



## Goodhue County Health and Human Services Comprehensive Civil Rights Plan (CCRP)

Goodhue County Health and Human Services  
426 West Avenue  
Red Wing, MN 55066  
Phone: 651-385-3200  
TTY: 651-385-3190

Civil Rights Coordinator: Mary Heckman, Phone: 651-385-3200  
ADA Coordinator: Mike Zorn, Phone: 651-385-3200  
Limited English Proficiency Coordinator:  
Mary Heckman, Phone 651-385-3200

This CCRP is posted in the lobby next to the reception desk

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### **Americans with Disabilities Act Advisory**

This information is available in accessible formats to individuals with disabilities and for information about equal access to services,  
call 651-385-3200  
TTY 651-385-3190

## TABLE OF CONTENTS

1. Purpose
2. Legal Authorities
3. Civil Rights Contact
4. Equal Opportunity Policy and Procedure
5. Complaint Resolution Procedure
6. Complaint Notification Form
7. Disability Compliance
8. Limited English Proficiency Plan
9. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program
10. Civil Rights Assurance of Compliance
11. CCRP Administration
12. Appendix

Attachment A – Full List of Legal Authorities  
Attachment B – Complaint Notification Form  
Attachment C – Disability Brochure; DHS-4133-ENG  
Attachment D – 2016 Civil Rights Assurance of Compliance  
Attachment E – Limited English Plan (LEP)

### **1. Purpose**

As a recipient of federal financial assistance, Goodhue County Health and Human Services 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. Goodhue County Health and Human Services has a CCRP 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. This CCRP also serves as a source of information for county agency staff and the general public. It sets out Goodhue County Health and Human Service'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.

### **2. Legal Authorities** (See full list in Appendix, Attachment A)

- Title VI of the Civil Rights Act of 1964 (race, color, national origin)
- Section 504 of the Rehabilitation Act of 1973 (disability)
- Section 508 of the Rehabilitation Act of 1973 (disability)
- Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
- Age Discrimination Act of 1975 (age)
- Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
- Title IX of the Education Amendments of 1972 (sex)
- Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
- FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)
- Minnesota Human Rights Act, Chapter 363A

### **3. Civil Rights Contact**

Goodhue County Health and Human Services designates Mary Heckman to serve as the agency's Civil Rights Contact, agency point person on civil rights matters.

Mary Heckman  
Phone: 651-385-3200  
MN Relay Service: 711 or (800) 627-3529

#### **4. Equal Opportunity Policy and Procedure**

##### **Goodhue County Health and Human Services Equal Opportunity Policy and Procedure**

It is the policy of Goodhue County Health and Human Services 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.

Goodhue County Health and Human Services 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 Goodhue County Health and Human Service'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 Goodhue County Health and Human Services. The Minnesota Human Rights Act also applies to the work of Goodhue County Health and Human Services and those agencies carrying out its programs.

##### **Program Accessibility for People with Disabilities**

Goodhue County Health and Human Services 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, Goodhue County Health and Human Services will:

- Notify the public about rights and protections for people with disabilities under the Americans with Disabilities Act
- Designate an ADA Contact 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 Goodhue County Health and Human Services building
- Level access into the first floor of the Goodhue County Health and Human Services building with elevator access to all other floors

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

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

**Effective Communication and Auxiliary Aids and Services**

Goodhue County Health and Human Services 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, Goodhue County Health and Human Services 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, Goodhue County Health and Human Services will give primary consideration to the requests of people with disabilities. Goodhue County Health and Human Services 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, Goodhue County Health and Human Services will find another equally effective auxiliary aid or service.

## 5. Complaint Resolution Procedure

Goodhue County Health and Human Services 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. Goodhue County Health and Human Services 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, insurance companies and state health insurance exchanges.

It is against the law for anyone who works for Goodhue County Health and Human Services 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 Goodhue County Health and Human Service's equal opportunity policy, complaint procedure and complaint form. Use the contact information below to help you to file your complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact's office at Goodhue County Health and Human Services:

Mary Heckman  
Goodhue County Health and Human Services  
426 West Ave  
Red Wing, MN 55066  
Phone: 651-385-3200  
MN Relay Service: 711 or (800) 627-3529  
Fax: 651-267-4877

### Procedure:

1. Civil rights complaints **must** be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.
2. A complaint **must** be in writing and contain the name and address of the person filing it. You should also give your telephone number or relay service number if you are deaf or hard of hearing. Give your email address if it helps get in touch with you. 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. Goodhue County Health and Human Services **must** conduct an investigation of the 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. Goodhue County Health and Human Services will issue a written decision on the complaint within 90 days after its filing. Goodhue County Health and Human Services 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 agency's Civil Rights Contact within 15 days of receiving the written decision. The Civil Rights Contact **will** issue a written decision in response to the appeal, no later than 30 days after the filing. This decision is final. This appeal process is not the same as filing a fair hearings appeal with the Department of Human Services' 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, 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, audiotope, 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 USDS 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](mailto: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  
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)

- (b) 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  
Phone: 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., 20<sup>th</sup> Floor  
Chicago, IL 60604-3591  
Phone: (312) 353-6657 (voice) or use your preferred relay service  
[Tamara.earley@fns.usda.gov](mailto:Tamara.earley@fns.usda.gov)

7. Arrangements for People with Disabilities:  
Goodhue County Health and Human Services **will** make appropriate arrangements to ensure that people with disabilities are provided accommodations to participate in the complaint process in an equal to manner to people without disabilities. Appropriate arrangements 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 making these arrangements.

