DHS Announces Updates for County Agencies’ Comprehensive Civil Rights Plans

TOPIC
County human services agencies must update civil rights plans to ensure compliance with civil rights laws and improved practice.

PURPOSE
Provide county agencies with the instructions, updated information and resources to revise civil rights plans.

CONTACT
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651-431-3034 (voice) or use your preferred relay service
651-431-7444 (fax)
Joann.daSilva@state.mn.us

SIGNED
CONSTANCE TUCK
Chief Equity and Development Officer
Office for Equity, Performance, and Development

TERMINOLOGY NOTICE
The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services supports the use of "People First" language.
I. PURPOSE

The purpose of this bulletin is to provide county human services agencies with instructions on how to update their existing comprehensive civil rights plans. Civil rights plans help ensure statewide civil rights compliance in the delivery of human services benefits.

This bulletin sets out instructions to establish a framework for county agencies’ civil rights policies, procedures and practices. County agencies will have one civil rights plan to consult when addressing all civil rights questions, complaints and other concerns.

This bulletin:

• Provides instructions and resources to county human services agencies to update their comprehensive civil rights plans; and

• Reaffirms the Minnesota Department of Human Services’ commitment to working with county agencies to ensure federal and state civil rights compliance.

II. INTRODUCTION

Every state agency receiving federal financial assistance for any program is responsible for ensuring that the services, financial aid and benefits it provides are provided without discrimination. This prohibition against discrimination is mandatory under U.S. Department of Health and Human Services (HHS) and U.S. Department of Agriculture (USDA) regulations. As the primary recipient of HHS and USDA funds for human services programs in Minnesota, the Department of Human Services (DHS) is responsible for ensuring the civil rights compliance of its own employees, its sub-recipients’ employees and its providers, contractors and vendors carrying out its many federal and state programs.

HHS prohibits recipients of federal financial assistance from discriminating against program participants on the basis of race, color, national origin, age, disability, religion and sex. In medical programs, discrimination on the basis of sex is prohibited and includes sex stereotypes and gender identity under any health program or activity receiving federal financial assistance, such as Medical Assistance and Children’s Health Insurance (CHIP) programs, hospitals, clinics, employers, insurance companies and state health insurance exchanges created under Title I of the Affordable Care Act.

USDA prohibits entities administering the Supplemental Nutritional Assistance Program (SNAP) from discriminating against program participants on the basis of race, color, national origin, age, disability, sex, religion, and political beliefs.

A written civil rights plan:
• Serves as a framework for the legal obligations a county agency has as a recipient of federal financial assistance;

• Helps ensure that civil rights policies, procedures and practices are consistently applied across all program areas; and

• Offers evidence of a federal fund recipient’s intent to comply with federal and state civil rights laws required by HHS, USDA and the Minnesota Department of Human Rights.

III. ACTION REQUIRED

Unless otherwise stated, all actions are required.

A. Update Your County’s Comprehensive Civil Rights Plan

County human service agencies must update their existing civil rights plans to ensure legal compliance and improved practice in the delivery of health and human services programs. County agencies are responsible for making all of the updates, changes and additions set out in this bulletin. This will entail:

• Updating existing information, especially updating contact information;

• Revising policies and procedures; and

• Expanding disability policies and procedures required by federal agencies.

Follow the instructions set out in the steps below. If you have any questions after reading these instructions all the way through, contact Joann DaSilva for assistance. Ms. DaSilva is DHS’ Civil Rights Coordinator and your designated contact for this bulletin and for civil rights matters, in general. Her contact information is provided on the bulletin’s cover page.

Step 1: Action Required. Checklist for a Comprehensive Civil Rights Plan

Use Attachment A, Checklist for a Comprehensive Civil Rights Plan, as a guide to develop your county’s comprehensive civil rights plan.

The items set out in Attachment A are all of the required elements of your comprehensive civil rights plan. The plan should be developed in the order set out in the bulletin. Any exceptions to the order set out in the bulletin will be stated, so you will know what to do.
These plan elements are required. They represent what must be included in your comprehensive civil rights plan. You are, however, free to include additional information that you believe should be included in your agency’s civil rights plan.

**Step 2: Action Required. Cover Page**

Establish a cover page for your comprehensive civil rights plan. Provide all of the requested information. You may include additional information if you wish.

The cover page must include, at a minimum:

- Agency logo
- Agency name
- Agency address
- Agency main telephone number; number of the relay service your agency uses, such as the MN Relay Service; and agency fax number (if fax number is appropriate)
- Agency email address (optional)
- Special contact persons. Go to Steps 6 and 11 where you will find instructions for designating a special contact person for civil rights and disability matters.
- Location in the agency where the civil rights plan is posted; and
- Place an ADA Advisory statement (formerly known as the *alternative formats statement*) at the bottom of the cover page in 14 point text (at a minimum). **Note:** You should be able to obtain a copy of the advisory statement from your agency’s ADA Contact/Coordinator.

