



WISCONSIN DEPARTMENT  
of HEALTH SERVICES



Date: November 30, 2017

To: Recipients of Federal financial assistance through DHS, DCF and DWD

From: Department of Health Services (DHS)  
Department of Children and Families (DCF)  
Department of Workforce Development (DWD)

Subject: Letters of Assurance and Plan requirements for the January 1, 2018 – December 31, 2021 Civil Rights Compliance Period

We are pleased to announce the release of the 2018 – 2021 Civil Rights Compliance (CRC) Requirements. The CRC Requirements describe what agencies receiving Federal funds from DHS, DCF and DWD (collectively “the State Agencies”) must do to ensure nondiscrimination in service delivery, including providing access to individuals with limited English proficiency (LEP) and individuals with disabilities.

These CRC Requirements are intended to meet the civil rights requirements of the United States Department of Health and Human Services (HHS); the United States Department of Agriculture, Food and Nutrition Services (USDA-FNS); and the United States Department of Labor (DOL) by getting assurances from the State Agencies’ recipients that they will comply with applicable Federal civil rights provisions. Thus, the following requirements are a condition of receiving Federal financial assistance from a State Agency:

- All recipients must submit a new CRC Letter of Assurance (LOA) regardless of the number of employees the entity has or the amount of funding received from the State Agencies. The CRC LOA must be submitted **within 15 working days** of the effective date of the contract, grant or other agreement. For recipients receiving Federal funds on an ongoing basis, the CRC LOA is due 15 working days after the effective date of the CRC Requirements, which is **January 23, 2018**.
- Recipients who have 50 or more employees *and* receive \$50,000 or more in funding from the State Agencies must complete a CRC Plan in addition to submitting the CRC LOA. The CRC Plan should not be submitted to the State Agencies. The CRC Plan should be kept on file and made available to State Agency staff upon request during a site visit or discrimination complaint investigation.
- CRC Plans must be completed **60 calendar days after the effective date** of the contract, grant, or other agreement. For recipients receiving Federal funds on an ongoing basis, the CRC Plan must be completed 60 calendar days after the effective date of the CRC Requirements, which is **March 2, 2018**.
- Recipients must ensure their subrecipients also comply with the CRC Requirements.

For this compliance period, at the suggestion of our current recipients, the State Agencies have streamlined the LOA process and used plain terms in the CRC Requirements instructions. The following is a summary of major changes from the last compliance period's CRC Requirements:

- The deadlines for LOAs and CRC Plans begin to run at the start of the compliance period for ongoing agreements.
- The explanation of the CRC Requirements has been simplified and the instructions use plain terms (when possible).
- The LOA has been modified and shortened to better convey assurance of compliance with applicable Federal civil rights laws.
- The Customer Service Population Analysis and LEP Customer Service Data Analysis charts have been reformatted to simplify the data analysis that recipients must do for CRC Plans.
- The CRC Requirements have been revised to focus on civil rights and equal opportunity requirements pertaining to program service delivery, which the State Agencies are responsible for enforcing. References to civil rights requirements regarding *employment* have been removed. Note: Other civil rights laws protect employees from discrimination, but those employment laws are not enforced under these CRC Requirements.
- References to Affirmative Action and other nondiscrimination requirements under *state* laws have been removed. Note: Affirmative Action and nondiscrimination provisions under the State's Contract Compliance Law may be applicable to recipients, but those state laws are not enforced under these CRC Requirements. If applicable, recipients must submit separate Affirmative Action Plans.

In sum, these CRC Requirements are intended to meet Federal civil rights laws for service delivery as a condition of receiving Federal financial assistance through a State Agency. By removing provisions outside the reach of those Federal requirements, the State Agencies have simplified the process for their recipients.

The instructions for the CRC LOA and CRC Plan are listed on the DHS, DCF and DWD websites:

DHS: <https://www.dhs.wisconsin.gov/civil-rights/requirements.htm>

DCF: [http://dcf.wisconsin.gov/civil\\_rights/default.htm](http://dcf.wisconsin.gov/civil_rights/default.htm)

DWD: [http://dwd.wisconsin.gov/det/civil\\_rights/plans\\_instructions.htm](http://dwd.wisconsin.gov/det/civil_rights/plans_instructions.htm)

If entities have questions concerning the CRC Requirements, please contact:

DHS: Civil Rights Compliance, 608-266-1258 (Voice), [DHSCRC@dhs.wisconsin.gov](mailto:DHSCRC@dhs.wisconsin.gov) (Email)

DCF: Civil Rights Unit, 608-422-6889 (Voice), [DCFCivilRights@wisconsin.gov](mailto:DCFCivilRights@wisconsin.gov) (Email)

