 DUI programs that are licensed and certified to provide alcohol and other drug assessments, and education and treatment services to persons convicted of driving under the influence.

IMPACT Plus is a behavioral health program for Medicaid-eligible children who have complex behavioral healthcare needs. IMPACT Plus currently has agreements with approximately 120 mental health agencies and private mental health professionals across the state to provide a wide network of traditional and innovative behavioral health services.

Department for Aging and Independent Living:

Adult Day Care and Alzheimer's Disease Respite offer services for physically disabled or frail persons 60 and older who are in need of supervision for part of the day. Alzheimer's respite includes services provided at a senior center or in the home for persons of any age with Alzheimer's disease/dementia disorders.

Assisted Living Certification ensures that assisted living communities in Kentucky are certified by the Department as required by Kentucky law.

Caregiver Support Services include the Kentucky KinCare Project and a list of support groups for grandparents raising grandchildren. Also includes the National Family Caregiver Support Program.

Consumer Directed Options (CDO) allows eligible Medicaid waiver members to choose their own providers for non-medical services.

Elder Abuse Prevention - Elder abuse is often a silent crime, rarely noticed behind closed doors and rarely reported by those who think "it's none of my business." The law requires that elder abuse be reported if witnessed or suspected.

Guardianship - Kentucky's public guardianship program has offices in each region of Kentucky. State guardians assume the responsibility for individuals that

have been declared "legally disabled" by the court and unable to care for personal needs and /or unable to manage financial resources.

Homecare provides in-home services for individuals 60 and older with functional disabilities who are at risk for requiring long-term, institutional care including: personal care, home management, home health aide, home-delivered meals, home repair, chores, respite, escort and case management and assessment.

Personal Care Attendant Program provides attendant services for people 18 and older with functional loss of two or more limbs and who have the ability to hire and supervise an attendant.

Senior Community Services Employment Program serves persons 55 and older with incomes less than 125 percent of the federal poverty level who need training, subsidized employment, and help with job placement.

Support Programs are provided to people 60 and older including: congregate meals, home-delivered meals, in-home services, disease prevention and health promotion and Elder Abuse Prevention. Many services are provided through local senior centers.

The Department oversees the Acquired Brain Injury Medicaid Waiver program, and provides staff support to the Traumatic Brain Injury Trust Fund Board.

Hart-Supported Living is a grant program for Kentuckians with disabilities. Supports are provided to enable persons to live in, contribute to and participate in their communities.

Department for Family Resource Centers and Volunteer Services:

Division of Family Resource and Youth Services Centers provides administrative support, technical assistance and training to local school-based Family Resource and Youth Services Centers (FRYSC). The primary goal of these centers is to remove non-cognitive barriers to learning as a means to enhance student academic success.

Kentucky AmeriCorps coordinates AmeriCorps service programs, provides support to national service programs and administers AmeriCorps state grants in order to address unmet community needs by engaging members in direct service.

Learn and Serve America supports school- and community-based service learning programs that involve youth in service opportunities addressing education, public safety, environmental awareness and other human needs. The program funds new programs, replication of existing programs and provides training and development to staff, faculty and volunteers.

Kentucky Senior Corps is a network of seniors who are making a difference as foster grandparents, senior companions and retired and senior volunteer program volunteers. These programs tap the experience, skills, talents, interests and creativity of seniors age 55 and older.

Department for Income Support:

Disability Determination Services determines medical eligibility for residents of the Commonwealth who apply for Social Security and SSI disability benefits based on criteria set by the Social Security Administration. It also reevaluates the claims of disability recipients that the Social Security Administration selects for periodic review. Additionally, it conducts face-to-face evidentiary hearings for those who appeal an unfavorable review of their continuing eligibility.

The Child Support Enforcement (CSE) Program works to ensure that children are financially supported by both of their parents through the collection of support from parents who are legally obligated to pay. The Division of Child Support Enforcement maintains program administration contracts with approximately 110 county officials to provide CSE functions locally.

VII. Complaint Procedures

The Cabinet's internal complaint procedure is below and applies to clients and employees. The online version of this procedure is available to all Cabinet staff through its Intranet system. Additionally civil rights brochures and complaint forms are made available to all clients in all Cabinet offices. The Cabinet is also adding information for clients regarding civil rights and how to file a complaint to the Internet site.

CHFS Equal Employment Opportunity/Civil Rights Complaint Procedure:

References: Kentucky Commission on Human Rights; EEO Complaint Form (Word) (PDF); Section 3.2, Anti-Harassment/Discrimination Statement; Section 4.2, Grievance Procedure; Section 4.4, Personnel Board Appeals; Cease and Desist Memorandum

I. Purpose

CHFS prohibits all forms of discrimination and harassment as defined in Section 3.2, Anti-Harassment/Discrimination Statement.

CHFS is committed to ensuring an environment free from discrimination and harassment against employees, applicants, patients, and clients.

Responsibility for identifying and eliminating discrimination belongs to everyone and employees have the duty to immediately report activities or policies believed to be discriminatory or harassing. Management has the duty to take action immediately to ensure an environment free from discrimination and/or harassment.

II. EEO Complaint Process for Employees

1. Chapter 18A of the Kentucky Revised Statutes governs employment in Kentucky State Government. Employees wishing to file a discrimination complaint have three options under this statute. These three options are:
 - a. EEO/Civil Rights Complaint Process;
 - b. Grievance Process (Section 4.2, Grievance Procedure); and
 - c. Appeal to the State Personnel Board (Section 4.4, Personnel Board Appeals).
2. CHFS seeks to resolve most complaints with the internal processes provided to employees. Accordingly, employees are encouraged to use the CHFS EEO/Civil Rights Complaint Process to file a complaint. The goal of CHFS is to investigate and stop any prohibited activity immediately to permit employees to focus their attention on job duties.
3. Employees should file a complaint regarding any discrimination/harassment they may be aware of even if they are not the target of the discrimination/harassment.
4. To file a complaint under the EEO/Civil Rights Complaint Process, employees should complete the EEO Complaint Form (Word) (PDF) or prepare signed and dated written statements and send them to the Office of Human Resource Management, EEO/Civil Rights Compliance Branch, 5C-D, 275 East Main Street, Frankfort, Kentucky 40621, or fax (502) 564-3129, or by phone (502) 564-7770.

5. Employees are not limited to using one of these internal procedures and may elect to file complaints directly with the federal Equal Employment Opportunity Commission (EEOC) or the Kentucky Human Rights Commission.

III. **Civil Right Complaint Process for Clients**

(**Note:** For complaints related to Food and Nutrition Service programs, please see Section VII below.)

To comply with federal and state laws, CHFS has committed that, based on membership in a protected class:

1. No one applying for or receiving assistance or services will directly or through contractual or other arrangements be denied aid, care, services, or other benefits provided by CHFS.
 - a. These services will be given in the same manner to all recipients, based on eligibility.
 - b. No one applying for or receiving assistance will be subjected to segregation or different treatment in any matter related to receipt of the assistance.
 - c. No one applying for or receiving assistance will be restricted in any way in the enjoyment of any advantages or privileges enjoyed by others receiving similar services.
 - d. No one will be given different treatment in determining eligibility or meeting other requirements or conditions that must be met to receive benefits.
2. Service applicants or customers of CHFS are not limited to using the CHFS's internal procedures and may elect to file complaints directly with the U. S. Department for Health and Human Services Office of Civil Rights, the U.S. Department of Agriculture's Food and Nutrition Services' Regional Office of Civil Rights, the Kentucky Human Rights Commission or any other venue of their choosing.
 - a. Service applicants or customers can obtain detailed information about how to file a complaint with any of these agencies at any of CHFS's local offices/facilities or from the EEO/Civil Rights Compliance Branch.
3. CHFS seeks to resolve most complaints with the internal processes provided. Accordingly, service applicants or customers are encouraged to use the CHFS EEO/Civil Rights Complaint Process to file a complaint. The goal of CHFS is to investigate and stop any prohibited activity immediately so employees can focus their attention on job duties.
4. To file a complaint under the EEO/Civil Rights Complaint Process, service applicants or customers should prepare signed and dated written statements and send them to the Office of Human Resource Management, EEO/Civil Rights Compliance Branch, 5C-D, 275 East Main Street, Frankfort, Kentucky 40621, or fax (502) 564-3129, or by phone (502) 564-7770.

