



Morrison County provides cost-effective, high-quality services in a friendly and respectful manner.

Health and Human Services

NATHAN BERTRAM

Director

213 S.E. 1st Avenue

Little Falls, Minnesota 56345-3196

General Info: 320-632-7800

Toll Free: 1-800-269-1464

Fax: 320-632-0225

www.co.morrison.mn.us

Comprehensive Civil Rights Plan (CCRP)

Civil Rights Coordinator: 1-800-269-1464 or 320-632-2951 (voice)

ADA Coordinator: 1-800-269-1464 or 320-632-2951 (voice)

Limited English Proficiency Coordinator: 1-800-269-1464 or 330-632-2951 (voice)

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 1-800-269-1464 or 320-632-2951(voice).

TTY users place calls through MN Relay Service: 711 or (800) 627-3529

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

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1. Purpose

As a recipient of federal financial assistance, Morrison 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. Morrison 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 Morrison County Social 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

Morrison County Health and Human Services designates Nathan Bertram, Director to serve as the agency's Civil Rights Contact, agency point person on civil rights matters.

Nathan Bertram
Director
320-632-0247
MN Relay Service: 711 or (800) 627-3529
nateb@co.morrison.mn.us

4. Equal Opportunity Policy and Procedure

Morrison County Health and Human Services Equal Opportunity Policy and Procedure

It is the policy of Morrison 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.

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

Program Accessibility for People with Disabilities

Morrison 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, Morrison 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 Morrison County Health and Human Services building.
- Level access into the first floor of the Morrison County Health and Human Services building with elevator access to all other floors

Reasonable Modifications to Policies, Procedures or Practices

Morrison 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 Morrison 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

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

5. Complaint Resolution Procedure

Morrison 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. Morrison 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 Morrison 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 Morrison County Social 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 Morrison County Health and Human Services:

Nathan Bertram
Director
320-632-0247
MN Relay Service: 711 or (800) 627-3529
nateb@co.morrison.mn.us
320-632-0225 (fax)

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. Morrison 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. Morrison County Health and Human Services will issue a written decision on the complaint within 90 days after its filing. Morrison 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

AvenueSuite 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 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](#), (AD-3027) found online at: 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

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
PO 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 60604-3501
(312) 353-6657 (voice) or use your preferred relay service

7. Arrangements for People with Disabilities:

Morrison 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. Morrison 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

Morrison County Health and Human Services will use the *Complaint Notification Form* to notify DHS in writing of all service delivery discrimination complaints filed against Morrison County Health and Human Services and resolved on the county agency level. Morrison 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.

Additionally, there is a county specific Complaint form for matters that do not include Civil Rights Violations. That form is located in the Appendix; Attachment F. If a Civil Rights Complaint improperly filed on this form Morrison County Health and Human Services will ensure that it directed to the appropriate agencies and that applicable processes are followed.

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

Morrison 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.

Nathan Bertram, Director
1-800-269-1464 or 320-632-0247
MN Relay Service:
711 or (800) 627-
3529)
nateb@co.morrison.mn.us

c. Disability Complaints

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

d. ADA Notice Document

Morrison 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 Morrison 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.

Morrison 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 Morrison 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 (LEP Plan)

A Limited English Proficiency Plan (LEP Plan) identifies the language resources an agency uses to ensure that applicants, clients, and members of the public who speak, read, write, or understand English only on a limited basis and who are seeking access to information and services at the agency, are able to communicate effectively with agency staff.

The Limited English Proficiency Plan (LEP Plan) is found in the Appendix as Attachment E.

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

Morrison 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.

Morrison 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 Morrison County Social Services Director signed the previous 2019-2021 State-County Civil Rights Assurance Agreement. An updated agreement with language surrounding the merger of Public Health and Social Services was completed in 2024. *Attachment D*

11. CCRP Administration

Morrison 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. Morrison County Health and Human Services will document the date of the training each year and document who attends the training.

Appendix

Attachment A – Full List of Legal Authorities

Attachment B – Complaint Notification Form

Attachment C – Disability Brochure; DHS-4133-ENG

Attachment D – 2019-2021 State-County Civil Rights Assurance Agreement

Attachment E – Limited English Proficiency Plan (LEP Plan)

Attachment F – Morrison County Health and Human Services Complaint Form

Attachment A

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



COMPLAINT NOTIFICATION FORM

For Complaints Alleging Discrimination in Service Delivery

[Report Discrimination / Minnesota.gov \(mn.gov\)](http://Report.Discrimination/Minnesota.gov(mn.gov))

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

Requirement: County human services agencies must notify the DHS Civil Rights Coordinator within 90 days of all service delivery discrimination complaints filed against them. See bottom of page 2 for contact information.