**Step 3: Action Optional. Table of Contents**

Consider making a table of contents to help organize your comprehensive civil rights plan.

**Step 4: Action Required. Purpose Statement**

Establish a purpose statement. The purpose statement should explain why a civil rights plan is necessary.

Feel free to use the following information in your purpose statement or develop your own.

Sample purpose statement:

As a recipient of federal financial assistance, ABC County Human Service Agency is responsible for providing core services to assist and support Minnesota’s most vulnerable individuals and families so they can meet their basic needs and be treated with respect and dignity. ABC
County has a civil rights plan to ensure that all eligible individuals receive equal access to program services and information. Its programs are operated in a nondiscriminatory way, without regard to race, color, national origin, age, disability, sex, sexual orientation, religion, political beliefs, creed and public assistance status. In medical programs, sex includes sex stereotypes and gender identity under any health program or activity receiving federal funds. The civil rights plan also serves as a source of information for county agency staff and the general public. The plan sets out the agency’s civil rights administrative policies and procedures, identifying key contacts within the agency and linking the reader to applicable state and federal civil rights laws and resources.

**Step 5: Action Required. Legal Authorities**

List all of the legal authorities in your comprehensive civil rights plan. You may place the list where you think it is appropriate, for instance, you may not want to place the legal authorities list at the beginning of the plan. In that case, place the list at the end of the plan or in the appendix. Make sure you provide a reference to where the legal authorities list is located within the civil rights plan.

**Legal Authorities**

**Federal**

1. Title VI of the Civil Rights Act of 1964 (race, color, national origin)
2. Section 504 of the Rehabilitation Act of 1973 (disability)
3. Section 508 Amendment of the Rehabilitation Act of 1973 (disability)
4. Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
5. Age Discrimination Act of 1975 (age)
7. Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
   - Community Services Block Grant (race, color, national origin, sex)
   - **Remaining block grants** (race, color, national origin, age, disability, sex, religion)
   - Social Services Block Grant
   - Maternal and Child Health Services Block Grant
   - Projects for Assistance in Transition from Homelessness Block Grant
   - Preventive Health and Health Services Block Grant
   - Community Mental Health Services Block Grant
   - Substance Abuse Prevention and Treatment Block Grant
9. Title IX of the Education Amendments of 1972 (sex)
10. Family Violence Prevention and Services Act (race, color, national origin, age, disability, sex, religion)
12. Nondiscrimination Compliance Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
13. Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
15. Equal Opportunity for Religious Organizations in USDA Regulation

**State**
Minnesota Human Rights Act, Chapter 363A

**Step 6: Action Required. Civil Rights Contact Person**
Designate a staff person to serve as the official contact for the agency’s comprehensive civil rights plan. This person may also serve as the Limited English Proficiency (LEP) Plan Contact and the Americans with Disabilities Act (ADA) Contact.

Place the Civil Rights Contact’s information on the cover page of your comprehensive civil rights plan. See Step 2 for reference to designating special contact persons.

Contact information must identify the person by name and/or as the Civil Rights Contact. Provide the contact’s telephone number, relay number, and email address. The relay number is used to call people who are deaf or hard of hearing. The MN Relay is a frequently used relay service.

For example:

ABC County Human Services
Civil Rights Contact
651-555-2222 (voice) or use your preferred relay service
651-555-2223 (fax)
joann.daSilva@state.mn.us

Note that ABC County Human Services’ address is not included in the above block of information because the cover page already contains the agency’s logo and address.
Step 7: Action Required. Written Equal Opportunity Policy

Each county human service agency has an existing civil rights plan with a written equal opportunity policy. To be consistent with your existing civil rights policy, go to your civil rights plan and adopt, in writing, your equal opportunity policy that currently exists. You can use it as is or amend it if it contains the necessary elements that follow.

a. Name the Policy. Give your policy a name, for example:
   - ABC county policy for equal opportunity in service delivery

b. Provide Protected Classes
   Your equal opportunity policy must explain how your agency provides access to services for the public. It is a statement of commitment to providing equal access to services for applicants, clients and all members of the public regardless of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. Sex includes sex stereotypes and gender identity, under any medical or health program receiving federal financial assistance. The following are program examples: Medical Assistance, CHIP programs, clinics, insurance companies and state health insurance exchanges.