IV. **Responsibilities of Departments, Offices, and Facilities**

1. EEO/Civil Rights complaints, regardless of the type, shall be reported immediately and directly to the Office of Human Resource Management, Division of Employee Management, EEO/Civil Rights Compliance Branch, 5C-D, 275 East Main Street, Frankfort, Kentucky 40621.

2. Upon receipt of a complaint, the EEO/Civil Rights Compliance Branch will:
 - a. Send a notice with a brief description of the allegation, via e-mail, to:
 - The appropriate department head,
 - The Employee Relations Branch, and
 - The appropriate Human Resource Administration Branch.
 - b. Direct supervisors to issue a Cease and Desist directive if appropriate.
 - c. Conduct an investigation, if warranted, and determine whether there is evidence to substantiate the allegation(s);
 - d. Send a letter informing the complainant(s), respondent(s), and Department Head of the outcome of the investigation.
3. Supervisors should not request major disciplinary action against employees based on allegations raised in a complaint until the investigation is completed. Of note, cease and desist orders or requests to place employees on special investigative leave may be appropriate depending on the situations.
4. If at the conclusion of the investigation the EEO/Civil Rights Compliance Branch discovers that disciplinary action may be warranted, the Branch will refer the matter to the Division of Employee Management Employee Relations Branch for review.

V. No Retaliation

No employee shall retaliate against anyone who raises a complaint according to this policy. Any employee who is found to have retaliated shall be subject to disciplinary action, up to and including dismissal.

VI. Withdrawing a Complaint

1. To withdraw a complaint of discrimination, the complainant must submit a written request to the EEO/Civil Rights Compliance Branch. This request must state the reason(s) for withdrawal.
2. The EEO/Civil Rights Compliance Branch will accept the request for withdrawal unless:
 - a. There is reason to believe that the complainant was coerced, harassed, or compelled to withdraw the complaint, or
 - b. It is determined that the nature of the allegations merit that the investigation continue.
3. The EEO/Civil Rights Compliance Branch will notify the parties involved in writing if a request to withdraw is accepted. If the request to withdraw is rejected, the EEO/Civil Rights Compliance Branch will notify the complainant of the decision to proceed with the investigation.

VII. Food and Nutrition Services (FNS) Complaints from Clients

There is a special Civil Rights Complaint Process for complaints received from clients concerning the Food and Nutrition Service (FNS) program.

1. The United States Department of Agriculture (USDA), FNS has established additional requirements to ensure clients are not denied benefits and services due to discrimination.

2. Clients or representatives alleging discrimination have the right to file a complaint within 180 days of the alleged discriminatory action unless this time is extended by the U.S. Secretary of Agriculture.
3. When complaints are filed, the EEO/Civil Rights Compliance Branch will advise the complainants in writing:
 - a. That the complaint has been received;
 - b. Of confidentiality and Privacy Act applications;
 - c. Of planned action(s); and/or
 - d. If additional information is needed in order to resolve the issue at the lowest possible level and as promptly as possible.
4. The EEO/Civil Rights Compliance Branch will refer client complaints of age discrimination in the FNS Program to the FNS Regional Office of Civil Rights (OCR) for investigation within five days of receipt.
5. The EEO/Civil Rights Compliance Branch will process all Title VI-FNS complaints within 90 days of receipt. The branch will:
 - a. Gather all relevant information that supports or refutes the complainant's allegation, through interviews and documentation, and summarize the information to determine whether there is evidence to substantiate the allegation;
 - b. Submit a report on each complaint processed to the FNS Regional Office prior to issuing a decision letter to the complainant for the purpose of oversight and concurrence; and
 - c. Send a letter informing the complainant of the outcome of the investigation, the right to appeal to the Secretary of Agriculture and mailing address, and closure or follow-up action.
6. At a minimum, an investigation of a complaint must consist of:
 - a. Contact with the complainant or authorized representative;
 - b. A review of the complainant's case file; and
 - c. A review of a representative sample of case files of similarly situated program participants/applicants proceeding with:
 - A total program participant/applicant population within an established timeframe, extracting from that population. The total number of program participants/applicants that are similarly situated as the complainant, concluding with not less than ten (10) percent of the random number of program participants/applicants that are similarly situation as the complainant (**Note:** If the ten (10) percent is 20 or less, the investigator must review at least five (5) files); and
 - d. Contact with the state agency (Department for Community Based Services) for a response to the allegations set forth in the complaint.
7. If an investigation is not conducted, the EEO/Civil Rights Compliance Branch will provide an explanation to the USDA FNS regional office.
8. The EEO/Civil Rights Compliance Branch will send a decision letter to the complainant that contains:
 - a. The name of the complainant;
 - b. A review number;
 - c. The date the complaint was received;
 - d. A statement of jurisdictional authority;

- e. A statement of each allegation and applicable regulation;
- f. If an investigation is warranted, the methodology on how the complaint was investigated;
- g. The conclusions; and
- h. The complainant's right to appeal to the Secretary of Agriculture and the address.

NOTE: Due to the unique nature of each complaint received and the varying complexity of each investigation, a time frame for processing of complaints is only specified for those complaints related to the Food and Nutrition Service program. Other complaints will be processed as expeditiously as possible while also allowing for a thorough investigation.

CHFS Anti-Harassment/Discrimination Statement:

References: 101 KAR 1:345; KRS 344; KRS 509.080(1)(d); KRS 532.090(1); KRS 18A.095; KRS 18A.140; Executive Order 2008-473; Anti-Harassment/Discrimination Summary Acknowledgement Form; Employee Evaluation Performance System; Religious Accommodation Request Form (Word) (PDF)

I. Purpose

CHFS is committed to maintaining an environment free from discrimination and harassment, and this policy applies to all personnel actions, including but not limited to: recruiting, hiring, classification/compensation, benefits, promotions, transfers, layoffs, reinstatement and educational programs.

II. Prohibited Activities

1. CHFS does not tolerate discrimination or harassment of any kind against any protected class, as defined in Section III. Such acts constitute misconduct which undermines the integrity of the employment relationship. Offending employees will be subject to disciplinary action, up to and including dismissal.
2. Employees are entitled to a work environment free from harassment of any kind. To ensure an environment free of harassment, certain behaviors are prohibited in the CHFS workplace and are defined as prohibited activities. These include, but are not limited to:
 - a. Derogatory comments, jokes, or slurs based on one or more of the protected classes;
 - b. Unwanted physical conduct of any kind, impeding or blocking movement or physical interference with normal work movement when directed at an individual based on his/her membership in one or more of the protected classes;
 - c. The display, mailing or e-mailing of derogatory posters, cartoons or drawings based on one's membership in one or more of the protected classes; and/or
 - d. Behavior which sexually harasses another person as defined in Section IV below.

III. Protected Classes Defined

1. Federal law prohibits discrimination and harassment against protected classes, meaning people protected based on race, color, religion, sex, national origin, pregnancy, individuals age 40 and older, veterans, qualified special disabled veterans, qualified individuals with a disability, and on the basis of genetic information.
2. Kentucky, through the Kentucky Civil Rights Act and KRS 18A.140, expands protected classes to include employee political affiliation, ethnic origin, and status as a smoker (if the smoker complies with workplace smoking rules). The Kentucky Civil Rights Act prohibits retaliation against persons who have filed a complaint or assisted someone else in filing a discrimination complaint.
 - a. Although not expanding the classes protected by law, the Governor's Executive Order 2008-473 states that it shall be the policy of the Commonwealth of Kentucky to provide equal employment opportunity to all people in all aspects of employer-employee relations without discrimination of race, color, religion, sex, national origin, sexual orientation or gender identity, ancestry, age, disability, or veteran status. Employer-employee relations shall include but not be limited to hiring, promotion, termination, tenure, recruitment, and compensation.