ACTION REQUIRED: After a civil rights complaint has been filed by a consumer and resolved in your agency, 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, email and telephone number of complainant:

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

3. Type of discrimination alleged (e.g., race, color, national origin, disability, etc.):

Complaint Notification Form—page 2

SEND TO:

DHS Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity & 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)
Info.mdhr@state.mn.us

Do you have a disability?

If you have a disability, you have the same rights as others.

Please tell us if you have a disability so we can help you access county or Tribal nation human services benefits and services.

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
- Mental health conditions
- Hearing loss or low vision
- Movement restrictions like trouble with walking, reaching or grasping
- History of substance use disorder, 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 based on 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 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 provide help
- Helping you to appeal agency decisions 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.

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- public assistance status
- color
- marital status
- national origin
- age
- creed
- disability
- religion
- sex
- sexual orientation
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator
 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

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- sex
- color
- sexual orientation
- national origin
- marital status
- religion
- public assistance status
- creed
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
 540 Fairview Avenue North, Suite 201
 St. Paul, MN 55104
 651-539-1100 (voice) 800-657-3704 (toll free)
 711 or 1-800-627-3529 (MN Relay)
 651-296-9042 (fax)
 mail to: Info.mdhr@state.mn.us

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- national origin
- sex
- color
- age
- religion
- disability

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
 U.S. Department of Health and Human Services
 Midwest Region
 233 N. Michigan Avenue Suite 240
 Chicago, IL 60601
 Customer Response Center:
 Toll-free: 800-368-1019
 TDD Toll-free: 800-537-7697
 Email: ocrmail@hhs.gov

U.S. Department of Agriculture

Do Not Send Applications Here

In accordance with federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a [Form AD-3027, USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/ad-3027.pdf) which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:
 Food and Nutrition Service, USDA
 1320 Braddock Place, Room 334
 Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

Do Not Send Applications Here

**Please return to your
 local county or tribal human services office.**

This institution is an equal opportunity provider.

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

የሰተው አ: የሆኑን የከተማናት ለመተናገኘም እርዳታ የሚፈልጉ ከሆነ: የገዢዎን ስራተኞች ይጠይቷል ወደም በስልክ ቁጥር 1-844-217-3547 ይደውሉ::

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

သတိ။ ဤစာရွှေတမုံးအားအခမဲ့ဘာသာပျပန်ဝေးပျခေါ်း အကူအညီလုပိအပိုက သနိုင်လူမှုပြုရေးအလုပ်မှား အားဝေမှုပျမန်း ပျခေါ်သုပ္ပါယ်

1-844-217-3563 ကျိုဝေးဆုံးပါ။

kMNt'sMKal' . eblG~k~tUvkarCMnYyk~gkarbkE~bäksarenHeday~tKit«f Å sUmsYrG~kkan'sMNuMerOg rbs'G~k ÉehATUrs&Bímklex
1-888-468-3787 .

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ouappelez le 1-844-217-3548.

Thov ua twb zoo nyem. 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.

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알려드립니다. 이 문서에 대한 이해를 돋기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊັບ. ທ້າຫາກ ທານຕອງການການຊ່ວຍເຫຼື້ອໃນການແປ່ອກະຫວານນັດ, ຈົງ ທໍາມພະນກງານກາງກົບການຊ່ວຍເຫຼື້ອຂອງທານ ໜ້າ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hoijjetoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 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, hawladeenkaaga 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.



For accessible formats of this information, ask your county worker.
For assistance with additional equal access to human services, contact
your county's ADA coordinator. ADA4 (2-18)



2024 to 2026 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT

The County Agency: Morrison County Health and Human Services agrees to comply with the civil rights assurance of compliance (hereafter "Civil Rights Assurance Agreement") as a condition of receiving Federal financial assistance through the Minnesota Department of Human Services. The Civil Rights Assurance Agreement is binding upon the County Agency, its successors, transferees, and assignees for as long as the County Agency receives Federal financial assistance. The Minnesota Department of Human Services may enforce all parts of the Civil Rights Assurance Agreement as a condition of receipt of such funds.

