*Template instructions:*

*As local government entities and recipients of federal financial assistance, counties must ensure that all programs, services and activities meet the requirements of applicable federal and state laws, rules and regulations. As required by 10 CCR 2505-5 1.020.6 and 1.020.7 and* [*HCPF OM 23-003*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-003%20County%20Civil%20Rights%20Plan.pdf)*, counties are responsible for organizing operations and establishing adequate internal control processes to ensure the proper handling of civil rights and discrimination complaints, ongoing civil rights training of staff, and monitoring of civil rights investigations and process changes as a result of complaints and/or investigations conducted. HCPF is providing this sample template for counties to adapt to meet the requirements for a Civil Rights Plan per HCPF OM 23-003.*

*This template provides an example to meet the requirements of a Civil Rights Plan as required by HCPF OM 23-003, however it is not required to be used. This template may not be an exact fit for your county size and operations. Many sites, especially larger counties, have developed extensive Civil Rights Plans that address multiple programmatic expectations that may still meet the minimum requirements of 10 CCR 2505-5 1.020.6 and 1.020.7 and HCPF OM 23-003 as well as their local government expectations. All counties should have their Civil Rights Plans reviewed by their legal counsel and other county leadership authorities as appropriate. Civil Rights Plans must be approved by HCPF prior to initial implementation and if any significant changes are made after initial approval. To use this template, please update agency specific information in the areas that are* ***[Bold and in Brackets]*** *and remove these top two italicized paragraphs. This plan should be on the county’s letterhead once posted.*

**—-**

**[Agency Name]** Civil Rights Plan

**[Agency Name]**

Address

Phone

Relay

Email

**[Agency Name]** Civil Rights Contact Person:

Name

Title

Address

Phone

Relay

Email

The **[Agency Name]** Civil Rights Plan, **[Agency Name]** Nondiscrimination and State Nondiscrimination Statementsare available **[conspicuous physical location AND public facing digital location]**.

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**Purpose**

As a recipient of Federal Financial Assistance, ***[Agency Name]*** is responsible for providing core services to assist and support Colorado’s most vulnerable individuals and families so they can meet their basic needs and be treated with respect and dignity. ***[Agency Name*]** has a civil rights plan to ensure that all eligible individuals receive equal access to all programs, services, activities, and information. All programs are operated in a nondiscriminatory way, without regard to race, color, ethnic or national origin, ancestry, age, disability, sex, gender, sexual orientation, gender identity or expression, religion, political beliefs, creed and public assistance status. In medical assistance programs, sex includes sex stereotypes and gender identity under any health program or activity receiving federal funds.

The civil rights plan also serves as a source of information for ***[Agency Name]*** staff and the general public. The plan sets out the Agency’s civil rights administrative policies and procedures, identifying key contacts within the Agency and linking the reader to applicable state and federal civil rights laws and resources.

This statement is in accordance with:

* Title VI of the Civil Rights Act of 1964
* Section 504 and Section 508 of the Rehabilitation Act of 1973
* Title II of the Americans with Disabilities Act of 1990
* The Age Discrimination Act of 1975
* Section 1557 of the Patient Protection and Affordable Care Act of 2010

U.S. Department of Health and Human Services Regulations:

* Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91
* Title 28 CFR Part 35

State of Colorado regulations:

* Title 24 Colorado Revised Statutes (CRS) Parts 4, 6, 8 and 34
* Title 10 Code of Colorado Regulations (CCR) Section 8.100
* The Colorado Anti-Discrimination Act

**Equal Access and Opportunity**

***[Agency Name]’***s policies are intended to ensure programs, services and activities are accessible to all eligible persons without regard to race, color, ethnic or national origin, ancestry, age, disability, sex, gender, sexual orientation, gender identity and expression, religion, political beliefs, creed and public assistance status by providing information on how to access accommodations, being transparent with its policies, requiring annual training for all employees and instituting a resolution process.

This civil rights policy covers [Agency Name]**’** 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 also applies to the agencies and providers receiving federal and state funds under contracts, licenses and other arrangements with **[Agency Name]**. The Colorado Anti-Discrimination Act (CADA) also applies to the work of [Agency Name**]** and the agencies carrying out the work of **[Agency Name]**.