8. Goodhue County Health and Human Services will refer all SNAP civil rights complaints to DHS or the USDA regional office in Chicago as soon as possible after received.

**6. Complaint Notification Form**

Goodhue County Health and Human Services will use the *Complaint Notification Form* to notify DHS in writing of all service delivery discrimination complaints filed against Goodhue County Health and Human Services and resolved on the county agency level. Goodhue County Health and Human Services will make sure the complaint notification form is completed and sent to DHS within 90 days of the date the complaint was filed in the county, so DHS can report the complaint to the appropriate federal office. A copy of the *Complaint Notification Form* is located in the Appendix; Attachment B.

**7. Disability Compliance**

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

**Section 504 of the Rehabilitation Act of 1973** 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 on the basis of their disability when the discrimination occurs in state or local government services. 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 use 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; the same standard of access that applies to people without disabilities.

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**

Goodhue County Health and Human Services has designated an ADA Contact person to serve as its point person on disability matters raised by applicants, clients and members of the public. ADA Contact information is located on the cover page of this CCRP.

Mike Zorn  
Phone: 651-385-3200  
MN Relay Service: 711 or (800) 627-3529

c. **Disability Complaints**

People filing disability complaints will use Goodhue County Health and Human Service's civil rights complaint procedure.

d. **ADA Notice Document**

Goodhue County Health and Human Services will use the DHS brochure: *Do you have a disability* (DHS-4133-ENG) as its ADA notice document. This notice document informs applicants, clients and members of the public that Goodhue County Health and Human Services does not discriminate on the basis of disability. The notice document also gives information to the public about the rights of people with disabilities under the Americans with Disabilities Act.

Goodhue County Health and Human Services has a copy of DHS brochure: *Do you have a disability* (DHS-4133-ENG) posted in the lobby next to the reception desk.

A copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) is located in the Appendix; Attachment C.

e. **Disability Policy Prohibiting Discrimination**

The Goodhue County Health and Human Services Equal Opportunity Policy and Procedure includes provisions which prohibit disability discrimination in human services programs. This policy is located in the agency lobby.

**8. Limited English Proficiency Plan**

See Attachment E

**9. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program (SNAP)**

Goodhue County Health and Human Services will conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, such as support staff, supervisors and managers.

Goodhue County Health and Human Services will use DHS' PowerPoint presentation to train staff, document the date of the training each year and document who attends the training

### **10. Civil Rights Assurance of Compliance**

The Goodhue County Health and Human Services director and county attorney representative have signed the *2016 Civil Rights Assurance of Compliance*. A copy is located in the Appendix; Attachment D.

### **11. CCRP Administration**

Goodhue County Health and Human Services will:

- Post a copy of its CCRP in the agency lobby where members of the public can review it and in the employee break room where staff can review it
- Post the CCRP on the agency's public website
- Review the CCRP annually with ALL staff
- For the benefit of applicants, clients and members of the public, prominently post in the lobby a copy of the equal opportunity policy and procedure that includes provisions prohibiting disability discrimination and a copy of its civil rights complaint procedure
- Post a copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) in the lobby next to the reception desk
- Conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, including support staff, supervisors and managers. Goodhue County Health and Human Services will document the date of the training each year and document who attends the training.

### **12. Appendix**

- a. **Attachment A** – Full List of Legal Authorities
- b. **Attachment B** – Complaint Notification Form
- c. **Attachment C** – DHS Brochure: *Do you have a disability*; DHS-4133-ENG
- d. **Attachment D** – Signed Copy of the *2016 Civil Rights Assurance of Compliance*
- e. **Attachment E** – Limited English Proficiency Plan

**Full List of 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 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)
6. Community Service Assurance Provisions of the Hill-Burton Act (health facilities receiving Hill-Burton Funds)
7. Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
8. Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981 (Federal Block Grants):
  - 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)
11. Food Stamp Act of 1977
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
14. FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)
15. Equal Opportunity for Religious Organizations Regulation

**State**

Minnesota Human Rights Act, Chapter 363A



**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:

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

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3. Type of discrimination alleged.

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

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

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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](mailto: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.