Compliance by Contractors and Vendors: The County Agency further agrees that by accepting this Civil Rights Assurance Agreement, it will obtain a written statement of assurance from all of its contractors and vendors (i.e., applying to all programs), assuring that they will also operate in compliance with the stated nondiscrimination laws, regulations, policies, and guidance. The written statement of assurance from all of its contractors and vendors must be maintained as part of the County Agency's *Comprehensive Civil Rights Plan* and must be made available for review upon request by the Minnesota Department of Human Services or the U.S. Department of Agriculture.

RECIPIENT AGREES TO COMPLY WITH ALL APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS:

The County Agency agrees to:

1. Administer all programs in accordance with the provisions contained in the Food and Nutrition Act of 2008, as amended, and in the manner prescribed by regulations issued pursuant to the Act; implement the FNS-approved State Plan of Operation for the Supplemental Nutrition Assistance Program (SNAP); comply with Title VI of the Civil Rights Act of 1964; section 11(c) of the Food and Nutrition Act of 2008, as amended; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Educational Amendments of 1972; and all the requirements imposed by the regulations issued pursuant to these Acts by the U.S. Department of Agriculture to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under SNAP.
2. Administer all programs in accordance with U.S. Department of Health and Human Services requirements imposed by the regulations pursuant to Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Educational Amendments of 1972; Section 1557 of the Patient Protection and Affordable Care Act of 2010. Comply with the regulations to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, or religion, be excluded from participation in, be denied the

benefits of, or otherwise subject to discrimination under U.S. Department of Health and Human Services programs.

3. Administer all programs in compliance with the Minnesota Human Rights Act, Public Services and Public Accommodations provisions; comply with all the requirements imposed by the Minnesota Human Rights Act to the effect that, no person in Minnesota shall, on the grounds of race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under the Minnesota Human Rights Act. The County Agency and the Department of Human Services further agree to fully comply with any changes in Federal law and regulations. This agreement may be modified with the mutual consent of both parties.
4. The County Agency agrees that by accepting the Civil Rights Assurance it will compile data, maintain records, books and accounts; and submit reports as required to permit effective enforcement of the nondiscrimination laws. The County Agency also agrees to permit authorized Federal and State personnel, during normal working hours, to review such records, books, accounts, and reports as needed to determine compliance with the nondiscrimination laws.

By signing on behalf of the County Agency, I state that I am authorized to bind the County Agency to the terms of the 2024 to 2026 Civil Rights Assurance Agreement and commit it to the above provisions.



Authorized Signature

7/17/2024

Date

Nathan Bertram
Morrison County Health & Human Services Director
213 SE First Ave
Little Falls, MN 56345
(o) 320-632-0247
(f) 320-632-0225
nateb@co.morrison.mn.us

ADDENDUM

Clarification of SNAP Civil Rights Requirements - Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)," and Titles II and III of the Americans with Disabilities Act

This addendum clarifies core civil rights requirements to ensure meaningful access to programs, services, and information for persons with Limited English Proficiency (LEP) and persons with disabilities in accordance with Federal law, regulations, and current guidance from the U.S. Department of Justice (DOJ) and the U.S. Department of Agriculture (USDA).

Meaningful Access for LEP Individuals

State agencies that participate in the Supplemental Nutrition Assistance Program (SNAP) must take reasonable steps to ensure that LEP persons have meaningful access to programs, services, and benefits. This includes the requirement to provide bilingual program information and certification materials and interpretation services to single-language minorities in certain project areas. SNAP State agencies that do not provide meaningful access for LEP individuals risk violating prohibitions against discrimination

based on National Origin in the Food and Nutrition Act of 2008, as amended, Title VI of the Civil Rights Act of 1964 (Title VI), and SNAP program regulations.

Federal LEP regulations and guidance include:

- SNAP regulations provided by 7 CFR Part 272.4 (b), "Bilingual requirements";
- Executive Order 13166 of August 11, 2000, "Improving Access to Services for Persons with Limited English Proficiency," reprinted in 65 FR 50121, 50122 (August 16, 2000);
- DOJ policy guidance titled, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," published in 67 FR 41455, 41457 (June 18, 2002); and
- USDA policy guidance titled, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," 79 FR 70771-70784 (November 28, 2014).