IV. Sexual Harassment

1. No person will be subjected to or subject another person to unsolicited and unwelcome sexual overtures or conduct, either verbal or physical, in the workplace.
2. Sexual harassment, which is unwelcome and personally offensive, lowers morale and interferes with employee job performance.
3. Like any form of harassment, such behavior may result in disciplinary action, up to and including dismissal.
4. Sexual harassment is unlawful whether committed by supervisory or non-supervisory personnel. Additional prohibited activities include, but are not limited to:
 - a. Unwelcome touching;
 - b. Unwelcome advances or requests for sexual favors;
 - c. Use of sexually explicit, suggestive or abusive language;
 - d. Making sexually suggestive jokes or degrading remarks about a person, a person's body or clothing;
 - e. The display or sending of sexually explicit or suggestive literature, pictures, photographs or objects; and/or
 - f. Making submission to sexual advances a condition of employment, continued employment, evaluation, compensation, benefits, promotion or any other privilege.
5. CHFS strongly discourages supervisors from engaging in or soliciting romantic relationships with their subordinates. Such relationships cause distraction in the workplace, beliefs of favoritism, and/or complications when relationships end, including possible allegations of discrimination and harassment.

6. CHFS and its supervisors may be responsible for the inappropriate sexual misconduct of others in the workplace when they know or should have known of the behavior and fail to take immediate steps to report and address it.
7. CHFS employees and its supervisors may be responsible for the acts of non-employees, residents/patients, clients and vendors with respect to sexual harassment of CHFS employees in the workplace where they know, or should have known, of the conduct and fail to take immediate and appropriate corrective action.
8. CHFS strictly prohibits verbal or physical conduct by anyone in the workplace which harasses, disrupts or interferes with work performance or which creates an intimidating, offensive or hostile working environment.

V. Religious Accommodation

1. CHFS prohibits discrimination on the basis of religion and provides reasonable accommodations for sincerely held religious beliefs or practices unless doing so would impose an undue hardship by unreasonably interfering with client services and/or business operations.
2. Any employee who wants to request any adjustment to the work environment to enable him/her to practice his/her religion should request a religious accommodation by completing the Religious Accommodation Request Form (Word) (PDF) and submitting it to his/her supervisor.
3. Supervisors who receive a request for religious accommodation, whether using the Religious Accommodation Request Form (Word) (PDF) or through other means, should immediately contact the Cabinet's EEO/Civil Rights Compliance Branch to discuss possible reasonable accommodations.

VI. Employee Misconduct Toward a Client or Resident

1. The harassment or discrimination of clients is prohibited. An employee participating in prohibited activities against a client or resident of CHFS constitutes misconduct and will subject the employee to disciplinary action, up to and including dismissal. CHFS will not tolerate such behavior.
2. In addition to the prohibited activities listed above, an employee of CHFS, who is responsible for providing services or benefits, is forbidden from having a personal, romantic, or sexual relationship with a client of CHFS, when the relationship may pose a real or perceived conflict of interest with the employee's duties as an agent or representative of CHFS.
3. In addition to being subject to disciplinary action, if an employee threatens to cause benefits or services to be withheld from a client or resident to coerce favors, the employee could face prosecution under KRS 509.080(1)(d) of the Kentucky Penal Code. Criminal coercion is a Class A misdemeanor under KRS 532.090(1) and is punishable by up to 12 months in jail.

VII. Complaints

1. Any employee or other person present in the workplace, who believes he/she has been subjected to discrimination or harassment shall report the discrimination or harassment as soon as possible.

2. CHFS supports those exercising their right to freely express displeasure with any action or condition that may be construed as discriminatory, derogatory, or harassing.
3. Employees shall file a complaint according to Section 3.3, Equal Employment Opportunity Complaint.
4. Nothing herein prevents the complainant from pursuing redress through outside enforcement agencies such as the United States Equal Employment Opportunity Commission, the Kentucky Commission on Human Rights, or the Kentucky Personnel Board.
5. Retaliation against anyone in an investigation is strictly prohibited as unlawful. Anyone bringing or assisting in an investigation will not be adversely affected in terms and conditions of employment, or discriminated against in any manner because of the complaint. Any employee who reports or substantiates wrongdoing shall not be threatened or subjected to reprisal, either directly or indirectly, which tends to discourage, restrain, depress, dissuade, deter, prevent, interfere, coerce, or discriminate.

VIII. Disciplinary Action/Sanction

1. Any employee who engages in discrimination or harassment shall be subject to disciplinary action, up to and including dismissal.
2. Anyone who retaliates against a complainant or one who has assisted in the investigation of a charge, and anyone who interferes with an investigation, shall be subject to disciplinary action, up to and including dismissal.

IX. Training

1. All departments of CHFS shall maintain files on training regarding harassment.
2. All new employees shall be provided with a copy of this Anti-Harassment/Discrimination Statement and appropriate training.
3. Investigators and other personnel involved in the implementation of this Anti-Harassment/Discrimination Statement shall receive training as required by CHFS.
4. During an employee's Annual Performance Evaluation meeting, the supervisor must present the Anti-Harassment/Discrimination Summary Acknowledgement Form (Word) (PDF) to the employee, obtain his/her signature, and deliver the signed form with the year end evaluation to his/her assigned Human Resource Administrator. (Section 6.1 - Employee Evaluation Performance System)

X. Contact Information

To obtain information or file a complaint, please contact:

Office of Human Resource Management
EEO/Civil Rights Compliance Branch
275 East Main Street – 5C-D
Frankfort, KY 40621
Phone: (502) 564-7770
Fax: (502) 564-3129

IX. Agency Training Plans

A variety of mandatory and supplemental training opportunities will continually remind the Cabinet’s staff of its responsibility to render high quality services to all clients regardless of their race, color or national origin. Additionally, annual training is provided to the EEO/Civil Rights Counselors and Coordinators, as funding or resources permit. All EEO/Civil Rights Counselors and Coordinators are required to attend these training sessions. Supervisors, EEO/Civil Rights Counselors and Coordinators and the EEO/Civil Rights Compliance Branch staff are also encouraged to attend the Governor’s EEO Conference annually.

The following table provides an overview of some of the training provided by the Cabinet. This table is not exhaustive as the various departments may offer and/or request additional civil rights related training for their staff as part of their programmatic training. Additionally, the Personnel Cabinet’s Governmental Services Center offers related training that is available for all staff.

Course Title	Participation	Audience	Training Provided By	Medium	Contact Hours	Frequency
Anti-Harassment Awareness	Required Every 2 years	All employees and contractors	Personnel Cabinet	Online	2 hours	Ongoing
Anti-Harassment Awareness Course Description: Employees are entitled to a work environment that is free from harassment of any kind. Training participants will review what actually constitutes harassment, in addition to ways to prevent, stop, and report these unwelcome behaviors.						
Language Access Training	Varies	All employees who provide services to customers with limited English proficiency (LEP).	OHRM; DCBS	Classroom; Online	2 hours	Ongoing
Language Access Training Course Description: Designed to ensure that staff knows how to meet the needs of clients with limited English proficiency and how to ensure that LEP clients have meaningful access to the programs and services of CHFS, this training provides detailed information for staff about the Cabinet's Language Access Policies and Procedures.						

Food and Nutrition Service Civil Rights Review	Required annually	All employees delivering food benefits	DCBS	Online	2 hours	Ongoing
Food and Nutrition Service Civil Rights Review Course Description: Required by the US Department of Agriculture's Food and Nutrition Program, this training is required to be completed annually by any staff who serve food stamp applicants or recipients including front-line staff, administrative staff and supervisors. Topics covered include civil rights laws, the collection and use of data, conflict resolution, complaint process, civil rights review process, customer service and providing reasonable accommodations for the disabled.						
Exploring Cultural Diversity and Prejudice	Required One-time	All DCBS staff	DCBS	Classroom	11.5 hours	Ongoing
Exploring Cultural Diversity and Prejudice Course Description: This training prepares the participant for working with the diverse population of clients in the human services system to avoid discriminatory practices. The training focuses on examining individual biases and how those biases can relate to culturally competent service delivery.						
New Employee Orientation	Required One-time	All new employees	OHRM; DDS; DCBS; MHMR; CCSHCN; DPH	Classroom	2.5 hours	Ongoing
New Employee Orientation Course Description: Employees are provided with basic information about state government; the Cabinet; and the statutes, regulations, and procedures they need to follow as employees. Topics presented include the Cabinet's Anti-Harassment/Discrimination, Equal Employment Opportunity/Civil Rights Complaint, ADA Accommodation Request and Language Access policies and procedures.						
Personnel Management Training (PMT) (i.e. Supervisory Training)	Required one-time	All managers and supervisors	OHRM	Classroom	16 hours	Ongoing
Personnel Management Training Course Description: Supervisors and managers must have a beginning knowledge of personnel management issues in order to properly address day-to-day situations according to governing policies and procedures. Topics presented include the Cabinet's Anti-Harassment/Discrimination, Equal Employment Opportunity/Civil Rights Complaint, and ADA Accommodation Request policies and procedures.						