DWD: Division of Employment and Training, Civil Rights, 608-266-6889 (Voice), [david2.duran@dwd.wisconsin.gov](mailto:david2.duran@dwd.wisconsin.gov) (Email)

cc: Division Administrators, DHS, DCF and DWD

## CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families  
DCF-F-154-E (R. 11/2017)

Health Services  
F-00165

Workforce Development  
DETS-16705-E (R. 12/1/2013)

\_\_\_\_\_ (hereinafter “Recipient”) agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services, the Department of Children and Families, and/or the Department of Workforce Development (the “State Agencies”) and that it is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period of January 1, 2018, to December 31, 2021, or as long as Federal financial assistance is extended to Recipient, whichever is shorter, and that the State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.

### **RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE FEDERAL CIVIL RIGHTS LAWS:**

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in any programs or activities that receive Federal financial assistance. Those laws include, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against individuals for opposing discrimination protected under these laws. In addition to those Federal civil rights laws, other laws may apply to recipients of specific Federal programs, and the Recipient must comply with all applicable Federal civil rights laws. Civil rights laws may be created or amended during the time of the Compliance Period. Recipient agrees to comply with the current laws throughout the Compliance Period.

In pursuit of compliance with those laws, the Recipient shall, but not exclusively, do the following:

1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.
2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.
3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.
4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.
7. Post required nondiscrimination statements and notices.
8. Provide accessible programs, facilities and reasonable accommodations to service

participants/customers with disabilities.

9. Provide translation of vital documents for each eligible LEP language group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.

Recipient identifies the following person as the contact to assist in complying with Civil Rights Compliance Requirements:

Name	Title
Telephone Number - -	Email Address

Recipient identifies the following person to assist in complying with all applicable limited English proficiency requirements (may be the same person):

Name	Title
Telephone Number - -	Email Address

Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, subrecipients, and referral agencies. Recipient agrees to cooperate with the State Agency or State Agencies in developing, implementing, and monitoring corrective action plans that result from substantiated civil rights deficiencies.

**By signing on behalf of Recipient, I state that I am authorized to bind Recipient to the terms of this Assurance and to commit the Recipient to the above provisions.**

**SIGNATURE** – Authorized Representative \_\_\_\_\_

\_\_\_\_\_ Date

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

## RECIPIENT CONTACT INFORMATION

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Name of Recipient

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Street Address

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City

State

Zip Code

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Name of Individual Designated as contact for Civil Rights Compliance questions:

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Address

Date Signed

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Telephone Number  
( ) -

Email Address

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Name of individual designated to assist with LEP individuals and individuals with disabilities:

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Address

Date Signed

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Telephone Number  
( ) -

Email Address

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Name of Authorized Representative

Address

Date Signed

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Telephone Number  
( ) -

Email Address

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### Instructions for completing Recipient Contact Information

- Fill in all the blanks on this form.
- Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers. The individuals designated above can be (but don't have to be) same person (e.g., the Authorized Representative).

**Funding Relationship to DHS/DCF/DWD and/or another Recipient**

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	<b>DHS</b> Yes	No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	<b>DCF</b> Yes	No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive Federal funding	<b>DWD</b> Yes	No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS/DWD.  Name of County or Consortium? _____	Yes	No	1.	
			2.	
			3.	
Our agency/entity has a sub-contract with another entity that receives Federal funding from DHS/DCF/DWD.  Name of the entity/entities:	Yes	No	1.	
			2.	
			3.	

**Instructions for completing Funding Relationship to DHS, DCF or DWD**

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

## Funded Programs Checklist

- Completing this Section will allow DHS, DCF or DWD to identify the Federally funded programs and activities that you administer.
- The checklist is not an exhaustive list that identifies every grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the Federal program, grant, or agreement in the section titled "Other: specify."

**Check the type of program or funding applicable to your entity.**

**USE this checklist for Department of Health Services (DHS)**

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Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

**HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:**

- BadgerCare Plus
- Birth to 3
- Children's Long Term Support Waiver
- Children's Community Options Program
- Family Care
- Family Planning Only
- IRIS
- Katie Beckett
- Medicaid for the Elderly, Blind, or Disabled
- Medicaid Purchase Plan
- PACE
- SeniorCare
- Temporary Assistance for Needy Families (TANF)
- Well Women Medicaid
- Other: Specify

**Please list your specific Federal grant/funding source if not listed above.**

**USDA (FNS) programs:**

- FoodShare/SNAP
- Food Stamp Employment and Training (FSET)
- Temporary Emergency Food Assistance Program (TEFAP)
- Women Infants and Children (WIC)
- Commodity Supplemental Food Program
- WIC Farmer's Market Nutrition Program
- Senior Farmer's Market Nutrition Program
- Other: Specify