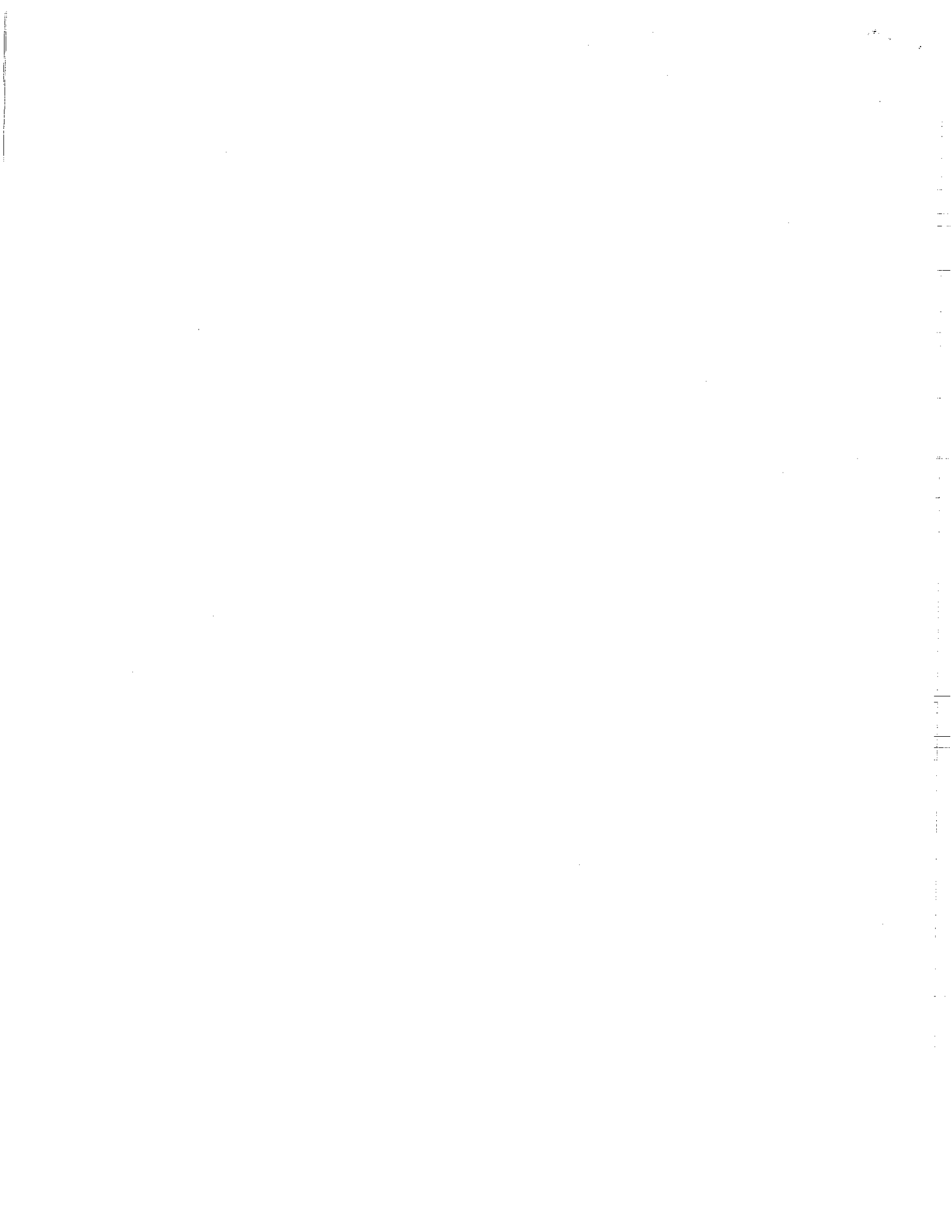
This policy covers ABC County's full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and state funds 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.





Please tell us if you have a disability so we can help you access human services programs and benefits.

## What medical conditions may be disabilities?

A disability is a physical, sensory, or mental impairment that materially limits a major life activity.

Types of disabilities may include:

- Diseases like diabetes, epilepsy or cancer
- Learning disorders like dyslexia
- Developmental delays
- Clinical depression
- Hearing loss or low vision
- Movement restrictions like trouble with walking, reaching or grasping
- History of alcohol or drug addiction, although current illegal drug use is not a disability.

If you are asking for or are getting benefits through either a county human services agency or the Minnesota Department of Human Services, that office will let you know if you have a disability using information from you and your doctor.

## What help is available?

If you have a disability, your county or the state human services agency can help you by:

- Calling you or meeting with you in another place if you are not able to come into the office

- Using a sign language interpreter
- Giving you letters and forms in other formats like computer files, audio recordings, large print or Braille
- Telling you the meaning of the information we give you
- Helping you fill out forms
- Helping you make a plan so you can work even with your disability
- Sending you to other services that may help you
- Helping you to appeal agency decisions about you if you disagree with them.