X. Evaluation Procedures of Title VI Plan

The Cabinet for Health and Family Services uses a Title VI/Civil Rights Self-Survey as a monitoring and evaluation instrument. The surveys are completed annually by each local Cabinet office and submitted to the Cabinet’s Title VI Coordinator for annual compliance review. This review identifies existing needs or deficiencies with regard to Title VI or other areas of civil rights compliance, makes recommendations for continued compliance, and specifies any needed corrective procedures.

A copy of this Cabinet-wide self survey is included below.

**CABINET FOR HEALTH AND FAMILY SERVICES
2012 TITLE VI SURVEY**

This survey should be completed once for each physical office location where clients are served. If multiple programs are housed in the same location and share a waiting area, the form only needs to be completed once for that location. Please return via email no later than June 1, 2012 to Cathy Cox, EEO/Civil Rights Compliance Branch Manager, at CathyJ.Cox@ky.gov.

1. Address of office surveyed:
2. County of office surveyed:
3. Department/Office/Region/Facility name:
4. Programs housed at this location:
5. Surveyor’s Name:
6. Surveyor’s Title:
7. Surveyor’s Phone Number:
8. Did you ensure that the following posters or pamphlets containing Title VI Civil Rights/EEO information are prominently displayed where clients can easily access them?

Note: If materials are not currently on display, all materials are available at:

Client Civil Rights Materials:

<https://chfsnet.ky.gov/ohrm/Pages/ClientCivilRights.aspx>

Language Access Signage:

<https://chfsnet.ky.gov/ohrm/Pages/TranslationResources.aspx>

Language Access “Know Your Rights” Brochure:

<https://chfsnet.ky.gov/ohrm/Pages/LanguageAccessSection.aspx>

Civil Rights Brochure (English)	Yes	No
Civil Rights Brochure (Spanish)	Yes	No

Client Civil Rights Complaint Form (English)	Yes	No
Client Civil Rights Complaint Form (Spanish)	Yes	No
CHFS Civil Rights Poster (English)	Yes	No
CHFS Civil Rights Poster (Spanish)	Yes	No
Sexual Harassment Brochure (English)	Yes	No
Sexual Harassment Brochure (Spanish)	Yes	No
Sexual Harassment Poster (English)	Yes	No
Sexual Harassment Poster (Spanish)	Yes	No
U.S. Dept. of Health and Human Services Office Of Civil Rights Brochure (English)	Yes	No
U.S. Dept. of Health and Human Services Office Of Civil Rights Brochure (Spanish)	Yes	No
USDA Food and Nutrition Service "And Justice For All" Poster (Food Stamps Offices Only - Must be no smaller than 11 x 17)	Yes	No
Interpreter Services Sign in 10 Languages	Yes	No
"Know Your Rights" Brochure (available in 10 languages at http://chfsnet.ky.gov/os/ohrm/lep/)	Yes	No
"I Speak" Cards (should be at the registration desk)	Yes	No
Other Appropriate Signage in Spanish (i.e. Notice of Free Interpreter Services, Registration, Bathroom, etc.)	Yes	No
9. How are applicants and clients made aware of their civil rights under Title VI, including the right to file a complaint?		
10. How are new employees informed about their specific responsibilities to clients under Title VI of the Civil Rights Act?		
11. How does the office ensure that it is accessible to individuals with disabilities?		
12. How does this office ensure that the sight or hearing impaired or otherwise disabled clients are provided services when they meet with an agency staff member?		
13. Are all physical areas (exits, waiting rooms, dining areas, restrooms, etc.) provided and used without regard to race, color, national origin, or disability?		
14. In regards to clients with limited English proficiency, what languages, other than English, are most commonly encountered in this office?		
15. Are applications, notices, and other vital documents being translated and made accessible to clients with limited English proficiency?		
16. How are staff, including front desk staff, accessing interpreter services for clients with limited English proficiency?		
17. Is the online LEP interaction form being filled out by staff following each interaction with a client with limited English Proficiency? If so, what procedure is followed?		

18. Is there any other information regarding client civil rights that this office should be aware of?

Of the 197 surveys received, all areas were either found to be in complete compliance or a compliance plan was developed prior to the date of this report.

Additional compliance monitoring will occur throughout the year based on the needs and requirements of each program. For example, the Performance Enhancement Branch of the Office of the Ombudsman conducts quarterly Civil Rights Reviews of all Food Stamp benefit offices to assure that the project area (county/unit) is in compliance with the Civil Rights Act of 1964; that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subject to discrimination under the Food Stamp Program. These reviews include observation of office procedures, discussion with staff, discussion with minority contacts, and examination of case records of minorities. Furthermore, the U.S. Department of Agriculture Food and Nutrition Services' Office of Civil Rights conducts a comprehensive civil rights review of the food stamp program every two years. Most recently, this survey was completed in April 2012. The report of findings has not yet been received.

To monitor compliance with language access requirements, the Language Access Section has developed a monitoring plan that includes a variety of data collection methods including: the annual Title VI Survey; the Quarterly Civil Rights reviews; client, staff and community partner focus groups; and compliance testing, also known as "secret shopping." The Language Access Section staff will be testing for compliance at those points of entry where LEP clients are most likely to come into contact with CHFS. The initial compliance testing will take place via telephone and will focus on those points of entry in the 12 counties with the highest LEP population. Language Access Section staff will pose as Spanish-speaking LEP clients calling points of entry only requesting information. The Language Access Section staff will then document the results of the interaction including language access services provided. The purpose of this compliance testing is to identify areas where additional assistance, support and training are needed. Based on the data collected, the Language Access Section will be able to more effectively: respond to the needs of point of entry staff in implementing the Cabinet's Language Access Plan; establish training priorities; and identify and address gaps in services and resources.

XII. Record Keeping and Reporting
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The Cabinet utilizes the General Records Retention Schedule for State Agencies. Records of Title VI/Civil Rights complaints, whether filed at the local, regional or Cabinet level, and related information including complaint resolutions, are kept by the Title VI Coordinator in the Office of Human Resource Management/EEO Compliance Branch office. These complaints are kept under lock and key. An electronic log is also maintained by the Cabinet's Title VI Coordinator documenting all complaints received. This log includes information regarding the complainant, the respondent, the nature of the complaint, and a statement of disposition or findings.

For the current review period of July 1, 2011 through June 30, 2012, a total of twenty-four (24) civil rights complaints were received from clients as detailed below:

Program	Basis	Resolution
Boone County Family Support	National Origin	Investigated; Unsubstantiated
Boyd County Family Support	Religion and Gender	Under Investigation
Boyle County Protection & Permanency	National Origin	Investigated; Inappropriate behavior found; referred for appropriate disciplinary action
Fayette County Family Support	Race and Gender	Investigated; Unsubstantiated
Fayette County Family Support	Race	Investigated; Unsubstantiated
Franklin County Family Support	Gender and Race	Investigated; Unsubstantiated
Franklin County Disability Determination Services	Sexual Harassment	Investigated; Inappropriate behavior found; Relationship severed with contract employee
Fayette County Protection & Permanency	Religion and National Origin	Under Investigation
Fulton & Graves County Family Support	Race	Under Investigation
Garrard County Protection & Permanency	Race	Investigated; Unsubstantiated
Jefferson County Family Support	Race and Disability	Investigated; Unsubstantiated
Jefferson County Family Support	Race	Investigated; Unsubstantiated
Jefferson County Family Support	Race and Disability	Investigated; Unsubstantiated
Jefferson County Family Support	Race and	Investigated;

	National Origin	Unsubstantiated
Jefferson County Family Support	National Origin	Under Investigation
Jefferson County Protection & Permanency	Race	Investigated; Unsubstantiated
Kenton & Washington County Protection & Permanency	Sexual Orientation	Under Investigation
Knox County Protection & Permanency	Race	Investigated; Unsubstantiated
Laurel County Protection & Permanency	Race	Investigated; Unsubstantiated
Madison County Family Support	Age & Race	Investigated; Unsubstantiated
McClellan County Protection & Permanency	Religion	Investigated; Unsubstantiated
McCracken County Protection & Permanency	Race	Investigated; Unsubstantiated
Simpson County Protection & Permanency	Religion	Under Investigation
Webster County Family Support	Sexual Harassment	Investigated; Inappropriate behavior found; referred for appropriate disciplinary action

The Cabinet's Title VI Coordinator submits an annual Title VI compliance report to the Secretary of the Cabinet for Health and Family Services. This report contains the activities of the Cabinet's Title VI Coordinator relative to Title VI during the past year and summarizes Title VI compliance and enforcement data. Title VI complaints and reports are retained by the Cabinet's Title VI Coordinator in an active file for a minimum of five years unless otherwise specified in the General Records Retention Schedule for State Agencies.