**USE** this checklist for **Department of Children and Families (DCF)**

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)

<input type="checkbox"/> Adoption Assistance Program	<input type="checkbox"/> Milwaukee Child Welfare Program Service Provider
<input type="checkbox"/> Adoption Finalization and Post Adoption Services	<input type="checkbox"/> Promoting Safe and Stable Families Refugee Assistance and Services
<input type="checkbox"/> Brighter Futures Initiative	<input type="checkbox"/> Other Services
<input type="checkbox"/> Child Abuse and Neglect - Child Protective Services	<input type="checkbox"/> Runaway Youth Services
<input type="checkbox"/> Child Abuse and Neglect – Prevention Services	<input type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First
<input type="checkbox"/> Child Care Certification or Licensing	<input type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program
<input type="checkbox"/> Child Care Resource and Referral	<input type="checkbox"/> Wisconsin Works (W-2) Programs
<input type="checkbox"/> Child Care Quality Improvement	<input type="checkbox"/> Youth Aids and Youth Justice grants
<input type="checkbox"/> Child Placing Agencies - Foster Care	<input type="checkbox"/> Other: Specify
<input type="checkbox"/> Child Residential Care Centers & Group Homes	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Child Welfare Case Management Services	
<input type="checkbox"/> Community Services Block Grant Services	
<input type="checkbox"/> Domestic Violence/Domestic Abuse	
<input type="checkbox"/> Programs Foster Care Payments	
<input type="checkbox"/> Home Visiting Services Independent Living	
<input type="checkbox"/> Indian Child Welfare	
<input type="checkbox"/> Kinship Care Payments	

**USE** this checklist for **Department Workforce Development (DWD)**

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Please check all funded programs/services/activities administered with grants/contracts or other agreements received from Department of Workforce Development (DWD):

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Workforce Investment and Opportunity Act

Other: Specify

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**Note:** The checklist is not an exhaustive list of programs funded through the DHS, DCF or DWD with HHS, USDA-FNS and DOL. If the Federally funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the program, grant or funding agreement administered by the agency/entity.

## Customer Service Population Analysis (CSPA) Data Chart

<b>Program or Activity:</b>	
<b>Service Area:</b>	

	Eligible Population likely to be Served or Encountered in Service Area		Population Served in Most Recent Calendar or Program Year		
	Number	Percentage	Number	Percentage	
<b>Category</b>					<b>Percentage Difference (= %Elig. - %Served)</b>
Total Eligible Population		100%		100%	N/A
<b>Breakdown by Race</b>					
White					
Black or African American					
American Indian or Alaska Native					
Asian					
Native Hawaiian or Pacific Islander					
More Than One Race					
Subtotal, Non-White					
Hispanic/Latino (Regardless of Race)					
<b>Breakdown by Sex</b>					
Female					
Male					
<b>Disabilities</b>					

<b>Data Source:</b>	
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## LEP Customer Data Analysis Chart

<b>Program or Activity:</b>	
<b>Service Area:</b>	

	(a) Total Eligible Population Likely to be Affected or Encountered in Service Area	(b) Eligible LEP Population Likely to be Affected or Encountered in Service Area	(c) Percent of Eligible LEP Population Likely to be Affected or Encountered in Service Area	(d) LEP Population Served	Safe Harbor Written Translation of Vital Documents	Safe Harbor if fewer than 50 persons in the language group: Written Notice to LEP Groups of Their Right to Receive Competent Oral Language Interpretation & Translation of Vital Documents
Language Groups	(from CSPA) Number (a)	Number (b)	Percent (c) (c) = ((b)/(a) X 100)	Served (d)	Column (c) is 5% or column (b) is 1,000 or more?	If fewer than 50 persons in language groups, eligible pop receives written notice?
Spanish					Yes No	Yes No
Hmong					Yes No	Yes No
Chinese					Yes No	Yes No
German/Germanic					Yes No	Yes No
Arabic					Yes No	Yes No
Korean					Yes No	Yes No
Russian					Yes No	Yes No
Vietnamese					Yes No	Yes No
French/Patois/Creole					Yes No	Yes No
Bosnian/Serbian/Croatian					Yes No	Yes No
Polish					Yes No	Yes No
Laotian					Yes No	Yes No
Pennsylvanian Dutch					Yes No	Yes No
Hindi					Yes No	Yes No
Albanian					Yes No	Yes No
Tagalog					Yes No	Yes No
Other: Specify _____					Yes No	Yes No