



<b>Plan Title:</b>	Civil Rights and LEP Plan			
<b>Plan Purpose:</b>	Horizon Public Health – Lead Agency for Disability Waivers and HCBS			
<b>Administrator Signature:</b>	<i>Ann E Steh</i>			
<b>Effective Date:</b>	03/09/2026			
<b>Reviewed Dates:</b>				
<b>Revision Dates:</b>				

## 1. Purpose and Scope

This Comprehensive Civil Rights Plan (CCRP) describes how Horizon Public Health (HPH) ensures compliance with applicable federal and state civil rights laws in the administration of public health programs, disability waiver services, and Home and Community-Based Services (HCBS).

Because HPH serves as both a multi-county public health department, and the lead agency for disability waivers and HCBS programs, this plan incorporates civil rights protections and procedures that apply to both public health and human services functions and includes a Limited English Proficiency (LEP) Plan.

This plan applies to: all HPH staff and volunteers, all programs, services, and activities, contractors, vendors, and service providers receiving funds through the agency, applicants, participants, clients, and members of the public.

## 2. Legal Authority

This agency complies with all applicable civil rights authorities, including but not limited to:

**Federal:** Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Section 508 of the Rehabilitation Act amended in 1998; Americans with Disabilities Act (ADA); Title II - Age Discrimination Act of 1975; and Section 1557 of the Affordable Care Act

**State -** Minnesota Human Rights Act (Chapter 363A); Minnesota Department of Human Services civil rights requirements; DHS civil rights assurance agreements and bulletins

### 3. Nondiscrimination Policy

Horizon Public Health provides services, programs, and benefits without discrimination.

No person shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination based on race, color, creed, religion, national origin, sex (including pregnancy, gender, and sexual orientation), age, disability, marital status, familial status, public assistance status, or any other protected class under federal or Minnesota law.

This policy applies to public health services, hospice services, waiver and HCBS case management and service authorization, intake, eligibility, assessment, service planning, contracted provider services and public-facing communications and outreach.

The nondiscrimination policy is posted in public areas and on the HPH website, included in client materials where required, and available in alternative formats upon request.

### 4. Civil Rights Roles and Responsibilities

The agency designates the following roles:

**Civil Rights Coordinator: Public Health Administrator**

Responsible for: oversight of civil rights compliance, complaint intake and coordination, policy updates and monitoring, liaison with DHS and other oversight agencies.

**ADA Coordinator: Public Health Administrator**

Responsible for: ADA compliance, reasonable modification review, accessibility coordination, ADA-related complaints.

**Limited English Proficiency (LEP) Coordinator: Public Health Administrator** Responsible for: language access planning, interpreter service oversight, LEP plan updates, staff guidance on language access.

Contact information for each role is maintained internally and published in the public-facing civil rights notice.

### 5. Program Accessibility for People with Disabilities

The agency ensures that individuals with disabilities have equal opportunity to participate in and benefit from programs and services.

#### 5.1 Physical Accessibility

Facilities used for client services are accessible to the extent required by law, including: accessible entrances and routes, accessible restrooms where services are provided, accessible meeting spaces, accessible parking where available.

If a location is not accessible, services will be arranged at an accessible location or provided through alternative methods.

#### 5.2 Reasonable Modifications

Reasonable modifications to policies, practices, and procedures are provided when necessary to avoid discrimination on the basis of disability, unless doing so would fundamentally alter the nature of the program.

Modification requests: may be made by clients, participants, or companions; may be made verbally or in writing; are reviewed promptly; are documented in the case record when program-related.

### 5.3 Effective Communication

The agency provides appropriate auxiliary aids and services where needed for effective communication, including: qualified interpreters (including ASL), relay services, large print or accessible electronic formats, reader or scribe assistance.

Primary consideration is given to the individual's requested method of communication.

## 6. Accessibility in Waiver and HCBS Programs

Because the agency serves as a lead agency for disability waivers and HCBS programs, additional safeguards apply.

The agency ensures: person-centered planning processes are accessible; assessments and reassessments are conducted with appropriate accommodations; service planning meetings include communication supports when needed; notices and service agreements are provided in accessible formats; guardians, authorized representatives, and support persons are included as permitted by law.

Case managers are trained to identify and document accommodation needs.

## 7. Limited English Proficiency and Language Access Plan

### 7.1 Purpose

Horizon Public Health is committed to ensuring meaningful access to programs and services for individuals with Limited English Proficiency. No person will be denied services due to their inability to speak, read, write, or understand English.

### 7.2 Language Assistance

- Free interpreter and translation services will be offered when needed.
- Services will be provided in a timely and confidential manner.
- Staff will proactively offer assistance when communication barriers are identified.
- "I Speak" tools or other language identification methods will be available to determine language needs.

### 7.3 Interpreter Use

- Qualified interpreters will be used to ensure accurate communication.
- Minor children will not be used as interpreters.
- Family or friends will not be required or encouraged to interpret.
- If a customer declines language services, the offer and declination will be documented.

### 7.4 Literacy Assistance

Staff will provide verbal assistance in completing required forms when customers have limited literacy, including use of an interpreter when appropriate. Assistance provided will be documented.

### 7.5 Documentation

Language needs, interpreter use, and any declination of services will be documented in the client record.

## 7.6 Training

Staff with public contact will receive periodic training on language access responsibilities, how to obtain interpreter services, and documentation requirements.

## 8. Civil Rights Complaint Procedure

Any person who believes they have experienced discrimination in service delivery may file a civil rights complaint.

### 8.1 Intake

Complaints may be received: in writing; verbally (staff will document); through accessible formats. The agency Civil Rights Complaint Form is used to document complaints.