Due to the size and complexity of programs within the Cabinet, data showing the extent to which members of protected classes are participating in Title VI programs and activities are captured in numerous and disparate ways. Following is an overview of client participation in some of the Cabinet's various programs:

Commission for Children with Special Health Care Needs (CCSHCN)

Date Range: 7/1/11 – 5/7/12

Unduplicated Patient Count

Race	Female	Male	Grand Total
American Indian/Alaska Native	1	6	7 (< 1%)
Asian	58	50	108 (1.3%)
Asian Indian	1		1 (< 1%)
Bi-racial Black/White	24	29	53 (< 1%)
Bi-racial Hispanic/ Other Combination	4	7	11 (< 1%)
Black/African American	221	346	567 (6.9%)
Hispanic	143	188	331 (4.0%)
Native Hawaiian/Pacific Islander	2		2 (< 1%)
Some Other Race/Combination	94	121	215 (2.6%)
Unknown	565	921	1,486 (18.1%)
White/Caucasian	2,336	3,089	5,425 (66.1%)
Grand Total	3,449 (42%)	4,757 (58%)	8,206

Department for Community Based Services
 Special Nutrition Assistance Program (Food Stamps)
 Point in Time Data as of May 9, 2002

Race	Female	Male	Total
American Indian/Alaska Native (Non-Hispanic)	385	322	707 (< 1%)
Asian (Non-Hispanic)	2,147	1,872	4,019 (< 1%)
Black/African American (Non-Hispanic)	67,770	53,841	121,611 (14.5%)
Native Hawaiian/Pacific Islander (Non-Hispanic)	522	487	1,009 (< 1%)
White (Non-Hispanic)	372,030	302,018	674,048 (80.5%)
Some Other Race/Combination (Non-Hispanic)	1,132	1,036	2,168 (< 1%)
American Indian/Alaska Native (Hispanic)	779	698	1,477 (< 1%)
Asian (Hispanic)	84	82	166 (< 1%)
Black/African American (Hispanic)	278	292	570 (< 1%)
Native Hawaiian/Pacific Islander (Hispanic)	245	219	464 (< 1%)
White (Hispanic)	14,455	12,979	27,434 (3.3%)
Some Other Race/Combination (Hispanic)	111	104	215 (< 1%)
Unknown	2,029	985	3,014 (< 1%)
Grand Total	461,967 (55%)	374,935 (45%)	836,902

Department for Community Based Services/Department for Medicaid Services
 Medicaid Program
 Point in Time Data as of May 9, 2002

Race	Female	Male	Total
Native Hawaiian/Pacific Islander (Non-Hispanic)	421	401	822 (< 1%)
White (Non-Hispanic)	282,736	222,710	505,446 (81.8%)
Black/African American (Non-Hispanic)	46,396	35,219	81,615 (13.2%)
Asian (Non-Hispanic)	1,817	1,759	3,576 (< 1%)
American Indian/Alaska Native (Non-Hispanic)	311	249	560 (< 1%)
Some Other Race/Combination (Non-Hispanic)	1,112	1,029	2,141 (< 1%)
Native Hawaiian/Pacific Islander (Hispanic)	157	156	313 (< 1%)
White (Hispanic)	10,279	10,306	20,585 (3.3%)
Black/African American (Hispanic)	215	199	414 (< 1%)
Asian (Hispanic)	49	67	116 (< 1%)
American Indian/Alaska Native (Hispanic)	534	583	1,117 (< 1%)
Some Other Race/Combination (Hispanic)	67	90	157 (< 1%)
Unknown	598	500	1,098 (< 1%)
Grand Total	344,692 (56%)	273,268 (44%)	617,960

Department for Community Based Services
 Division of Child Care
 Date Range: 7/1/11 to 5/3/12

Race	Female	Male	Gender Unknown	Total
American Indian/Alaska Native	53	28		81 (< 1%)
Asian	179	95		274 (< 1%)
Black/African American	28,273	15,891		44,164 (30.1%)
Hispanic	87	76	1	164 (< 1%)
Native Hawaiian/Pacific Islander	35	16		51 (< 1%)
White	52,149	30,011	4	82,164 (55.9%)
Other	7,992	6,284	3	14,279 (9.7%)
No Response	3,188	2,579	4	5,771 (3.9%)
Grand Total	91,956 (62.6%)	54,980 (37.4%)	12 (< 1%)	146,948

Department for Community Based Services
 Division of Protection and Permanency – Adult Protective Services Referrals
 Date Range: 1/1/11 to 12/31/11

Race	Female	Male	Gender Unknown	Total
Caucasian Only	15,342	6,192	155	21,689 (62.6%)
African American Only	2,400	1,023	12	3,435 (9.9%)
Other Race Only	871	384	20	1,275 (3.7%)
Two or More Races	87	18		105 (< 1%)
Unknown	5,048	2,361	682	8,091 (23.4%)
Grand Total	23,748 (68.6%)	9,978 (28.8%)	869 (2.5%)	34,595
Ethnicity				
Hispanic	148	41	3	192 (< 1%)

Department for Community Based Services
 Division of Protection and Permanency – Child Protective Services Referrals
 Date Range: 1/1/11 to 12/31/11

Race	Female	Male	Gender Unknown	Total
Caucasian Only	24,394	24,654	406	49,454 (61.1%)
African American Only	3,689	3,856	69	7,614 (9.4%)
Other Race Only	1,450	1,559	52	3,061 (3.8%)
Two or More Races	800	819	4	1,623 (2.0%)
Unknown	8,477	8,864	1,805	19,146 (23.7%)
Grand Total	38,810 (48.0%)	39,752 (49.1%)	2,336 (2.9%)	80,898
Ethnicity				
Hispanic	721	781	14	1,516 (1.9%)

Department for Community Based Services
 Division of Protection and Permanency – Out of Home Care (Foster Care)
 Point in Time Data as of May 16, 2012

Race	Female	Male	Gender Unknown	Total
Caucasian Only	2,530	2,766		5,296 (76.4%)
African American Only	441	447		888 (12.8%)
Other Race Only	8	5		13 (< 1%)
Two or More Races	230	242	6	478 (6.9%)
Unknown	128	128		256 (3.7%)
Grand Total	3,337 (48.1%)	3,588 (51.8%)	6 (< 1%)	6,931
Ethnicity				
Hispanic	150	182		332 (4.8%)

Department for Community Based Services
 Division of Protection and Permanency – In Home Services
 Point in Time Data as of May 16, 2012

Race	Female	Male	Gender Unknown	Total
Caucasian Only	6,919	7,248	104	14,271 (61.0%)
African American Only	1,104	1,193	15	2,312 (9.9%)
Other Race Only	407	450	9	866 (3.7%)
Two or More Races	314	314	1	629 (2.7%)
Unknown	2,383	2,467	463	5,313 (22.7%)
Grand Total	11,127 (47.6%)	11,672 (49.9%)	592 (2.5%)	23,391
Ethnicity				
Hispanic	273	285	7	565 (2.4%)

Department for Public Health
 Unduplicated Patient Count
 Date Range: 7/1/10 to 6/30/11

Race	Female	Male	Total
White	420,396	254,853	675,249 (87.6%)
Non-White	57,214	38,152	95,366 (12.4%)
Grand Total	477,610 (62.0%)	293,005 (38.0%)	770,615