You will not have to pay extra for help. If you want help, ask your agency as soon as possible. An agency may not be able to accommodate requests made within 48 hours of need.

## How does the law protect people with disabilities?

The Americans with Disabilities Act (ADA) and the ADA Amendments Act are federal laws, and the Minnesota Human Rights Act is a state law. Each gives individuals with disabilities the same legal rights and protections as people without disabilities, including access to public assistance benefits. You will not be denied benefits because you have a disability. Your benefits will not be stopped because of your disability. If your disability makes getting benefits hard for you, your county human services agency will help you access all of the programs that are available to you.

## Discrimination is against the law

You have the right to file a complaint if you believe you were treated in a discriminatory way by a human services agency. You can contact any of the following agencies directly to file a civil rights complaint.

The **Minnesota Department of Human Services, Equal Opportunity and Access Division**, 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 under any health program or activity receiving federal financial assistance). Contact the Equal Opportunity and Access Division directly:

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

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  
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 and disability; in block grant complaints, religion and sex are included; and in medical

program complaints, sex includes sex stereotypes and gender identity under any health program or activity receiving federal financial assistance, such as Medicaid and CHIP programs, hospitals, clinics, employers, insurance companies and state health insurance exchanges created 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 North Michigan Avenue, Suite 240  
Chicago, IL 60601  
312-886-2359 (voice)  
800-368-1019 (toll free)  
800-537-7697 (TTY)

The **U.S. Department of Agriculture** prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish or call the **State Information/Hotline Numbers** (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

USDA is an equal opportunity provider and employer.



Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານ ຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI-0001 (3-13)

ADA5 (12-12)

**This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.**

agency



MINNESOTA DEPARTMENT OF HUMAN SERVICES  
CIVIL RIGHTS ASSURANCE OF COMPLIANCE

NONDISCRIMINATION IN STATE AND FEDERALLY FINANCED PROGRAMS

Goodhue County Health & Human Services

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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:

Title VI of the Civil Rights Act of 1964, as amended; Department of Health and Human Services, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons; Age Discrimination Act of 1975, 42 U.S.C. 6101, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Section 508 of the Rehabilitation Act of 1973, as amended; Title II of the Americans with Disabilities Act of 1990; Section 1557 of the Patient Protection and Affordable Care Act of 2010; Federal Block Grant Programs of the Omnibus Budget Reconciliation Act of 1981; as amended; Title IX of the Education Amendments of 1972, as amended; Family Violence Prevention and Services Act; Food Stamp Act of 1977, as amended, including the Nondiscrimination Compliance Requirements in the Food Stamp Program and the Bilingual Requirements in the Food Stamp Program; FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005); and Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (formerly Multiethnic Placement Act of 1994).

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.

8/16/2016

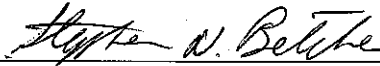


\_\_\_\_\_  
Date

\_\_\_\_\_  
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.

8/18/2016



\_\_\_\_\_  
Date

\_\_\_\_\_  
County Attorney's Signature



**LIMITED ENGLISH  
PROFICIENCY PLAN**

GOODHUE COUNTY HEALTH  
& HUMAN SERVICES  
509 WEST FIFTH STREET  
And  
426 WEST AVENUE  
RED WING, MN 55066

Effective Date: January 1, 2016

## TABLE OF CONTENTS

- A. Purpose and Legal Authority
- B. Policy and Procedure
  - 1. Persons Covered by LEP Plan
  - 2. Definitions
  - 3. Commitment to Meaningful Access
  - 4. Offering Language Assistance Services
  - 5. Telephone Interpreter Services
  - 6. In-Person Interpreter Services
  - 7. Competency of Interpreters
  - 8. Using Family and/or Friends as Interpreters
  - 9. Rule for Minor Children
  - 10. When a Client Declines Services
  - 11. Notice of Rights to Language Assistance
  - 12. Emergency Situations
  - 13. Services to Illiterate
  - 14. Assigning Clients with LEP to Bilingual Staff
  - 15. Minnesota Data Practices Act
  - 16. Procedures for Using and/or Distributing Translated Forms
  - 17. Translation Plan
- C. LEP Training for Goodhue County Health and Human Services Staff
- D. Monitoring of the LEP Plan
  - 1. LEP Plan Posted for Public Review
  - 2. Distribution of LEP Plan
  - 3. Responsible Authority/Complaint Process- Contact Person
- E. Attachments

# GOODHUE COUNTY HEALTH & HUMAN SERVICES

## LIMITED ENGLISH PROFICIENCY PLAN

### A. Purpose and Legal Authority

The following document serves as Goodhue County health and Human Services plan to meet the legal obligation of limited English proficiency requirement in compliance with:

- **Title VI of the Civil Rights Act of 1964**, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance Through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- **Office for Civil Rights Policy Guidance**, 65 Fed. Reg. 52762 (2000), Department of Health and Human Services, Office for Civil Rights, Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency (August 30, 2000); OCR Web site: [www.hhs.gov/ocr/lep/](http://www.hhs.gov/ocr/lep/).
- **Department of Justice Regulation**, 28 CFR §42.405(d) (1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs.
- **Bilingual Requirements in the Supplement Nutrition Assistance Program**, 7CFR§272.4 U. S. Department of Agriculture, Food And Consumer Service
- **Minnesota Data Practices Act** requires Minnesota government agencies to maintain the privacy of data that they collect in the course of their business. Information that is collected regarding our customers is considered private data. Except in emergency situations, this data may not be released to anyone other than the customer, our employees, or others authorized by the court or federal law, without the customers' written consent.

### B. Policy and Procedures

#### 1. Persons Covered by Policy – Identifying Clients with Limited English Proficiency

Goodhue County Health & Human Services Limited English Proficiency plan has been developed to serve its clients, prospective clients and their family members who do not speak English or who speak limited English.

#### 2. Definitions:

**LEP Person-** A person has Limited English Proficiency (LEP) if he/she is not able to speak, read, write or understand the English language at a level that allows him/her to interact effectively with Health & Human Services staff.

**Interpretation** is defined as a spoken or visual explanation provided to enable two or more individuals who do not speak the same language to communicate with each other.

**Translation** is defined as a written version of a document that is provided in a language different than that of the original document.

### 3. Commitment to Meaningful Access

No person will be denied access to Goodhue County H&HS programs or program information because he/she does not speak English or speaks limited English. Goodhue County H&HS will provide assistance to all customers with LEP in obtaining necessary interpreter services in order for him/her to effectively communicate with staff. Customers will be provided with meaningful access to programs and services in a timely manner and at no cost to the customer.

### 4. Offering Language Assistance Services

Signs are posted in our reception area and interview rooms and staff have "I Speak" cards to assist our LEP customers. Staff will initiate an offer for language assistance to customers who have difficulty communicating in English, have difficulty reading their spoken language, or when a customer asks for language assistance. Staff must offer, without charge, interpretation and/or translation services to persons with LEP in a language they understand, in a way that preserves confidentiality, in a timely manner.

Staff will appropriately code the following systems to ensure identification of clients potentially requiring LEP services:

Initial Screening Sheet

Financial Intake Screeners will indicate on the screening sheet if interpreter services are required

#### **MAXIS**

Workers will appropriately code the following fields on the STAT/MEMB panel for every person

Entered into the MAXIS system:

Spoken Language (enter appropriate code from F1 Help)

Written Language (enter appropriate code from F1 Help)

Needs Interpreter Y/N

#### **PRISM**

Child Support workers will appropriately code the following fields on the demographics [panel

(CPDE or NCDE) for each custodial/noncustodial parent entered into the PRISM system:

Primary Language (enter appropriate code from F1 Help)

Interpreter needed (enter Y/N)

#### **SSIS**

Social Service workers will appropriately code language preference on the client entry screen and in case notes.

## 5. Telephone Interpreter Services

Staff will use one of the language lines for interpreter assistance when needed. Telephone interpreter services we are aware of:

- 1-866-425-0217 Pacific Interpreters
- 1-612-588-9410 The Language Banc
- 1-800-874-9426 The Language Line (formerly AT&T)
- 1-866-333-9275 Interpreter Referral Service (Rochester)

## 6. In-Person Interpreter Services

When interpreter services are needed in a language not commonly used, the client with LEP will be shown the I Speak cards in order to help establish an ethnic linkage.

If an interpreter is needed *in person*, rather than over the telephone, arrangements will be made to have an interpreter available at a time and place that is convenient for both the interpreter and the client. Arrangements for in-person interpreting should be made by contacting persons on the call list located in Attachment A

Staff will contact one of our contracted interpreters and arrange a meeting. Vendor will submit claim to the accounting division.

## 7. Competency of Interpreters

We primarily use well recognized interpreter agencies; they have provided documentation that

They will provide competent and experienced interpreters. Competency includes:

- Being bilingual and fluent in both English and the language of the LEP client
- Accuracy and completeness
- Impartiality
- Confidentiality
- Accreditation when appropriate

Interpreters will have training/orientation that includes:

- The skills and ethics of interpreting
- Basic knowledge in both languages of specialized program terms or concepts
- Sensitivity to the customer's culture

## 8. Using Family and/or Friends as Interpreters

Staff should never require, suggest, request, or encourage a customer with LEP to use family or friends as interpreters. Use of family or friends could result in a breach of confidentiality or reluctance on the part of the customer to reveal personal information that may be critical to their situation. Family or friends may not be competent to act as interpreters because they may not be proficient enough in both languages, may lack training in interpretation, or have little familiarity with specialized program terminology. If the LEP person declines this service, the worker will document in case notes that services were offered and declined and complete LEP record.