### 8.2 Timeline

- Complaints should be filed within 180 days of the alleged discrimination. Complaints about program rules are NOT a civil rights complaint and will be resolved through a different compliant process.
- The agency investigates promptly
- A written determination is typically issued within 120 days

### 8.3 Investigation

Investigations include: review of records; interviews as appropriate; opportunity for complainant input; written findings.

### 8.4 Appeals

Complainants may appeal to the Governing Board Executive Committee within 15 days of receiving the written decision. The Board must issue a written decision in response to the appeal, no later than 30 days after the appeal is filed. The decision is final. This appeal process is not the same as filing a fair hearings appeal with the Minnesota Department of Human Services Appeals and Regulation Division.

### 8.5 External Filing Rights

Complainants are informed of their right to file directly with the Minnesota Department of Human Services - Minnesota Department of Human Rights; U.S. HHS Office for Civil Rights - USDA (for WIC-related matters).

## 9. Retaliation Prohibited

Retaliation against any person who files a civil rights complaint or participates in an investigation is strictly prohibited.

## 10. Contractor and Provider Compliance

Contracts and provider agreements include civil rights assurance language.

Contractors and providers that receive federal or state funds and are utilized to provide client services on behalf of HPH must: agree to nondiscrimination requirements, provide accessible services, support language access and cooperate with complaint investigations.

Documentation of contractor civil rights assurances is maintained.

## 11. Training Requirements

The agency provides civil rights training: at hire for relevant staff and annually for staff with public contact including waiver and HCBS case management staff.

Training includes: nondiscrimination obligations, ADA and reasonable modifications, LEP and interpreter use, complaint handling and documentation requirements.

Training attendance is documented.

## 12. Monitoring and Review

This CCRP (including LEP Plan) are reviewed at least annually.

Review includes: policy updates, role verification, form updates, training completion checks, complaints received.

## 13. Records and Documentation

The agency maintains: complaints, investigation files, training records, LEP documentation, accommodation documentation (program-level) and contractor assurances.

Records are retained according to HPH, MDH and DHS record retention requirements.

## 14. Availability of This Plan

This Civil Rights Plan summary is available upon request and is posted in public areas and/or on the Horizon Public Health website. Accessible formats are available upon request.

## 15. Appendices

- Civil Rights Complaint Form
- Interpreter Declination Form
- ADA Notice: DHS-4133 Do you have a disability?

## Civil Rights Complaint Form

This form may be used to file a civil rights complaint regarding discrimination in service delivery.

Complainant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email (optional): \_\_\_\_\_

If someone is helping you file this complaint, provide their name and contact information (optional):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency or Program Where Discrimination Occurred: \_\_\_\_\_

Basis of alleged discrimination (check all that apply):

- Race       Color       National Origin       Sex       Religion
- Creed       Age       Disability       Public Assistance Status
- Sexual Orientation       Gender Identity       Other: \_\_\_\_\_

Describe what happened (include dates, names, and witnesses if known):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Interpreter Services Declination Form

Horizon Public Health offered free interpreter services to ensure meaningful access to services.

Client Name: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

I was offered free interpreter services and I DECLINE these services at this time.

I understand that interpreter services are available at no cost and may be requested at any time.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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 substantially 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 a Tribal Nation, 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 Tribal Nation 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 or Tribal Nation 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
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- 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
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- 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](mailto: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
- color
- national origin
- age
- disability
- sex
- religion

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](mailto: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, audiotope, 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](mailto: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.**

agency



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)

**NO ENGLISH**



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ማሳሰቢያ፡- ስለ ዶክመንቱ ነፃ ገለፃ ከፈለጉ፣ ሠራተኛዎን ያነጋግሩ። Amharic

انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه. Arabic

মেনাযোগ দিন। যিদ আপিন বিনামূলেয এই নিখটিৰ বযাযাৰ জেনয সহায় চান তাহেল উপেরাকত বাকেস থাকা নমবরটিতে কল করুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကို ဘာသာပြန်ဆိုရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက၊ အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។ ប្រសិនបើអ្នកត្រូវការជំនួយភតតិកែច្នៃក្នុង ឯកសារ បកស្រាយឯកសារនេះ សូមហៅទូរសព្ទទៅលេខក្នុង ឯប្រអប់ខាងលើ។ Cambodian

注意！如果您需要免費的口譯支持，請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wán. héčínhanj niyé wáčhínjyAnj wayúiyeska ki de wówapi sutá, ečíyA kinj wóiyawa ed ophíye wanj. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

Attention. Si vous avez besoin d'aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में निशुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

**NO ENGLISH**



Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီၤလၢ ကက့ၢ်ထံလံာ်တီၤလံာ်မိတဖဉ်အယိ, ကိးနိဉ်ဂံၢ်လၢ အအိဉ်ဖဲတၢ်လွံၢ်နၢဉ် လၢတၢ်ဖိခိဉ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سه‌رنج بده. ئەگەر بۆ وەرگیرانی ئەم بەلگەنامەیە پێویستت بە یارمەتی بێبەرامبەرە، ئەوا پەڕێوەندی بەو ژمارەیەوه بکە که له بۆکسه‌که‌ی سه‌ره‌وه‌دایه. Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoŋpín. Tóhán wanǵí thí wíyukčanpi kin yuhá níyunspe hécha chéya, lé tkíčhun kin k'é nánpa opáwinyan. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕີຄວາມເອກະສານນີ້, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。  
Mandarin (Simplified Chinese)

Pälε ro piny: Mi gööri luäk lörä ke luoc kä memε, yotni nämbär emo tää nhial guäth emε. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

**NO ENGLISH**



Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደጃ ተቐሚጡ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò ìrànlówọ pẹ̀lú tí tú mọ̀ àkòṣẹ̀ yìí, pe nọmbà tó wà nínú àpótí tí wà ló kẹ̀. Yoruba