   You must include in your equal opportunity policy all of the protected classes listed above. These protected classes come from the federal and state laws DHS and county human service agencies must comply with as recipients of federal financial assistance from HHS and USDA and as entities of state and local governments serving the public.

c. Sample Language to Start Policy
   You can begin your policy by simply stating: “ABC County Human Services does not discriminate on the bases of race, color, national origin…”

d. Required Policy Guidelines
   If you amend your existing equal opportunity policy, make sure you use the policy drafting guidelines set out below.

   Generally, your equal opportunity policy should be written in plain English and include relevant information so members of the public can easily understand what the policy addresses and how it applies to them, for example:

   (1) What behavior is prohibited under the particular law, regulation, requirement, etc.;
   (2) Who the policy is intended to protect. Your equal opportunity policy addresses equal access to services for applicants, clients and members
of the public. It does not address access to equal employment opportunity. It addresses service delivery;

(3) Specific requirements under the law, regulation, or requirement and essential words and phrases; and

(4) May include a reference to this bulletin as the authority for the policy.

e. Enlarge Policy for Posting Purposes (optional)

It is recommended that you enlarge your equal opportunity policy to poster size before you post it in a prominent place in the agency lobby. See Step 15 (Civil Rights Plan Administration).

**Step 8: Action Required. Written Complaint Resolution Procedure That Incorporates Due Process Standards**

Each county agency must establish a written complaint resolution procedure for handling its civil rights complaints. **Counties will use one complaint procedure for all types of civil rights complaints.** This includes complaints alleging discrimination on the bases of disability and limited English proficiency (LEP). If you currently have a different complaint procedure for resolving disability or LEP complaints, you must replace that complaint procedure with this newly revised complaint procedure the next time you update it.

a. Sample Complaint Resolution Procedure

Use the complaint procedure in your existing civil rights plan as the foundation for the complaint procedure you are about to revise.

Next, go to Attachment B: **Sample Complaint Resolution Procedure.** It includes required due process standards. All of the elements in Attachment B must be included in your agency’s revised complaint procedure.

b. Complaint Packet

Everyone has a **right** to file a civil rights complaint, even if the complaint does not appear to involve discrimination. If the complainant believes that he/she has been discriminated against by someone providing human services, then send out a civil rights complaint packet. Each packet must include your agency’s equal opportunity policy, complaint resolution procedure and complaint form.

c. Complaint Form

If your county agency will resolve its own civil rights complaints, develop a complaint form using plain English standards. The complaint form must be easy to use and ask for all the necessary information you will need to evaluate the complaint. In the complaint resolution procedure, instruct the potential complainant to complete a copy of the civil rights complaint form
and take the necessary steps to submit the complaint to the proper person or part of the agency.

See DHS’ complaint form: Civil Rights Complaint Form/Discrimination in Service Delivery. It is offered as a guide to help you develop your own. This document can be found at:
https://edocs.dhs.state.mn.us/lfsserver/Public/DHS-2807-ENG

d. SNAP Complaints
County agencies are not permitted to investigate civil rights complaints in the Supplemental Nutrition Assistance Program (SNAP). County agencies must refer SNAP civil rights complaints to DHS or the USDA regional office in Chicago. Contact information for the USDA regional office is:

Civil Rights Director
Midwest Regional Office
USDA/Food and Nutrition Service
77 W. Jackson Blvd., 20th Floor
Chicago, IL 60604-3591
(312) 353-6657 (voice) or use your preferred relay service
Tamara.earley@fns.usda.gov

e. Referral Complaint Procedure
If your agency is considered a small agency, by SNAP program standards, you may develop a referral complaint procedure. It will refer complainants to file their civil rights complaints with the DHS Equal Opportunity and Access Division.

Use Attachment C as a guide to draft your referral complaint procedure. Medium and large sized county human services agencies must resolve their own civil rights complaints.

Step 9: Action Required. Update State and Federal Agency Contact Information in Your Revised Complaint Procedure
County agencies must update federal and state agency contact information in their complaint procedures. By including the federal and state agency names and addresses provided in Step 8, you will have updated the necessary enforcement agency contact information in your complaint resolution procedure.

Step 10: Action Required. Complaint Notification Form
Adopt and use the revised complaint notification form if your county resolves its own civil rights complaints. Each county agency must notify DHS in writing of all service delivery discrimination complaints filed against the county agency and resolved on the county level. DHS must receive this
notification form from county agencies within 120 days of the date the complaint was filed with the county, so DHS can report the complaint to the appropriate federal office. Counties should use the newly revised County Agency Notification Form, provided as Attachment D, to report the complaints.