## 9. Rule for Minor Children

Goodhue County H&HS staff should never use minor children as interpreters.

#### **10. When A Customer Declines Services**

When a customer declines services, note this in the case notes

#### **11. Notice of Rights to Language Assistance**

Goodhue County HHS staff will inform all customers with LEP of the public's right to free interpreter services and that these services must be provided in a timely manner during normal business hours. Goodhue County HHS staff will use I Speak cards to help customers with LEP to be able to identify their language needs for staff. Posters will also be used in the agency to inform customers that language interpreters are available at no cost to them.

#### **12. Emergency Situations**

When programs require access to services within short time frames, Goodhue County H&HS will take whatever steps necessary to ensure that all clients, including clients with LEP, have access to services within the appropriate timeframes. For example, when a client needs an interpreter or other language assistance services to obtain expedited program services, Goodhue County H&HS's goal is to make the services accessible within the required time frame, whether that means using an interpreter or any other appropriate type of language assistance.

#### **13. Services to Illiterate**

Staff will assess customer's literacy level and determine interpreter needs. Staff should not send forms to illiterate customers. Staff shall use an interpreter or Language Line services (Attachment A) to complete required forms verbally. Staff should further inform the client to contact them for interpreter services when they receive a DHS or agency form.

##### **a. Illiterate Non-English Speaking Customers**

Staff must assist LEP customers who do not read their primary language to the same extent that they would assist an English speaker who does not read English.

##### **b. English Speaking Customers Who Are Illiterate**

Staff will encourage and assist customers in identifying a responsible person to assist them.

##### **c. Economic Support customers may designate an "authorized representative" who can act on their behalf.** Agency staff may assist customers in completing necessary paper work only in the event that the customer cannot obtain assistance from another responsible person. Staff will use a red pen and indicate on the form their name and date and that they completed the form at the customer's request because no other responsible person was available.

#### **14. Assigning Clients with LEP to Bilingual Staff**

Where applicable, and as a program practice, Goodhue County H&HS will use its best efforts to assign clients with LEP to bilingual staff who speak their language. Goodhue County H&HS presently has no bilingual staff.

#### **15. Minnesota Data Practices Act**

Minnesota Data Practices Act requires Minnesota government agencies to maintain the privacy of data that they collect in the course of their business. In the case of Goodhue County H&HS, the information that it collects regarding its clients is considered private data. Except in emergencies, this data may not be released to anyone other than the client, Goodhue County H&HS employees, the agents of Goodhue County H&HS, or others authorized by the courts or federal law, without the client's written, informed consent.

For purposes of the Data Practices Act, organizations and person who contract to provide translation and interpretation services to Goodhue County H&HS clients are considered agents of Goodhue County H&HS. They may be privy to Goodhue County H&HS clients' private data and are bound by the same requirements for confidentiality as are Goodhue County H&HS employees.

#### **16. Procedure for Using/Distributing Translated Forms**

Goodhue County H&HS stocks a number of documents and forms that are available in languages other than English.

Goodhue County H&HS staff with access to MAXIS can retrieve forms from MAXIS. Additionally, the Health Care Application Form, the Renewal Form, and the Household Report Form have been translated into Spanish, Russian, Somali, Hmong, Cambodian, Lao, Vietnamese, and Arabic. The English and translated versions are all available on the Goodhue County H&HS web site at [www.dhs.state.mn.us/forms](http://www.dhs.state.mn.us/forms).

Regularly used Goodhue County H&HS forms will be made available in translated form by posting them in a central location in the Goodhue County H&HS lobby at 426 West Avenue, Red Wing, and Minnesota. At the appropriate times, Goodhue County H&HS staff will send clients the preferred translated forms automatically when the same forms are sent to clients automatically in English.

#### **17. Translation Plan**

Goodhue County H&HS will translate vital documents and vital information contained in its documents – and materials in alternate formats – into the non-English languages of those language groups when a significant number or percentage of the population eligible to be served or likely to be directly affected by Goodhue County H&HS's programs needs services or information in a language other than English to communicate effectively.<sup>1</sup> Goodhue County H&HS has determined that the significant number that will trigger translation is 1000 individuals within an LEP language group. In so far as the percentage LEP census in Goodhue County is miniscule, it is not anticipated that

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<sup>1</sup> Goodhue County H&HS adopts the definition of vital document or information as it appears in the OCR Guidance. According to OCR, a document or information should be considered vital if it contains information that is critical for accessing a federal fund recipient's services or benefits or is required by law. Vital documents include, but are not limited to, applications, consent forms, letters containing information regarding eligibility or participation criteria, notices pertaining to the reduction, denial, or termination of services or benefits, notices that require a response from beneficiaries, and documents that advise of free language assistance.