Four Factor Analysis for Assessing LEP Needs

To be in compliance, the Title VI guidance provided by DOF and USDA instructs State Agencies to assess the LEP needs of the population served and determine the LEP services required by balancing four factors:

1. The number or proportion of persons with limited English proficiency are eligible to be served or likely to be encountered within the area serviced by the recipient;
2. The frequency with which persons with limited English proficiency come in contact with the program;
3. The nature and importance of the program, activity, or service to people's lives; and
4. The resources available to the recipient and costs.

SNAP State agencies must also comply with the specific requirements established by 7 CFR Part 272.4 (b) and should include these obligations in the LEP assessment.

Developing an LEP Plan

After completing an assessment of LEP needs, SNAP State agencies should develop an implementing plan to address the LEP needs of the population served. This may include contracting for oral interpretation services, hiring bilingual staff, arranging for telephone interpreters and/or language lines, coordinating community volunteers, translating vital documents, and providing written notice that language line services are available in appropriate languages. Quality and accuracy of the language service is critical in order to avoid serious consequences to the LEP person and to the recipient. LEP needs should be considered in developing State and local budgets and front line staff should understand how to obtain LEP services.

USDA's 2014 policy guidance includes detailed information on assessing LEP needs, identifying practices for translating documents that will be seen as strong evidence of compliance. For additional assistance and information on LEP matters, please also visit <http://www.lep.gov>. The website includes online LEP mapping tools designed to help assess the language needs of the population served by a particular program or facility.

Ensuring Equal Opportunity Access for Persons with Disabilities

SNAP State agencies must also ensure equal opportunity access for persons with disabilities. This includes ensuring that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with people without disabilities. State agencies that do not provide persons with disabilities equal opportunity access to programs may risk violating prohibitions against disability discrimination in the Rehabilitation Act of 1978, the Americans with Disabilities Act (ADA), and SNAP program regulations.

DOJ published revised final regulations implementing Titles II and III of the ADA on September 15, 2010. These regulations are codified at 28 CFR Part 35, "Nondiscrimination on the Basis of Disability in State and Local Government Services" and 28 CFR Part 36, "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities." In accordance with the implementing regulations, State Agencies must provide auxiliary aids and services where necessary to ensure effective communication and equal opportunity access to program benefits for individuals with disabilities. The type of auxiliary aids and services required will vary, but a State agency may not require an individual with a disability to bring another individual to serve as an interpreter, and may rely on a person accompanying a disabled individual only in limited circumstances. When a State agency communicates with applicants and beneficiaries by telephone, it must provide text telephone services (TTY) or an equally effective electronic telecommunications system to communicate with individuals who are deaf, hard of hearing, or hearing impaired. State agencies must also ensure that interested persons, including people with low vision or who are hard of hearing can obtain information as to the existence and location of accessible services, activities, and facilities. For more information, please visit the ADA website: <http://www.ada.gov>.

Please Deliver Signed

Date Span **STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT** to:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997



Morrison County provides cost-effective, high-quality services in a friendly and respectful manner.

Health and Human Services

NATHAN BERTRAM

Director

213 S.E. 1st Avenue

Little Falls, Minnesota 56345-3196

General Info: 320-632-7800

Toll Free: 1-800-269-1464

Fax: 320-632-0225

www.co.morrison.mn.us

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Limited English Proficiency (LEP) Plan

Developed: 06.01.2001, Most Recent Revision: 08.15.2022

LEP Coordinator:	Nathan Bertram, Director	320.632.0247
Financial Assistance:	Cyndi Bachan, Supervisor	320.632.0214
	Amy Waldvogel, Supervisor	320.632.0221
Social Services:	Melanie Erickson, Supervisor	320.632.0267
	Jeff Bowman, Supervisor	320.632.0262
	Aaron Stein, Supervisor	320.632.0357
	Katie Knettel, Supervisor	320.632.0269
Child Support:	Bonnie Bachan, Supervisor	320.632.0233
Office Support:	Shannon Scheffler, Supervisor	320.632.0224
Fiscal:	Derek Poser, Supervisor	320.632.0243

100 - Purpose and Legal Basis

The following document serves as the Morrison County Health and Human Services (MCHHS) plan to meet the legal obligation of language access requirements in compliance of Title VI of the Civil Rights Act of 1964; 7 CFR, 273 et seq; and 42 CFR 435 et seq. There are four components to this document.