Some state laws may provide greater protections than federal law. In these cases, **[Agency Name]** will follow state law.

**Disability Compliance**

In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 (504), Title II of the Americans with Disabilities Act of 1990 ("ADA"), and Section 1557 of the Patient Protection and Affordable Care Act of 2010, the **[Agency Name]** does not discriminate against qualified individuals with disabilities on the basis of disability in employment, admission or access to, treatment or participation in, or receipt of the services and benefits under any of its programs, services and activities. The **[Agency Name]** and all of its programs, services and activities are accessible to and usable by individuals with disabilities.

The **[Agency Name]** will make reasonable modifications to policies, practices, procedures, and programs to ensure that individuals with disabilities have an equal opportunity to enjoy all of its programs, services and activities. For example, individuals with service animals are welcomed in the **[Agency Name]** offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service or to request a reasonable modification to

participate in a program, service or activity of the **[Agency Name]**, should contact the agency and/or the Civil Rights Contact Person to request. The **[Agency Name]** is not required to take any action that would fundamentally alter the nature of its programs, services, and activities, or impose an undue financial or administrative burden.

The **[Agency Name]** will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids and services or reasonable modifications, such as providing an American Sign Language (ASL) interpreter for effective communication, ensuring physical access to all areas open to the public, or assistance with filling out an Application for Public Assistance.

The **[Agency Name]** has a separate procedure for complaints alleging disability discrimination or violations of Section 504, Title II of the ADA, or Section 1557 of the Patient Protection and Affordable Care Act of 2010.

**Effective Communication Aids and Services**

**[Agency Name]** provides auxiliary aids and services to individuals with disabilities, and language services to individuals whose first language is not English, when needed to ensure equal opportunity and meaningful access to programs, services and activities. **[Agency Name]** will provide auxiliary aids and services in a timely way and free of charge.

Examples of free aids and services include, but are not limited to:

* Qualified sign language interpreters
* Written information in other formats
* Foreign language interpreters
* Information translated into other languages

If an individual believes that **[Agency Name]** has failed to provide these services or discriminated in another way, a grievance can be filed with the Civil Rights Contact Person by mail, phone, fax, or email within sixty (60) days of the incident. The Civil Rights Contact Person can also help file the grievance.

**Civil Rights Complaint Resolution Process**

As part of the Agency’s Civil Rights Plan and in accordance with Health Care Policy & Financing (HCPF) (referred henceforth as the Department) OM 23-003, a documented process for investigating complaints of discrimination received by the agency must be created and approved by the Department. This plan has been approved by the Department on **[xx/xx/xxxx].** The **[Agency Name]** is required to promptly investigate all civil rights complaints received by the agency.. The complaint process for **[Agency Name]** is as follows:

The Civil Rights Contact Person will be notified of all civil rights complaints as soon as possible, within twenty-four (24) hours of the complaint being received by the agency or a representative of the agency. The Civil Rights Contact Person will conduct informal investigations within sixty (60)days of receiving the complaint. A formal investigation will be completed by the Civil Rights Contact Person within one hundred and twenty (120) days.The individual who had a complaint received against them cannot be the individual conducting the investigation. If there is a potential conflict of interest, **[Agency alternative designee]** will be used to conduct the investigation. The applicant, member and/or the individual who submitted the complaint will be able to provide information to the Civil Rights Contact Person to assist with the investigation; this can be in writing or by contacting the Civil Rights Contact person at **[(xxx)xxx-xxxx]** or at **[Agency designated inbox]**.

All complaints will be tracked by the Civil Rights Contact Person using the Agency’s Civil Rights Complaint Log. Complaints will be tracked with the outcome of the investigation (founded or unfounded), process changes that were implemented based on the result of the investigation, and training provided as a result of the investigation’s outcome. The complaint log will be used to monitor the progress of investigations to ensure timelines are followed. Complaint log data will be submitted to the Department (using the County Relations webform ticket <https://hcpfdev.secure.force.com/HCPFCountyRelations>) on a biannual basis (July 31st and January 31st of each year) with the first submission being January 31, 2024.