Goodhue County H&HS will, by itself, develop any specific Goodhue County H&HS-produced material. Rather, Goodhue County H&HS will rely on the State-produced documents as the primary source of translated materials. Downloading of documents from the DHS web page will also be used as necessary. Insofar as the Department of Human Services has translated many forms into multiple languages, Goodhue County H&HS will access these forms as necessary. Access to the Department's web site at [www.dhs.state.mn.us/forms](http://www.dhs.state.mn.us/forms) will be made. Additionally, translated Income Maintenance forms can be located in TEMP Manual 12.01.13 and should be accessed as needed.

### **C. LEP Training for GCH&HS Staff**

Goodhue County HHS will distribute the LEP plan to all staff once approved by DHS so they know the policies and procedures required to make language assistance available to our customers with LEP. New employees will have the LEP plan incorporated into their New Employee Orientation.

LEP training will include legal obligation to provide language assistance to customers with LEP, Policies and procedures to access language assistance services and how to properly document Information about the customer's language needs in the case file. All staff with ongoing customer Contact is required to receive LEP updates annually.

### **D. Monitoring of the LEP Plan**

An evaluation will be conducted annually to determine the overall effectiveness of the plan. This evaluation will assess the number of persons with LEP in the service delivery area. It will assess the current language needs of these customers to determine if these needs are being met. It will assess if our staff understand the LEP policies and procedures, know how to carry them out, and whether language assistance resources are still current and accessible

#### **1. LEP Plan Posted for Public Review**

The LEP plan will be posted for public review in the Goodhue County H&HS's first and second floor waiting rooms. The LEP plan will be available in English, but bilingual staff or interpreters will be available to translate the plan for those who do not speak English who wish to read it.

#### **2. Distribution of LEP Plan**

Immediately, upon its completion, the Goodhue County H&HS LEP plan will be distributed to all Goodhue County H&HS staff.

#### **3. Responsible Authority/Complaint Process – Contact Person**

Each Goodhue County Health & Human Services division is responsible for implementing this LEP plan in its area. The person designated to provide technical assistance and to respond to inquiries and complaints from the public is LEP Coordinator Mary Heckman, Deputy Director, phone number 651-385-3200; fax number 651-267-4882; and, e-mail address [mary.heckman@co.goodhue.mn.us](mailto:mary.heckman@co.goodhue.mn.us).



**LIMITED ENGLISH  
PROFICIENCY PLAN**

**GOODHUE COUNTY HEALTH  
& HUMAN SERVICES  
509 WEST FIFTH STREET  
And  
426 WEST AVENUE  
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Effective Date: January 1, 2016

## TABLE OF CONTENTS

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## LIMITED ENGLISH PROFICIENCY PLAN

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- **Department of Justice Regulation**, 28 CFR §42.405(d) (1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs.
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- **Minnesota Data Practices Act** requires Minnesota government agencies to maintain the privacy of data that they collect in the course of their business. Information that is collected regarding our customers is considered private data. Except in emergency situations, this data may not be released to anyone other than the customer, our employees, or others authorized by the court or federal law, without the customers' written consent.

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When programs require access to services within short time frames, Goodhue County H&HS will take whatever steps necessary to ensure that all clients, including clients with LEP, have access to services within the appropriate timeframes. For example, when a client needs an interpreter or other language assistance services to obtain expedited program services, Goodhue County H&HS's goal is to make the services accessible within the required time frame, whether that means using an interpreter or any other appropriate type of language assistance.

#### **13. Services to Illiterate**

Staff will assess customer's literacy level and determine interpreter needs. Staff should not send forms to illiterate customers. Staff shall use an interpreter or Language Line services (Attachment A) to complete required forms verbally. Staff should further inform the client to contact them for interpreter services when they receive a DHS or agency form.

##### **a. Illiterate Non-English Speaking Customers**

Staff must assist LEP customers who do not read their primary language to the same extent that they would assist an English speaker who does not read English.

##### **b. English Speaking Customers Who Are Illiterate**

Staff will encourage and assist customers in identifying a responsible person to assist them.

##### **c. Economic Support customers may designate an "authorized representative" who can act on their behalf. Agency staff may assist customers in completing necessary paper work only in the event that the customer cannot obtain assistance from another responsible person. Staff will use a red pen and indicate on the form their name and date and that they completed the form at the customer's request because no other responsible person was available.**

#### **14. Assigning Clients with LEP to Bilingual Staff**

Where applicable, and as a program practice, Goodhue County H&HS will use its best efforts to assign clients with LEP to bilingual staff who speak their language. Goodhue County H&HS presently has no bilingual staff.