200 - Assessment

400 - Training

300 - Policy

500 - Monitoring

200 - Assessment

201 - Needs Assessment - MCHHS will on at least an annual basis make a needs assessment of the unique language needs within Morrison County. Morrison County will review data provided by DHS or the Census Bureau to identify the types of non-English languages that are most predominant in Morrison County. We will review those which constitute populations that the County serves or those that may be eligible for County-provided services.

202 - Case Finding - Specific language needs of each applicant with LEP will occur at the time of intake or application. This will primarily be done by reviewing the language preference questions on the Health Care Application (HCAPP) and the Combined Application Form (CAF). Language preferences will be entered into the applicant's primary language field in the MAXIS system. If an interpreter is needed, it also will be entered in the MAXIS system. If the main receptionist or intake worker suspects that the applicant is a person with LEP, the worker will present the LEP person with a card that lists the ten major languages in order to determine which language is involved, if any. It is expected that reasonable efforts will be made by MCHHS to provide same-day interpreter services.

203 - Points of Contact - The greatest likelihood of need for interpreter services will be at the point of application for financial assistance or when a current customer calls into the agency. The principal point of contact will most likely be in the office setting in Little Falls or by phone. The most appropriate form of interpreter services will likely be language assistance in completion of an application for financial assistance, health care, or social services programs. The other point of contact may involve field-based contact when conducting child protection assessments or pre-petition screenings for civil commitments. These contacts will typically take place in a private residence. In most cases the initial contact will require the use of the Language Line Services due to the unscheduled nature of the contact both in field and office settings and over the phone.

204 - Resources Needed - MCHHS will utilize services available through U-Care, 1.866.457.7144; Blue Cross Blue Shield, 1-800-262-0823; The Language Line or other private interpreters known to the Agency when face-to-face or certified interpreter/translator services are needed. Additionally, MCHHS has an agreement with the State Department of Administration to obtain Language Line Services (1-800-367-9559) for non-English speaking clientele. Language Line Services can be provided by phone, iPad or interactive television (ITV). When appropriate, and accessible the use of ITV or iPads will be considered and preferred.

205 - Timely Access - Services available from U-Care, Blue Cross Blue Shield or The Bridge World Language Center are available during customary business hours, Monday through Friday, 8:00 a.m. to 4:30 p.m. Language Line Services are available 24x7. Contact with either entity will be made by commercial phone. When on-site interpreter services are to be used, it will be necessary to schedule appointments at mutually convenient times - for the client and the interpreter. Use of ITV, if used, will occur in a private setting within the Courthouse buildings.

300 - Policies and Procedures

301 - Agency Commitment - MCHHS is committed to the spirit of the Civil Rights Act of 1964. It recognizes the importance of providing meaningful access to all persons, including persons with LEP, to the various programs operated under the umbrella of Morrison County Social Services.

302 - Range of Oral Language Assistance - There will be limited oral language assistance on site at Morrison County Social Services from current agency employees. With no language being identified as a primary non-English language in Morrison County, we will rely on provider organizations that have the capacity to serve a broad range of languages. The Language Line Services will be used when more immediate needs for interpreter services are identified across the full spectrum of languages. MCHHS will take advantage of the brief "notice of rights to language services" documents for persons with LEP as they are made available by the Department of Human Services.

303 - Uncommon Languages - There may be circumstances when customers present for services that use a language other than that most commonly used in Morrison County. There may be languages such as Russian, Chinese, Hmong, Vietnamese, Khmer/Cambodian, Lao, Somali and the like. Receptionist staff will refer all such cases to the Income Maintenance Unit. If they are not able to determine the person's language, they will ask an agency supervisor or the director for assistance. This person will be responsible for trying to determine the customer's language or country of origin. Once determined, contact will be made with an appropriate Language Line Services interpreter in the customary manner.

304 - Affirmative Action - The MCHHS employee handling the case will inform either the customer or the interpreter once it has been determined that interpreter services are needed, that there is no charge or fee for the service. This will be communicated in verbal form. At no time in the service delivery process will the customer incur any costs associated with LEP-directed interpreter services.