Department for Aging and Independent Living
 Title III, Homecare, Adult Care, PCAP, Family Caregiver, SCSEP, Hart supported
 Living, TBI
 Date Range: 7/1/10 to 6/30/11

Race	Female	Male	Total
White			36,441 (89.0%)
Non-White			4,509 (11.0%)
Grand Total	27,907 (68.1%)	13,043 (31.9%)	40,950

Department for Behavioral Health, Developmental and Intellectual Disabilities
 Facilities (Race Data Only)
 Date Range: 7/1/11 to 6/25/12

Facility Name	White	Black	Other	Total
ARH Psychiatric Center at Hazard	1,417	15	11	1,443
Central State Hospital	494	266	37	797
Central State ICF-MR	22	6	1	29
Del Maria ICF-MR	9	0	0	9
Eastern State Hospital	1,569	124	36	1,729
Glasgow SNF	92	13	0	105
Hazelwood ICF-MR	126	15	1	142
Kentucky Correctional Psychiatric Center	576	213	7	796
Meadows ICF-MR	7	1	0	8
Oakwood	123	10	0	133
Outwood	43	4	1	48
Western State Hospital	1,222	190	31	1,443
Western State Nursing	125	28	0	153
Western State Volta	318	42	2	362
Windsong ICF-MR	8	2	0	10
Grand Total	6,151 (85.3%)	929 (12.9%)	127 (1.8%)	7,207

Department for Behavioral Health, Developmental and Intellectual Disabilities
 Community Mental Health Centers (Race Data Only)
 Date Range: 7/1/11 to 6/25/12

Region	White	Black	Other	Total
01 - Four Rivers	7,406	887	75	8,368
02 - Pennyroyal	10,011	1,562	861	12,434
03 - River Valley	7,366	685	683	8,734
04 - Lifeskills	8,428	761	904	10,093
05 - Communicare	9,968	850	116	10,934
06 - Seven Counties	16,294	8,641	5,587	30,522
07 - NorthKey	8,511	642	356	9,509
08 - Comprehend	3,676	148	43	3,867
10 - Pathways	12,576	198	164	12,938
11 - Mountain	9,859	31	59	9,949
12 - Kentucky River	8,876	82	111	9,069
13 - Cumberland River	12,590	82	10	12,682
14 - Adanta	7,960	246	283	8,489
15 - Bluegrass	18,145	2,460	1,911	22,516
Total	141,666 (83.3%)	17,275 (10.1%)	11,163 (6.6%)	170,104

Department for Income Support
 Child Support Enforcement
 Date Range: 7/1/11 – 5/25/12

Race	Female	Male	Gender Unknown	Total
Asian/Oriental	434	559		993 (< 1%)
Black/African American	63,184	89,407	45	152,636 (23.3%)
White	209,235	201,497	25	410,757 (62.8%)
Hispanic	1,599	84,241		85,840 (13.0%)
American Indian/Alaska Native	181	567		748 (< 1%)
Other	1,222	1,508		2,730 (< 1%)
Grand Total	275,855 (42.2%)	377,779 (57.8%)	70 (< 1%)	653,704

XIII. Minority Representation

**Minority Representation in Total Cabinet Workforce
As of 6/15/12**

Race/Ethnicity	Number	Percentage (% Change from 2011)
White	6,501	86.10% (+.50%)
Black	939	12.44% (-0.09%)
Hispanic	50	0.66% (-0.03%)
Asian	30	0.40% (+0.01%)
American Indian/Alaskan Native	13	0.17% (-0.04%)
Native Hawaiian/Other Pacific Islander	3	0.03% (+0.00%)
Two or More Races	15	0.20% (+0.06%)
Other/Unknown	0	0 (-0.17)%

Race/Ethnicity Totals	Number	Percentage	% Change from 2011
Total White	6,501	86.1%	+0.5%
Total Minority	1,050	13.90%	-0.5%
Total	7,551		

Gender	Number	Percentage	% Change from 2011
Male	1,494	19.79%	-0.43%
Female	6,057	80.21%	+0.43%
Total	7,551		

Minority Representation on Cabinet Advisory Boards, Councils, Commissions and Committees

Name of Advisory Boards, Councils Commissions or Committees	Statutory Requirement Citation	Total Number of Members	Number of Members Appointed by the Governor	Male	Female	Number & Category of Minority
Advisory Committee on Need for Services for Deaf and Hard of Hearing Persons (Dept. for Behavioral Health, Developmental and Intellectual Disabilities)	KRS 210.031: http://www.lrc.ky.gov/KRS/210-00/031.PDF	17	0	5	12	(1)B
Advisory Council for Medical Assistance (Dept. for Medicaid Services)	KRS 205.540: http://www.lrc.ky.gov/KRS/205-00/540.PDF	15	14	6	9	(1)B
Advisory Council to the Kentucky Children's Health Insurance Program (Dept. for Medicaid Services)	KRS 205.6491: http://www.lrc.ky.gov/KRS/205-00/6491.PDF Council By-Laws	7	7	2	5	None
Alzheimer's Disease and Related Disorders Advisory Council (Dept. for Aging and Independent Living)	KRS 194A.603: http://www.lrc.ky.gov/KRS/194A00/603.PDF	16	16	2	14	(1)B
Appeal Board for Public Assistance (Dept. for Community Based Services)	KRS 205.231: http://www.lrc.ky.gov/KRS/205-00/231.PDF	3	0	0	3	None
Breast Cancer Advisory Committee (Dept. for Public Health)	KRS 214.554: http://www.lrc.ky.gov/KRS/214-00/554.PDF	10	6	3	6	(1)B
Breast Cancer Research and Education Trust Fund Board (Dept. for Public Health)	KRS 211.585: http://www.lrc.ky.gov/KRS/211-00/585.PDF	9	2	3	4	None
Cabinet for Health and Family Services Institutional Review Board (CHFS-Office of the Ombudsman)	902 KAR 1:060: http://www.lrc.ky.gov/kar/920/001/060.htm	10	0	5	5	None
Child Support Guidelines Review Commission (Dept. for Income Support)	KRS 403.213: http://www.lrc.ky.gov/krs/403%2D00/213.pdf	13	4	6	6	(1)B
Colon Cancer Screening Advisory Committee (Dept. for Public Health)	KRS 214.544: http://www.lrc.ky.gov/KRS/214-00/544.PDF	21	21	9	10	(2)B
Commission for Children with Special Health Care Needs (Commission for Children w/Special Health Care Needs)	KRS 194A.030(5): http://www.lrc.ky.gov/KRS/194A00/030.PDF	7	7	1	6	(1)B
Council on Domestic Violence and Sexual Assault (Dept. for Community Based Services)	KRS 403.700: http://www.lrc.ky.gov/krs/403%2D00/700.pdf	35	0	11	11	None
Drug Management Review Advisory Board (Dept. For Medicaid Services)	KRS 205.5636: http://www.lrc.ky.gov/KRS/205-00/5636.PDF	15	0	7	8	None