Don’t forget, since county agencies are not permitted to investigate SNAP civil rights complaints on the county agency level, you must refer them to DHS or the USDA regional office in Chicago, as soon as possible, after you receive them.

Step 11: Action Required. Compliance Section for Disability Policies, Procedures and Other Requirements
Create a compliance section within your comprehensive civil rights plan for disabilities policies, procedures and other requirements.

a. Disability Law and Standard of Access for State and Local Government Services

Section 504 of the Rehabilitation Act of 1973 (Section 504) protects qualified individuals with disabilities from discrimination based on their disability in federally funded programs and services.

Title II of the Americans with Disabilities Act of 1990 (Title II of the ADA) protects qualified individuals with disabilities from discrimination in state or local government services based on their disability. An agency does not have to receive federal financial assistance to be required to comply with Title II of the ADA. An agency just has to be a state or local government entity.

County human services agencies must ensure that people with disabilities are able to access their programs and services. Disability laws set out an equal access standard for providing services. This means that individuals with disabilities are entitled to equal access to human services programs.

A public agency must reasonably modify its policies, procedures and practices to avoid discrimination. A public agency must also take appropriate steps to ensure that its communications with individuals with disabilities are as effective as communications with others.

b. ADA Contact/Coordinator

County human service agencies are covered entities under Section 504 and Title II of the ADA. Covered entities must designate an employee to coordinate the agency’s efforts to comply with Section 504 and Title II of the ADA. Generally, this employee is called the ADA Contact/Coordinator. The county agency must provide contact information about the ADA Contact to its employees, its applicants and clients and
other members of the public. Information must be provided in its brochures, on its website and in its nondiscrimination notices. The ADA Contact is also responsible for handling and investigating disability discrimination complaints. Provide the ADA Contact information on the cover page of the comprehensive civil rights plan, along with the Civil Rights Contact information (see Step 6).

Contact information must identify the person by name and/or by job title and provide the contact’s address, telephone number and relay number. You do not have to list the name of the ADA Contact. You may provide only his/her title, if you wish. The relay number is used to call people who are deaf or hard of hearing. The MN Relay is a frequently used relay service.

c. Complaint Procedure for Handling Disability Complaints
As covered entities, county human service agencies must establish and post a complaint procedure so members of the public can file disability complaints.

When you implement Step 8, by establishing a written complaint procedure that incorporates due process standards, you will have completed this requirement. County agencies will use one complaint procedure for all types of civil rights complaints. County agencies must distribute their complaint procedures to the public. The complaint procedure can be distributed by placement in brochures, pamphlets, and other written materials. Before placing your complaint procedure in various documents for distribution, see Step 15 for more specifics.

d. ADA Notice Document
County agencies must establish and post an ADA Notice. This requires creating a document that informs applicants, clients and members of the public that the agency does not discriminate on the basis of disability; provides information about rights and protections; and includes information about the agency’s ADA Contact.

You may develop your own notice document or you may use DHS’s ADA brochure, “Do you have a disability?” The DHS brochure is located on the DHS public web site (www.dhs.state.mn.us). Find the brochure on eDocs at DHS-4133-ENG.

Post your ADA notice document (or the DHS-ADA brochure) in the agency lobby where members of the public can see it. It should be posted in an easily accessible location where other information about services, programs or activities for the public is available. Make sure you state in
your comprehensive civil rights plan where the ADA notice document is posted in the agency.

e. Disability Law Resources
   • Review the resources below about disability law and requirements before establishing and implementing your agency’s disability policies and procedures.

   (1) *ADA Title II Highlights*: A summary of important disability law and requirements for state and local government services: [http://www.ada.gov/t2hlt95.htm](http://www.ada.gov/t2hlt95.htm)

   (2) *ADA Toolkit*: ADA best practices for state and local government services: [www.ada.gov/pcatoolkit/toolkitmain.htm](http://www.ada.gov/pcatoolkit/toolkitmain.htm)
      Review chapters 1-3 and addendums.

f. Establish and Post Disability Policies and Procedures
   Section 504 and Title II of the ADA require covered entities to establish and implement disability policies and procedures for service delivery that prohibit disability discrimination in federally funded programs and in state and local government services.

   Develop the following written disability policies and procedures and implement them by documenting them in your comprehensive civil rights plan and posting them in your agency lobbies where applicants, clients and members of the public can review them:

   (1) Physical and program access;
   (2) Accessible formats;
   (3) Reasonable modifications to services, programs, and activities; and
   (4) Effective communication, including auxiliary aids and services.
   If you wish, use these sample disability policies and procedures as guides to draft your own. You can draft four separate policies/procedures or draft one that incorporates the four subjects listed.