305 - Use of Family and Friends - Use of family or friends as interpreters is not the preferred method of providing interpreter services. However, when the worker has determined that it is not feasible to use formalized interpreter services, a consultation will be made with that worker's immediate supervisor or director. Alternative methods of customer service will need to be discussed. If the agency has determined that a family member, friend or other responsible party can adequately perform the interpreter service, approval may be given. Consideration will be given of the following factors: 1. the client's data privacy rights will be protected, 2. the quality of the interpreter services to be provided by the family member or friend will be acceptable, and 3. participation of a family member or friend is appropriate given the nature of the contact (ex: child protection assessments). The agency will document the extenuating circumstances for use of family or friends. Under no circumstances may minor children be used for interpreter services.

306 - Competency Standards for Interpreters - Any interpreter used for LEP services must be bilingual: fluent in English and fluent in the language of the customer needing the service. When using well-recognized interpreter services provided from a recognized agency - such as U-Care, Blue Cross Blue Shield or The Bridge World Language Center, and Language Line Services, competency is presumed. When using family, friends or significant others, the intake worker must make a judgment as to the competency of the proposed interpreter. "Certification" as an interpreter is not a prerequisite.

307 - Dissemination of LEP Plan - Copies of the LEP Plan will be provided to the following: all MCHHS employees who have direct customer contact (An email will notify staff that policy is updated and is on our shared drive when needed for access. This is also discussed at least annually at staff meetings), Central MN Legal Services, Morrison County Public Health Service and Morrison County Courthouse.

308 - Services to Illiterate - When confronted with a situation in which the customer cannot read or write in his or her native language - it is incumbent that MCHHS find a suitable interpreter, one who can assist the person in completion of necessary forms, documents and the like. The MCHHS intake worker needs to make the determination, in conjunction with the interpreter, about the customers' literacy skills. The clear choice in dealing with cases of illiteracy will be to have an on-site interpreter. It may be necessary to schedule interviews when face-to-face interpreter services can be provided. Use of the ITV, faxing of forms, and over-the-phone services may be required on a case-by-case basis.

309 - Emergency Situations - When a determination has been made that an emergency exists and LEP considerations are identified as being present, MCHHS may waive all procedures in order to insure necessary emergency services are provided. Extraordinary efforts need to be put forth before circumventions of non-emergency procedures are followed. Consultation with a Supervisor or the Director is necessary before such action is taken. On Call situations, The Language Line Service should be accessed by the worker without consultation with the Supervisor or Director when determined necessary.

310 - Access to and Costs of Interpreters - Under no circumstances will MCHHS indicate - either verbally or in writing - that any applicant or client in need of LEP services will be charged for interpreter or translation services. All such services will be at no expense to the applicant or client. Such services will be provided during all normal business hours and when necessary, during non-business hours when an emergency has been determined to exist.

311 - Notice of Service Availability - LEP clientele will be informed of the availability of free interpreter and translation services at the point when it appears that the customer is not able to communicate in English. Notice of service availability will come from the public notice document in the central reception area. Distribution of the LEP Plan to various parties cited above will help in putting those entities on notice that interpreter and translation services are available on a timely basis and free of charge. Insofar as the Department of Human Services has translated many forms into multiple languages, MCHHS will make them available automatically to LEP clientele. Access to the Department's website at www.dhs.state.mn.us/forms will be made.

312 - County-Produced Materials - Insofar as the LEP census in Morrison County is low in all languages, it is not anticipated that MCHHS will develop any internal materials. Rather, MCHHS 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. MCHHS will follow DHS's translation numerical guidelines as required.

313 - Complaint Resolution Protocol - Any adverse action taken by MCHHS with which an applicant or recipient disagrees is subject to complaint. MCHHS has a formal complaint process that can be utilized to try to resolve any dispute. In the absence of local resolution, the person making the complaint will be informed in a language understandable to the grievant, of the process to follow in making a complaint to DHS or the Office of Civil Rights. The complaint procedure will conform in all respects to the extant MCHHS procedure included in Civil Rights Compliance Requirements. Appropriate use of interpreter services with either U- Care, Blue Cross Blue Shield, The Bridge World Language Center, or Language Line Services to facilitate the dispute resolution process will take place. All such complaints can be made to any of the parties listed at the top of this LEP Plan.

314 - Posting - A copy of the MCHHS LEP Plan will be posted on the county website.

400 - Training

401 - Distribution of LEP Plan - All MCHHS employees are given a copy of the document via email and notified of the location in the shared drive in agency file and on our website.