Elder Abuse Committee (Dept. for Community Based Services)	KRS 209.005: http://www.lrc.ky.gov/KRS/209-00/005.PDF	30	0	15	15	(1)B
Grade A Milk Advisory Committee (Dept. for Public Health)	KRS 217C.070: http://www.lrc.ky.gov/KRS/217C00/070.PDF	8	0	7	1	None
Hemophilia Advisory Committee (Commission for Children w/Special Health Care Needs)	KRS 200.560: http://www.lrc.ky.gov/KRS/200-00/560.PDF	12	7	5	5	(1)O
Institute for Aging (Dept. for Aging and Independent Living)	KRS 194A.090(3): http://www.lrc.ky.gov/KRS/194A00/090.PDF	15	15	5	10	(1)B
Kentucky Child Fatality Review Team (Dept. for Public Health)	KRS 211.684: http://www.lrc.ky.gov/KRS/211-00/684.PDF	13	0	5	8	None
Kentucky Commission on Community Volunteerism and Service (Kentucky Commission on Community Volunteerism and Service)	KRS 194A.570: http://www.lrc.ky.gov/KRS/194A00/570.PDF KRS 194A.572: http://www.lrc.ky.gov/KRS/194A00/572.PDF	27	27	13	14	(2)B
Kentucky Commission on Services and Supports for Individuals with MR & Other Developmental Disabilities (Dept. for Behavioral Health, Developmental and Intellectual Disabilities)	KRS 210.575: http://www.lrc.ky.gov/KRS/210-00/575.PDF	25	15	12	13	(1)A
Kentucky Council on Developmental Disabilities (Dept. for Behavioral Health, Developmental and Intellectual Disabilities)	KRS 194A.135: http://www.lrc.ky.gov/KRS/194A00/135.PDF	27	17	6	15	(1)A (1)B
Kentucky Diabetes Research Board (Dept. for Public Health)	KRS 211.736: http://www.lrc.ky.gov/KRS/211-00/736.PDF	8	7	6	2	(1)B
Kentucky E-health Network Board (CHFS-Office of the Secretary)	KRS 216.265: http://www.lrc.ky.gov/KRS/216-00/265.PDF	15	9	9	6	None
Kentucky Health Information Exchange – Coordinating Council (CHFS-Office of the Secretary)	CHFS-Administrative Order 2010-08 of 5/28/10 Pursuant to Executive Order 2009-770 of 8/14/09 which created the Governor's Office of Electronic Health Information within CHFS	15	0	7	8	None
Kentucky Health Services Data Advisory Committee (CHFS – Office of the Secretary)	KRS 216.2923: http://www.lrc.ky.gov/KRS/216-00/2923.PDF	14	0	11	2	None
Kentucky HIV/AIDS Planning and Advisory Council (Dept. for Public Health)	KRS 214.640: http://www.lrc.ky.gov/KRS/214-00/640.PDF	32	1	14	18	(10)B

Kentucky Registered Sanitarian Examining Committee (Dept. for Public Health)	KRS 223.020: http://www.lrc.ky.gov/krs/223%2D00/020.pdf	5	0	2	3	None
Kentucky Spinal Cord and Head Injury Research Board (Dept. for Public Health)	KRS 211.500: http://www.lrc.ky.gov/ov/KRS/211-00/500.PDF	7	7	5	2	None
Kentucky Traumatic Brain Injury Trust Fund Board (Dept. for Aging and Independent Living)	KRS 211.472: http://www.lrc.ky.gov/ov/KRS/211-00/472.PDF	9	6	4	5	None
Local Health Department Employment Personnel Council (Dept. for Public Health)	KRS 211.1752: http://www.lrc.ky.gov/ov/KRS/211-00/1752.PDF	5	0	4	1	None
Malt Beverage Education Fund Board (CHFS-Secretary Office)	KRS 211.285: http://www.lrc.ky.gov/ov/KRS/211-00/285.PDF	6	0	5	1	None
Milk for Manufacturing (Dept. for Public Health)	KRS 217C.070: http://www.lrc.ky.gov/ov/KRS/217C00/070.PDF	8	0	7	1	None
Pharmacy and Therapeutics Advisory Committee (Dept. for Medicaid Services)	KRS 205.564: http://www.lrc.ky.gov/ov/KRS/205-00/564.PDF	13	13	11	2	(1)A
Preventive Health Advisory Committee (Dept. for Public Health -requirement of Federal Grant)	USC Title 42, Part A - Mandated as part of federal Preventive Health Services Block Grant	11	0	4	7	(1)B (1)H
SAC on Manufactured Home, Mobile Home and Recreational Communities (Dept. for Public Health)	KRS 219.390: http://www.lrc.ky.gov/ov/KRS/219-00/390.PDF	13	0	9	4	None
State Interagency Council to Children with an Emotional Disability (Dept. for Behavioral Health, Developmental and Intellectual Disabilities)	KRS 200.505: http://www.lrc.ky.gov/ov/KRS/200-00/505.PDF	10	2	6	4	None
State Supported Living Council (Dept. for Aging and Independent Living)	KRS 210.775: http://www.lrc.ky.gov/ov/KRS/210-00/775.PDF	9	9	3	6	None
Trauma Care Program Advisory Committee (Dept. for Public Health)	KRS 211.494: http://www.lrc.ky.gov/ov/KRS/211-00/494.PDF	18	0	10	8	None
Telehealth Board (CHFS – Office of the Secretary)	KRS 194A.125: http://www.lrc.ky.gov/ov/KRS/194A00/125.PDF	10	5	9	1	None
Technical Advisory Committee on Primary Care (Dept. for Medicaid Services)	KRS 205.590: http://www.lrc.ky.gov/ov/KRS/205-00/590.PDF	5	2	3	2	None
TOTALS By Category		548	219	257	264	30

Legend: the term 'minority' for ethnicity is defined as: A = Asian/Pacific Islander; B = Black; AI = American Indian/Alaskan Indian; H=Hispanic ; O = Other

Race/Ethnicity	Number	Percent (%) / Total
White	490	89.4%
Black	25	4.6%
Hispanic	1	< 1%
Asian	3	< 1%
America Indian	0	0
Other	1	< 1%
Unknown	28	5.1%

Race/Ethnicity Totals	Number	Percentage (%) of Total	% Change from 2011
Total White	490	90%	-5%
Total Minority	30	5%	0
Total Unknown	28	5%	+5%
Grand Total	548	100%	

Gender Totals	Number	Percentage (%) of Total	% Change from 2011
Male	257	47%	-1%
Female	264	48%	-4%
Unknown	27	5%	+5%
Grand Total	548	100%	

NOTE: By statute, some appointments to the Cabinet for Health and Family Services' (CHFS) Advisory Boards, Commissions, Councils or Committees (ABCs) are made by the Office of the Governor. In these instances, nominations are submitted to the Office of the Governor by the Secretary of CHFS. Other appointments to CHFS-administered ABCs statutorily rest with the Secretary of the Cabinet from nominations received through CHFS-Agency Commissioner, which in many cases are provided from lists submitted from various associations, organizations, quasi-governmental entities and others as stipulated in the statute(s). The Cabinet for Health and Family Services is working to ensure that all nominations submitted for consideration reflect the Cabinet's commitment to full representation and inclusivity. The Cabinet's Office of Policy and Budget currently reviews all ABCs memberships, works with CHFS agency staff, the Office of Boards and Commissions in the Office of the Governor, and as terms of current members expire, submits nominations for consideration by each CHFS Agency. The Cabinet's Office of Human Resource Management's EEO/Civil Rights Compliance Branch will work with the Office of Policy and Budget to achieve diversity in these appointments. To the extent possible, CHFS agencies work closely with constituencies and community partners to publicize openings on CHFS-ABCs and actively recruit members from diverse backgrounds. The Office of the Governor, Office of Boards and Commissions maintains communications with state agencies regarding current levels of diversity and representation and encourages regional and statewide efforts to recruit and retain members accordingly. As terms for these appointments expire and as individuals may resign their commissions, CHFS staff attempt to seek new appointments that meet the goals of achieving diversity for these many memberships.

The Cabinet has a fully operational online application system which is positioned on the main website for CHFS (<http://chfs.ky.gov/public/boards/>), allowing any and all applicants to submit their information for consideration for appointment to CHFS-administered Advisory Boards, Commissions, Councils and Committees. This website also links viewers to the Boards and Commissions site within the Governor's Office to enable application submission to state agency advisory bodies attached to other Cabinets. CHFS continues to actively recruit members from across the state to serve in various positions, and strongly encourages the chairs of advisory bodies to make membership recruitment part of the quarterly meeting agendas.

XIV. Limited English Proficiency (LEP) Program

Both Title VI of the Civil Rights Act and Executive Order 13166 require that recipients of federal funds provide meaningful access to people with limited English proficiency. To respond to these requirements and implement and oversee the Cabinet's language access program, the Language Access Section was established within the Cabinet's EEO/Civil Rights Compliance Branch in the Office of Human Resource Management by Administrative Order on June 16, 2003. The Cabinet's "Procedures on Providing Language Access to Customers with Limited English Proficiency (LEP)" were implemented on December 1, 2004.

The LEP Language Access Program works to ensure that all clients have meaningful access to the programs and services of the Cabinet for Health and Family Services in a timely, efficient manner regardless of limited English proficiency by minimizing or eliminating language barriers. Through this program, qualified interpreters and appropriately translated forms and documents are provided for the Cabinet's clients who are not proficient in English. The Language Access Section also works with the Cabinet's agencies, programs, and contractors to monitor and ensure compliance.