   (a) *Sample Disability Policy and Procedure*, Attachment E;

   (b) Office for Civil Rights’ *Example of a Notice of Program Accessibility for Describing That Your Program Is Accessible to Persons With Disabilities*,
      Link: [www.hhs.gov/ocr/civilrights/clearance/exampleofanotifyofprogramaccessibility.html](http://www.hhs.gov/ocr/civilrights/clearance/exampleofanotifyofprogramaccessibility.html);
Step 12: Action Required. Limited English Proficiency Plan
Establish a section in your comprehensive civil rights plan for your agency’s Limited English Proficiency (LEP) plan. Insert the LEP Plan in this section.

Counties must revise their LEP complaint procedures the next time they update LEP plans. This means your LEP plans will include the newly revised complaint resolution procedure from your civil rights plans.

Step 13: Action Required. Conduct and Document Annual SNAP Civil Rights Training
Establish a section in your county’s comprehensive civil rights plan that sets out how your agency will provide annual SNAP training.

USDA requires that county agencies conduct SNAP civil rights training on an annual basis. All staff who administer the SNAP program must attend the training, as well as staff who come in direct contact with the public, such as support staff, supervisors and managers.

Generally, the annual SNAP civil rights training is presented using DHS’s PowerPoint presentation, but county agencies may develop their own training using the PowerPoint as a guide. Training can be provided face-to-face, online, or by developing a training packet that staff read through and then sign off to indicate that they have read the training materials.

DHS will provide you with a copy of the updated SNAP civil rights PowerPoint presentation at the beginning of the calendar year. Counties must also document when the training took place and who attended, because this information may be requested during SNAP Management Evaluation reviews.

If you have any questions about the annual SNAP civil rights training, get in touch with Joann daSilva, the contact for this bulletin.

Step 14: Action Required. Written Civil Rights Assurance of Compliance
As an entity receiving federal financial assistance, each county agency must sign a written assurance agreement that ensures ongoing compliance with civil rights laws. The agreement is entitled, 2016 Civil Rights Assurance Agreement. It replaces the previous assurance agreement from 2006. The civil rights assurance agreement is included as Attachment F.
County directors (or their designees) and county attorney representatives, must sign the 2016 Civil Rights Assurance Agreement and incorporate it into their comprehensive civil rights plans by the bulletin due date, **Friday, July 22, 2016**.

**Step 15: Action Required. Civil Rights Plan Administration**

Each county human service agency must create a section in its comprehensive civil rights plan to show how it will administer the plan. The administrative section must include, at a minimum, these following steps:

a. Post the comprehensive civil rights plan in two locations, where it is available to applicants, clients and members of the public and where it is available to employees, volunteers and contractors. State in the civil rights plan where it will be posted (both locations). You may use hard copies posted on bulletin boards in public places, such as the lobby, and in employee break rooms.

b. Post the comprehensive civil rights plan on your agency’s website.

c. Review the comprehensive civil rights plan annually with ALL staff.

d. For the benefit of applicants, clients, and members of the public, prominently post in the lobby a copy of the following documents:

   (1) Equal opportunity policy;
   (2) Complaint resolution procedure; and
   (3) Disability policies and procedures (which may be combined with the equal opportunity policy).

   **The public must know about these documents and be able to review and ask questions about them.**

   e. Post your agency’s ADA Notice Document or if you choose not to create your own, post DHS’ ADA Brochure: *Do you have a disability* (DHS-4133-ENG), in your agency lobby where members of the public can see and read it. This document provides required disability rights information for the public and its posting serves as a mandated requirement to give notice to the public about the ADA’s requirements. Additionally, this document should be included in all *rights and responsibilities* information packets. State in the civil rights plan where the ADA Notice Document (or DHS ADA Brochure) will be posted in the agency.

   f. Conduct annual SNAP civil rights training and document the date of the training and who attended. Create a spot in your comprehensive civil rights plan to document this requirement.
Step 16: Action Optional. Appendix
Your appendix houses documents you need for your comprehensive civil rights plan.

Appropriate documents may include:

- Attachments to the bulletin, such as checklists, policies/procedures
- A complete list of legal authorities
- Resource information for staff
- Copy of DHS-4133-ENG, DHS brochure: Do you have a disability?

IV. Electronic Copies of Comprehensive Civil Rights Plans
Provide an electronic copy of your comprehensive civil rights plan to Joann DaSilva for review and approval. Civil rights plans must be approved by DHS before distributed and posted within your agencies.

V. Due Date
Complete your comprehensive civil rights plan by Friday, July 22, 2016. Contact Joann daSilva right away if you need more time to complete your plan.