402 - Training of Staff - Initial - For any new employee affected by the LEP Plan, this document will be incorporated into that person's "generic orientation" protocol at the time of hire.

403 - Training of Staff - Ongoing - On at least an annual basis at each unit's staff meeting, a review of the LEP Plan will take place.

500 - Monitoring

501 - Evaluation of the LEP - On at least an annual basis, the LEP Plan will be reviewed for effectiveness. This review will normally take place toward the end of the calendar year. It will be coordinated by the MCHHS LEP Coordinator. The evaluation will involve consultation with representatives of each unit to determine compliance with the LEP Plan, identification of any problem areas and development of required corrective action strategies. Elements of the evaluation will include the following:

- number of persons with LEP in Morrison County
- assessment of current language needs of MCHHS applicants and clients to determine if clients needing an interpreter and/or translated materials are receiving needed assistance
- updating case files which lack information about a client's language preference; determining if clients need to be asked their language preference at the time of certification and recertification
- determining whether existing assistance is meeting the needs of applicants and clients with LEP
- assessing whether staff members understand MCHHS LEP policies and procedures and how to carry them out, and whether language assistance resources and arrangements for those resources are still current and accessible

502 - LEP Contact Person -For purposes of the LEP Plan, Morrison County's designated contact person is the Director with appropriate delegation made to all agency supervisors.

NOTE: U-Care uses OPI for Interpreters. 1.877.746.4674. Inform U-Care of the language that is needed Confirm where you are calling from:

Your client is Morrison County
Your Department Code is 1208.

Somali Culture Norms:

As a Somali person, **the correct noun is Somali**. There is no "Somalian." The country is called Somalia, the people Somali, the language Somali, the culture Somali. **There is no sub-category for "Somalian" to those who only live in Somalia.**

- Show greater respect to elders in all circumstances and situations. Their age is thought to indicate wisdom, knowledge and experience.
- Stand up when someone older than yourself enters a room.
- Always offer your seat to someone who is older than yourself.
- Men shake hands only with men, and women shake hands with women.
- Repeat any offer multiple times to show that you are being genuine and not just being polite. For example, if you offer to drive a Somali home, they are likely to initially decline the gesture out of politeness even if they have no other form of transport. You should insist that you want to help.
- It is advisable to exercise sensitivity talking about their homeland and migration journey. Most Somalis hold their country and people very close to their hearts. However, be aware that some may still experience trauma associated with memories of their time in Somalia.
- Repeat any offer multiple times to show that you are being genuine and not just being polite.
- It is rude to show, point or expose the soles of your feet to another person whilst sitting.

Spanish Culture norms:

- Hispanic culture is to be respectful and courteous, especially when in the company of parents or elders.
- Refer to Mexican migrants living in the US without paperwork as “undocumented migrants”. Avoid using the term “illegal”.
- Avoid referring to the United States as “America”. Mexico is also a North American country, and some people can find it frustrating when the term is used to solely refer to those from the USA.
- Spanish norm is constantly arriving late to meetings, appointments, get togethers, etc.
- Hispanics, more so than the general public, believe in the efficacy of hard work.
- Levels of personal trust are lower among Latinos than they are among the general public.
- Religion is more important in the lives of immigrant Hispanics than in the lives of native-born Hispanics.
- Most Hispanics use Spanish but use of English rises through the generations.
- Hispanics believe Learning English is important, but also want future generation to speak Spanish.



Morrison County provides cost-effective, high-quality services in a friendly and respectful manner.

Health and Human Services
NATHAN BERTRAM

Director
213 S.E. 1st Avenue
Little Falls, Minnesota 56345-3196
General Info: 320-632-7800
Toll Free: 1-800-269-1464
Fax: 320-632-0225
www.co.morrison.mn.us

Health and Human Services Complaints

Morrison County Health and Human Services is committed to maintaining trust, attempting to understand the unique situation of our residents, striving to do better, and looking for innovative solutions to problems.

If you believe a Health and Human Services employee(s) has acted in an inappropriate manner and you would like to file a written complaint, please complete this form fully and accurately.