The Cabinet's Language Access Program has been selected as one of the top national "promising practices" by the National Health Law Program (NHeLP) and has been included in a tool kit published in January 2007. NHeLP sent out surveys all over the country to identify "promising practices" for providing language services in state, county, and local health benefit eligibility offices. They then conducted site visits to those selected and have highlighted each of the sites in a manual/toolkit for use by programs around the country to help them implement these practices in their area. The National Health Law Program is a national non-profit public interest law firm working to increase and improve access to quality health care for America's working and unemployed poor, minorities, elderly, and people with disabilities.

In addition to ongoing translation and interpretation services, significant achievements during FY '12 in the Cabinet's continuing efforts to meet the needs of clients with limited English proficiency include:

- Translation of the Child Support Enforcement Web-Portal Project
- Translation of E-forms for the Kentucky Access, Accuracy and Accountability Project

Following are the Cabinet's "Procedures on Providing Language Access to Customers with Limited English Proficiency":

Commonwealth of Kentucky
Cabinet for Health and Families Services
Procedures on Providing Language Access to Customers
with Limited English Proficiency (LEP)

The procedures below apply to all Cabinet organizational units and all services that are provided by the Cabinet to Customers with limited English proficiency (LEP).

Background on Statute and Regulation

Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d et. seq. states: "No person in the United States shall on the ground 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."

In August 2000 President Bill Clinton signed Executive Order 13166, requiring all federal funding recipients to provide language access to people with limited English proficiency. Because the Cabinet receives federal funds, we cannot, based on national origin:

- deny services, financial aid, or other benefits;
- provide different services, financial aid or other benefits, or provide them differently from those provided to others in the program; or
- segregate or treat individuals separately in any way in their receipt of any service, financial aid or benefit.

Department/Office Responsibilities

To ensure that services are delivered to customers identified as having limited English proficiency (LEP), Cabinet agencies shall be required to:

1. Post multi-lingual signs in all waiting and intake areas to explain to LEP customers that an interpreter will be provided for them at no cost to them.
2. Use "I Speak" cards or the language identification service provided through Language Services Associates at the initial contact to invite people with limited English proficiency to identify their primary language.
3. Identify each LEP customer and record the primary language of such customer.
4. Ensure that all interactions with LEP customers are reported using the online LEP Interaction Tracking Form.
5. Use only interpreters who have been deemed qualified by CHFS in accordance with the "Cabinet for Health and Family Services Language Access Section Procedures on Qualifying (Oral) Interpreters" and ensure that interpreters are provided at no cost to the customers. (See page 3 for procedures on how to obtain a qualified interpreter.)
6. Ensure that no unreasonable delay in services occurs during this process.
7. Provide translated copies of essential program forms and documents to LEP clients. If such forms and documents are not already available, contact the Language Access Section to coordinate the translation of such documents (See page 3).
8. Stipulate in service contracts that contractors are responsible for language services needed to serve LEP customers.
9. Ensure that staff is trained on cultural competency, effective communication and the use of interpreters/translators.
10. Monitor compliance in each office to ensure that proper procedures are followed.
11. Monitor compliance of contractors to ensure that proper procedures are followed.

Worker's Responsibilities

Even those customers who may speak and appear to understand some English may not necessarily have the skills to understand their rights and responsibilities, letters, and other forms of communication provided to them as recipients of the Cabinet's services. Staff must identify customers who need language assistance and identify the customer's primary language.

Staff must follow the procedures below to ensure that customers with limited English proficiency receive adequate service:

1. Intake workers must identify the customer's primary language at first contact, note in the case/electronic file, and if applicable and compatible, flag the case documentation as LEP so language services can be provided to the customer at no cost and without unreasonable delay. This will also alert staff of customers with limited English proficiency when they make in-home visits or have future contact with such customers.
2. Language needs must be identified on all referrals for customers with limited English proficiency to other departments, divisions, or agencies.
3. Inform customers with limited English proficiency, including walk-ins, of their right to interpretation (verbal) and translation (written) services at no cost to them and without unreasonable delay.
4. Provide translated copies of essential program forms and documents to LEP clients. If such forms and documents are not already available, contact the Language Access Section to coordinate the translation of such documents. (See page 3.)
5. Assure customers with limited English proficiency that they have the same safeguards of confidentiality as English proficient customers.
6. Help customers with limited English proficiency understand and complete forms as you would any other customer. (Customers with limited English proficiency, just like many non-LEP customers, may have learning disabilities, cognitive problems or may be illiterate in their native languages.)
7. Any time Cabinet staff serves an LEP client or uses the services of an interpreter, information about that interaction is to be recorded on an online LEP Interaction Tracking Form. This online form also should be used when CHFS staff is unable to provide services due to language barriers. The online LEP Interaction Tracking Form is a CHFS Intranet application that can be accessed at <https://webapp.chfsnet.ky.gov/lep/>

Procedures For Accessing Qualified Interpretation (Oral) Services

The services of a qualified interpreter shall be utilized if requested by the customer or if staff is unable to communicate with the customer well enough to provide quality services, even if the customer states that he or she does not need an interpreter.

Cabinet for Health and Family Services Staff (including staff of contract vendors) shall not require or suggest that customers with limited English proficiency use friends, children, or family members as interpreters because this could compromise service effectiveness and result in breach of confidentiality. However, if the person with limited English proficiency declines free service and asks to use a relative or friend, staff must document in the customer's file that the offer was declined and then require that a qualified interpreter monitor the interaction, either via telephone or in-person, to ensure accurate interpretation during the interview process.

Qualified interpretation services must be provided to all LEP customers without unreasonable delay and at no cost to them. Applications for services or the provision of services should not be delayed due to limited English proficiency. Clients should not be asked to return when an interpreter is available. Qualified interpretation services must be provided in a timely manner.

The resources below should be accessed in the order in which they are listed as appropriate based on the following:

- Need: Staff should determine which resource to use based upon the language of the LEP customer and whether in-person or telephone interpreting is needed.
- Availability: Staff should move through the appropriate resources as quickly as possible so as to ensure timeliness of service.
- Cost: Interpretation services should be provided in the most cost effective manner possible without compromising the timeliness of services. Efforts should be made to access internal resources as appropriate before external resources are utilized.

All contact and/or reference information for each of these resources can be accessed through the CHFS intranet at: <http://chfsnet.ky.gov/os/ohrm/lep/interpreters.htm>

1. If a Spanish-speaking interpreter is needed and over-the-phone interpreting is appropriate, contact the Language Access Section.
2. If your local office or region has a staff person who has been deemed qualified as an interpreter and who is available to assist you, you may contact that individual to provide either telephone or in-person interpretation as appropriate.
3. If the language needed is other than Spanish OR if in-person interpretation is needed regardless of the language, contact an appropriate Qualified Community Partner from the list maintained by the Language Access Section. Note: Some Qualified Community Partners also provide telephone interpretation in Spanish and may be utilized for that purpose if internal or less costly resources are not available.
4. If none of the above are available without unreasonable delay or if the language is other than Spanish and over-the-phone interpretation is appropriate, access Language Services Associates according to the instructions available from the Language Access Section.

Procedures For Accessing Qualified Translation (Written) Services

All requests for written translations, regardless of the target and source languages, must be submitted to the Cabinet's Language Access Section. To maintain efficiency, each department/office has designated a contact person that all requests and finished products flow through. Staff must submit their translation requests, accompanied by the "Language Access Section Translation Request Form," to their departmental contact person. The contact person will then forward the request to the Language Access Section Supervisor. The "Language Access Section Translation Request Form" and list of department/office contacts is available on the CHFS intranet at: <http://chfsnet.ky.gov/os/ohrm/lep/translation.htm>.

Contractor Responsibilities

As sub-recipients of federal funds through the Cabinet and to ensure that services are delivered to customers identified as having limited English proficiency (LEP) when delivered by a contracted vendor, Cabinet contractors are required to ensure meaningful access by providing language assistance services that result in accurate and effective communication at no cost to LEP clients, patients, and/or beneficiaries. Such language assistance services are to be provided in accordance with the guidelines set forth in the U.S. Department for Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons." The Language Access Section of the Cabinet is available to assist contracted vendors in identifying and developing appropriate language assistance measures.

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