VI. Technical Assistance
Requests for technical assistance should go to Joann daSilva.

I. ADA Advisory

For accessible formats of this publication or assistance with additional equal access to human services, write to dhs.equalopportunity@state.mn.us, or call 651-431-3040.
ATTACHMENT A

CHECKLIST FOR A COMPREHENSIVE CIVIL RIGHTS PLAN

Cover Page for Civil Rights Plan

Table of Contents (optional)

Purpose

Legal Authorities (location in plan is up to you)

Civil Rights Contact Person

Written Equal Opportunity Policy (for service delivery)

Written Civil Rights Complaint Procedure (for resolving complaints)

Complaint Notification Form

Compliance Section for Disability Policies, Procedures and other Requirements

LEP Plan

SNAP Civil Rights Training Section

Civil Rights Assurance of Compliance

Civil Rights Plan Administration

Appendix (optional)
ATTACHMENT B

SAMPLE COMPLAINT RESOLUTION PROCEDURE
(Written complaint resolution procedure that incorporates due process standards)

ABC County Human Services Agency Civil Rights Complaint Procedure

You have the right to equal access to services, if you are an applicant, client or member of the public trying to gain access to human services program information or benefits. ABC County Human Services (ABC County) has a civil rights complaint procedure that provides prompt and thorough resolution of civil rights complaints.

Civil rights complaints allege discrimination. You have a right to file a civil rights complaint if you believe you have been discriminated against because of your race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medical Assistance, MNCare, CHIP programs and insurance companies and state health insurance exchanges.

It is against the law for anyone who works for ABC County to retaliate against a person who files a complaint or who cooperates in the investigation of a civil rights complaint.

To file a complaint, ask for the agency’s equal opportunity policy, complaint resolution procedure, and complaint form. Use the contact information below to file a complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact’s office.

Civil Rights Contact
ABC County Human Service Agency
1234 Delaware Road
St. Paul, MN 55555
222-555-1234 (voice) or use your preferred relay service
222-555-7474 (fax)
CivilRightsContact@co.ABC.mn.us

Procedure:

1. Civil rights complaints must be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred. The time-frame for filing a civil rights complaint must be at least 90 days, but no longer than 180 days.
2. A complaint must be in writing and contain the name and address of the person filing it. Other important contact information is telephone number, relay number and email address. The complaint must state the problem or action alleged and the relief desired. If you need assistance with your complaint, the Civil Rights Contact will help you.

3. The county agency must conduct an investigation of the complaint, if it is a true civil rights complaint. The investigation may be informal, but it must be thorough and timely. People who have an interest in the complaint must have an opportunity to submit relevant evidence about the complaint. The county agency will issue a written decision on the complaint within 120 days after its filing. The county will maintain the complaint records and files for three years. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.

4. The person filing the complaint may appeal the decision by writing to the (Administrator/Director within) (15 days) of receiving the written decision. The (Administrator/Director) must issue a written decision in response to the appeal, no later than 30 days after the appeal is filed. This decision is final. This appeal process is not the same as filing a fair hearings appeal with the DHS Appeals and Regulations Division.

5. The person filing the complaint must be informed that he/she can file a discrimination complaint directly with the U.S. Department of Health and Human Services’ Office for Civil Rights or the U.S. Department of Agriculture (USDA) for the SNAP Program.

   (a) The U.S. Department of Health and Human Services’ Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, age, disability, sex and religion. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance; these are programs, such as Medicaid, CHIP programs and insurance companies and state health insurance exchanges under Title I of the Affordable Care Act. Contact the federal agency directly:

   U.S. Department of Health and Human Services
   Office for Civil Rights
   Region V
   233 N. Michigan Avenue
   Suite 240
   Chicago, IL 60601
   312-886-2359 (voice)
   800-368-1019 (toll free)
   800-537-7697 (TTY)

   (b) USDA requires that the following nondiscrimination statement be provided exactly as it is shown below:
In accordance with Federal civil rights law and **U.S. Department of Agriculture** (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who required alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail**: U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410;

2. **fax**: (202) 690-7442; or

3. **email**: program.intake@usda.gov

This institution is an equal opportunity provider.

6. **Filing Complaints with State Agencies:**

   The person filing the complaint must also be informed that he/she can file a discrimination complaint directly with the Minnesota Department of Human Rights and the Minnesota Department of Human Services.