Once completed, the form can be submitted in the following ways:

- Email to Nathan Bertram, Director of Health and Human Services at nateb@co.morrison.mn.us
- Bring the completed complaint in to Health and Human Services during business hours, Monday through Friday, 8 am to 4:30 pm, excluding weekends and federal holidays.
- Mail the completed complaint form to:
Morrison County Health and Human Services
Attn: Director
213 SE First Ave
Little Falls, MN 56345

Upon receipt of your completed form, your complaint will be reviewed by the appropriate personnel connected to the relevant department. Health and Human Services has thirty (30) calendar days to review and will provide a written answer to your complaint via email or mail, or schedule a phone conversation. You should receive an email within three (3) calendar days to acknowledge the receipt of the complaint.

Written Complaint Report

Reporter Information (person reporting Complaint)

Your Name	Phone	Email
Address (Include Street Address, City, State and Zip code)		

Complaint Information

Department or Program You are Complaining About:
Employee or Employees Involved in the Complaint:
Detailed Description of Your Complaint (attach additional sheets if necessary):
What Resolution Do You Seek:

Acknowledgement

<p>Morrison County Health and Human Services strives to address complaints regarding our employees in a timely and thorough manner. However, frivolous, or malicious complaints do nothing to improve our services. Therefore, complaints must include truthful and accurate information to the best of your ability.</p> <p>Additionally, this complaint form is not intended for the use of disagreement/conflict with State Statutes and/or Rules. If your complaint is in regard to the above, we will assist you in where that complaint/appeal should be addressed.</p>	
Your Signature (typed is accepted)	Date

Notice of Privacy Practices

(Effective Date: November 2016)

This notice tells how private information about you may be used and disclosed and how you can get this information. Please review it carefully.

Why do we ask for this information?

- In order to determine whether and how we can help you, we collect information:
 - To tell you apart from other people with the same or similar name
 - To decide what you are eligible for
 - To help you get medical, mental health, financial or social services and decide if you can pay for some services
 - To decide if you or your family need protective services
 - To decide about out-of-home care and in-home care for you or your children
 - To investigate the accuracy of the information in your application
- After we have begun to provide services or support to you, we may collect additional information:
 - To make reports, do research, do audits, and evaluate our programs
 - To investigate reports of people who may lie about the help they need
 - To collect money from other agencies, like insurance companies, if they should pay for your care
 - To collect money from the state or federal government for help we give you.
 - When your or your family's circumstances change and you are required to report the change (see Client Responsibilities and Rights – DHS-4163)

Why do we ask you for your Social Security number?

We need your Social Security number to give you medical assistance, some kinds of financial help, or child support enforcement services (42 CFR 435.910 [2006]; Minn. Stat. 256D.03, subd.3(h); Minn. Stat. 256L.04, subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security Number to verify identity and prevent duplication of state and federal benefits. Additionally, your Social Security Number is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/or benefits.

You do not have to give us the Social Security Number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a United States citizen and are applying for Emergency Medical Assistance only
- If you are from another country, in the United States on a temporary basis and do not have permission from the United States Citizenship and Immigration Services to live in the United States permanently
- If you are living in the United States without the knowledge or approval of the U.S. Citizenship and Immigration Services.

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs.
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care

- Guardians, conservators or persons with power of attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy private information we have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us in writing to share information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at: <http://edocs.dhs.state.mn.us/lfservr/Public/DHS-3979-ENG>

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services to the address below:

Minnesota Department of Human Services
Attn: Privacy Official
PO Box 64998
St. Paul, MN 55164-0998

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

የኢትዮ-ሪፖርት ለመተርጓም እርዳታ የሚፈልጉ ከሆነ: የተያያዘ ሲሆን ይጠየቁ ወይም በስልክ ቁጥር 1-844-217-3547 ይደውሉ::

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

သတိ။ ဤတရာ်တာတမ်းအားအခဲ့သာသာပြန်ပေးခြင်း အကုအညီလိုအပ်ပါက၊ သင့်လုမ္မရေးအလုပ်သမား အားလေးမြန်းခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ ឬអូរត្រូវរាយដើម្បីអូរការបកច្ចោកសារនេះដោយតតិតត្រូវ សូមស្វាមុកការសំណើរឿង សល់អូរ ឲ្យការទូរសព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ouappelez le 1-844-217-3548.

Thov ua twb zoo nyem. 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.

알려드립니다. 이 문서에 대한 이해를 돋기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟ຺, ຈຶ່ງຖາມພະນັກງານກໍາກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫີ້ ໂທຣໄປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hoijettoota 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, hawladeenkaaga 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
số điện thoại 1-888-554-8750.



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)