#### **15. Minnesota Data Practices Act**

Minnesota Data Practices Act requires Minnesota government agencies to maintain the privacy of data that they collect in the course of their business. In the case of Goodhue County H&HS, the information that it collects regarding its clients is considered private data. Except in emergencies, this data may not be released to anyone other than the client, Goodhue County H&HS employees, the agents of Goodhue County H&HS, or others authorized by the courts or federal law, without the client's written, informed consent.

For purposes of the Data Practices Act, organizations and person who contract to provide translation and interpretation services to Goodhue County H&HS clients are considered agents of Goodhue County H&HS. They may be privy to Goodhue County H&HS clients' private data and are bound by the same requirements for confidentiality as are Goodhue County H&HS employees.

#### **16. Procedure for Using/Distributing Translated Forms**

Goodhue County H&HS stocks a number of documents and forms that are available in languages other than English.

Goodhue County H&HS staff with access to MAXIS can retrieve forms from MAXIS. Additionally, the Health Care Application Form, the Renewal Form, and the Household Report Form have been translated into Spanish, Russian, Somali, Hmong, Cambodian, Lao, Vietnamese, and Arabic. The English and translated versions are all available on the Goodhue County H&HS web site at [www.dhs.state.mn.us/forms](http://www.dhs.state.mn.us/forms).

Regularly used Goodhue County H&HS forms will be made available in translated form by posting them in a central location in the Goodhue County H&HS lobby at 426 West Avenue, Red Wing, and Minnesota. At the appropriate times, Goodhue County H&HS staff will send clients the preferred translated forms automatically when the same forms are sent to clients automatically in English.

#### **17. Translation Plan**

Goodhue County H&HS will translate vital documents and vital information contained in its documents – and materials in alternate formats – into the non-English languages of those language groups when a significant number or percentage of the population eligible to be served or likely to be directly affected by Goodhue County H&HS's programs needs services or information in a language other than English to communicate effectively.<sup>1</sup> Goodhue County H&HS has determined that the significant number that will trigger translation is 1000 individuals within an LEP language group. In so far as the percentage LEP census in Goodhue County is miniscule, it is not anticipated that

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<sup>1</sup> Goodhue County H&HS adopts the definition of vital document or information as it appears in the OCR Guidance. According to OCR, a document or information should be considered vital if it contains information that is critical for accessing a federal fund recipient's services or benefits or is required by law. Vital documents include, but are not limited to, applications, consent forms, letters containing information regarding eligibility or participation criteria, notices pertaining to the reduction, denial, or termination of services or benefits, notices that require a response from beneficiaries, and documents that advise of free language assistance.

Goodhue County H&HS will, by itself, develop any specific Goodhue County H&HS-produced material. Rather, Goodhue County H&HS will rely on the State-produced documents as the primary source of translated materials. Downloading of documents from the DHS web page will also be used as necessary. Insofar as the Department of Human Services has translated many forms into multiple languages, Goodhue County H&HS will access these forms as necessary. Access to the Department's web site at [www.dhs.state.mn.us/forms](http://www.dhs.state.mn.us/forms) will be made. Additionally, translated Income Maintenance forms can be located in TEMP Manual 12.01.13 and should be accessed as needed.

### **C. LEP Training for GCH&HS Staff**

Goodhue County HHS will distribute the LEP plan to all staff once approved by DHS so they know the policies and procedures required to make language assistance available to our customers with LEP. New employees will have the LEP plan incorporated into their New Employee Orientation.

LEP training will include legal obligation to provide language assistance to customers with LEP, Policies and procedures to access language assistance services and how to properly document Information about the customer's language needs in the case file. All staff with ongoing customer Contact is required to receive LEP updates annually.

### **D. Monitoring of the LEP Plan**

An evaluation will be conducted annually to determine the overall effectiveness of the plan. This evaluation will assess the number of persons with LEP in the service delivery area. It will assess the current language needs of these customers to determine if these needs are being met. It will assess if our staff understand the LEP policies and procedures, know how to carry them out, and whether language assistance resources are still current and accessible

#### **1. LEP Plan Posted for Public Review**

The LEP plan will be posted for public review in the Goodhue County H&HS's first and second floor waiting rooms. The LEP plan will be available in English, but bilingual staff or interpreters will be available to translate the plan for those who do not speak English who wish to read it.

#### **2. Distribution of LEP Plan**

Immediately, upon its completion, the Goodhue County H&HS LEP plan will be distributed to all Goodhue County H&HS staff.

#### **3. Responsible Authority/Complaint Process – Contact Person**

Each Goodhue County Health & Human Services division is responsible for implementing this LEP plan in its area. The person designated to provide technical assistance and to respond to inquiries and complaints from the public is LEP Coordinator Mary Heckman, Deputy Director, phone number 651-385-3200; fax number 651-267-4882; and, e-mail address [mary.heckman@co.goodhue.mn.us](mailto:mary.heckman@co.goodhue.mn.us).