   (a) The Minnesota Department of Human Rights prohibits discrimination in public services programs because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or public assistance status. Contact the Minnesota Department of Human Rights directly:

       Minnesota Department of Human Rights
The Minnesota Department of Human Services prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability, or sex, including sex stereotypes and gender identity discrimination that occurs in health programs or activities receiving federal financial assistance, such as Medical Assistance, MNCare, CHIP programs and insurance companies and state health insurance exchanges. Contact the Equal Opportunity and Access Division directly only if you have a discrimination complaint:

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

(c) County agencies are not permitted to investigate civil rights complaints in the Supplemental Nutrition Assistance Program (SNAP) because counties directly administer SNAP benefits. County agencies must refer SNAP civil rights complaints to DHS or the USDA regional office in Chicago. The USDA regional address is:

Civil Rights Director
Midwest Regional Office
USDA/Food and Nutrition Service
77 W. Jackson Blvd., 20th Floor
Chicago, IL 60604-3591
(312) 353-6657 (voice) or use your preferred relay service

7. Arrangements for People with Disabilities

ABC County will make appropriate arrangements to ensure that people with disabilities are provided reasonable modifications or effective communications, if needed, to participate in the complaint process. Reasonable modifications or effective communications include, but are not limited to, providing interpreters for people who are deaf or hard-of-hearing; providing taped cassettes and accessible formats for people who are blind or have low vision; and assuring a physically accessible location for complaint proceedings. The Civil Rights Contact (or designee) is responsible for working with people who file complaints to make appropriate arrangements.
**ATTACHMENT C**

**SAMPLE OF A REFERRAL COMPLAINT RESOLUTION PROCEDURE**

**ABC County Human Services Complaint Procedure**

You have the right to file a discrimination complaint with ABC County Human Services if you believe you have been treated in a discriminatory way. It is against the law for any human services agency to discriminate against applicants, clients or members of the public because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability or sex (including sex stereotypes and gender identity under any health program or activity receiving federal financial assistance).

ABC County Human Services will refer all civil rights complaints to the Minnesota Department of Human Services (DHS). Complaints must be in writing unless you need special help. Contact our office or contact DHS directly through its Civil Rights Coordinator to get the complaint forms.

ABC County Human Services
Street Address
City, State, Zip Code
Telephone and Relay numbers
Any other contact information you want the public to have

Or contact:

DHS Civil Rights Coordinator
Minnesota Department of Human Services
Office of Equal Opportunity
P O Box 64997
St. Paul, MN 55164-0997
651-433-3040 (Voice) or use your preferred relay service
651-431-7444 (Fax)

You also have the right to file a discrimination complaint directly with the Minnesota Department of Human Rights, and the federal agencies that operate the benefits programs.

The **Minnesota Department of Human Rights** prohibits discrimination in public services programs because of race, color, national origin, creed, religion, disability, sex, sexual orientation, or public assistance status. Contact the agency directly:
Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (Voice)
800-657-3704 (Toll Free)
711 or 800-627-3529 (MN Relay)

The **U.S. Department of Health and Human Services’ Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability, religion and sex (including sex stereotypes and gender identity under any health program or activity receiving federal financial assistance). Contact the agency directly:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue
Suite 240
Chicago, IL 60601
312-886-2359 (Voice)
800-368-1019 (Toll Free)
800-537-7697 (TTY)

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the
form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.
ATTACHMENT D

COUNTY HUMAN SERVICE AGENCY COMPLAINT NOTIFICATION FORM COMPLAINTS ALLEGING DISCRIMINATION IN SERVICE DELIVERY

AUTHORITY: U.S. Department of Agriculture, Food and Nutrition Service Instruction 113-1.

REQUIREMENT: County human service agencies must notify the DHS Civil Rights Coordinator within 90 days of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them (see bottom of Page 2 for contact information).

ACTION REQUIRED:

Complete this form and send it to the DHS Civil Rights Coordinator within 90 days of the date the complaint was filed.

1. Name, address, telephone number of complainant:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Name and address of county agency delivering the benefits, including names of any employees accused of wrongdoing:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Type of discrimination alleged.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
4. Describe the alleged discrimination, including the dates it happened. Give names and contact information of any witnesses:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. Give a summary of the investigation findings, including any corrective action ordered:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

CONTACT INFORMATION:  DHS Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3034 (voice) or use your preferred relay service
651-431-7444 (fax)
joann.daSilva@state.mn.us
ATTACHMENT E

ABC COUNTY HUMAN SERVICE AGENCY’S
EQUAL OPPORTUNITY POLICIES AND PROCEDURES
INCLUDING EQUAL ACCESS FOR PEOPLE WITH DISABILITIES

Equal Opportunity Policy
It is the policy of ABC County Human Service Agency (ABC County) to make sure that program benefits and services are available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

ABC County employees, services, programs, benefits and policies will not discriminate against applicants, clients or members of the public because of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. “Sex” includes sex stereotypes and gender identity under any medical or health program receiving federal financial assistance, such as Medical Assistance, CHIP programs, health clinics, insurance companies and state health insurance exchanges.

This policy covers ABC County’s full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and state funds under contracts, licenses and other arrangements with ABC County. The Minnesota Human Rights Act also applies to the work of ABC County and those agencies carrying out the work of ABC County.

Program Accessibility Policy for People with Disabilities
ABC County and all of its services, programs and benefits, are accessible to and usable by people with disabilities, including people with hearing loss, low vision and other sensory disabilities.

To avoid disability discrimination, ABC County will:

- Notify the public about the rights and protections for people with disabilities under the Americans with Disabilities Act.
- Designate an ADA Coordinator and maintain a complaint procedure.
- Make sure that its buildings are physically accessible for people with disabilities.
- Assist individuals with disabilities to apply and qualify for benefits based on their eligibility.
- Provide appropriate auxiliary aids and services, including accessible formats, to ensure effective communication with people with disabilities.
• Provide services, programs and benefits that are accessible to and usable by qualified people with disabilities.

**Physical access includes:**

• Convenient off-street parking designated specifically for people with disabilities.

• Curb cuts and ramps between parking areas and the ABC County building.

• Level access into the first floor of ABC County building with elevator access to all other floors.

**Reasonable Modifications to Policies, Procedures or Practices**

ABC County will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless ABC County can demonstrate that making the modifications would fundamentally alter the nature of the services, programs or benefits.

**Effective Communication and Auxiliary Aids and Services**

ABC County will take appropriate steps to ensure that communications with people with disabilities and companions with disabilities are as effective as communications with others. To ensure effective communications, ABC County will provide appropriate auxiliary aids and services, including accessible formats, so that people with disabilities can receive services, programs and benefits and participate in them in the same way as people without disabilities. Auxiliary aids and services include qualified readers, writers and interpreters who convey information effectively, accurately and impartially using any necessary specialized vocabulary.

To determine what types of auxiliary aids or services are necessary, ABC County will give primary consideration to the requests of people with disabilities. ABC County will honor the choice of the person requesting the auxiliary aid or service unless it would fundamentally alter the nature of the service, program or benefit or cause an undue administrative or financial burden. If this happens, ABC County will find another equally effective auxiliary aid or service.
ATTACHMENT F

MINNESOTA DEPARTMENT OF HUMAN SERVICES
CIVIL RIGHTS ASSURANCE OF COMPLIANCE

NONDISCRIMINATION IN STATE AND FEDERALLY FINANCED PROGRAMS

NAME OF COUNTY HUMAN SERVICE AGENCY
(HEREAFTER CALLED THE “COUNTY AGENCY”)

THE COUNTY AGENCY provides this civil rights Assurance of Compliance (hereafter called the “Assurance”) in consideration of and for the purpose of obtaining any and all federal financial assistance from the United States Departments of Health and Human Services and Agriculture. The County Agency agrees that compliance with this Assurance is a condition of continued receipt of federal financial assistance and that it is binding upon the County Agency directly or through contract, license, or other provider of services, as long as it receives federal or state financial assistance; and shall be submitted with the required Comprehensive Civil Rights Plan update.

THE COUNTY AGENCY ASSURES that it will comply with:


PURSUANT TO THE CIVIL RIGHTS PLAN for the Minnesota Department of Human Services, by accepting this Assurance, the County Agency agrees to allow access, by authorized personnel of the Minnesota Department of Human Services and the United States Departments of Health and Human Services and Agriculture, during normal working hours, to private and/or confidential data maintained by the County Agency (or other sub-recipient of federal financial assistance) to the extent necessary to conduct a full and complete investigation into any complaint of discrimination, including to compile data, maintain
records and submit reports as required to determine compliance with the above mentioned laws, rules and regulations. The Minnesota Department of Human Services agrees to comply with all requirements of the Minnesota Government Data Practices Act (Minnesota Statutes, section 13.01 et seq.). No private and/or confidential data collected, maintained or used in the course of an investigation shall be disseminated except as authorized by statute, either during the period of the investigation or after it has been concluded. If there are any violations of this assurance, DHS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Minnesota Statutes, section 256.017.

THE PERSON WHOSE SIGNATURE APPEARS BELOW is authorized to sign this Assurance and commit the County Agency to its terms.

__________________________________   ______________________________________
Date                                                          Director’s Signature

I CERTIFY that the signatory for the County Agency has lawful authority to bind the County Agency to the terms of this civil rights Assurance.

__________________________________   ______________________________
Date                                                    County Attorney’s Signature