Once an investigation is completed, the Civil Rights Contact Person will notify the applicant, member, and/or individual that submitted the complaint in writing, via certified mail and email, within three (3) business days of the investigation being completed. If a complaint of discrimination or civil rights violation is investigated by the agency and the investigation finds that the complaint is founded, the Department requires the agency to notify the Department and to take all necessary steps to correct the violation.

The Department must be provided with a detailed description of actions taken and modifications made to correct the violation within three (3) calendar days from the completion of the investigation. This information will be sent using the County Relations Webform Ticket or via email [HCPF\_CountyRelations@state.co.us](mailto:HCPF_CountyRelations@state.co.us). Upon receipt of the agency’s investigation findings and description of its corrective action, the Department will work with the agency on any additional required steps.

**Civil Rights Complaint Appeal Process**

At the time of notifying the applicant, member and/or the individual that submitted the complaint of the results of the investigation, they will also be notified of the right to appeal the initial decision rendered by the Agency. Applicants, members and/or the individuals who submitted a complaint shall notify the **[Agency determined appeal designee]**, in writing, of their intent to appeal a decision within thirty (30) calendar days of any decision made. **[Contact Information for the agency determined appeal designee].** If the appeal is received by the Agency, the appeal will be forwarded to the Department and **[Agency determined appeal designee]** by the Civil Rights Contact Person.

When making an appeal decision, **[Agency determined appeal designee]** shall consider all testimony and relevant evidence introduced during the appeal. The applicant, member, or the individual that submitted the complaint and the agency’s Civil Rights Contact Person may both be allowed to introduce witnesses and evidence in a fair and consistent manner and may be represented by counsel if desired.

Appeal decisions must be rendered by **[Agency determined appeal designee]** within fifteen (15) calendar days of appeal being received by the Agency. All decisions shall be in writing and provided to the agency’s Civil Rights Contact Person, the applicant, the member, and/or the individual who submitted the complaint, and the Department. The Civil Rights Contact Person must update the Civil Rights Complaint Tracking log with the outcome of the appeal.

The applicant, member or individual who submitted the complaint will not be retaliated against for their submission of a complaint, nor will a member’s benefits be terminated for submitting a complaint.

Departments of human/social services must cooperate fully with the federal and state investigative processes. If The Department receives or is notified of a founded complaint of discrimination against the agency, the Department will initiate corrective actions as specified in 10 CCR 2505-5 1.020.11 until the Agency rectifies the issue. The agency will ensure to correct the issue in a timely manner. This includes but is not limited to correction of internal processes, review and/or correction of member case file, and correction of file documentation. Non-compliance with corrective action will result in sanctions as stated in 10 CCR 2505-5 1.020.12.

**Civil Rights Plan Administration and Monitoring**

**[Agency Name]** will administer its Civil Rights Plan by:

Appointing a qualified Civil Rights Contact Person. To be considered qualified, the Civil Rights Contact Person must be impartial and independent. The Civil Rights Contact Person will act as a point of contact for applicants, members, individuals and the Department for all of the agency's Civil Rights Plan requirements. The Civil Rights Contact Person will be the point of contact for civil rights complaints. This person will maintain up-to-date information on civil rights laws and requirements and ensure updates are shared with agency staff regularly. The Civil Rights Contact Person will be responsible to post civil rights notices and updates in lobbies and on the agency website. The Civil Rights Contact Person will manage the discrimination investigation procedures, conduct investigations and address issues of civil rights non-compliance. The Civil Rights Contact Person will work with the agency to provide civil rights training.

The **[Agency Name]** complaint resolution process outlined here is posted publicly within the lobby of the **[Agency Name]** building at **[Agency Address]** and available on **[Agency Website]**.The HCPF [Nondiscrimination Statement](https://hcpf.colorado.gov/sites/hcpf/files/State%20Nondiscrimination%20Statement%20%28Notice%29_Print%20Version.pdf) and the County Nondiscrimination statement will be posted along with this process.

The Agency will conduct regular training to staff as described below. Training will also be completed based on the findings of investigations conducted.

This plan will be reviewed annually by the county and updated as necessary, including changes to the Civil Rights Contact Person and/or their contact information. Any changes to the plan will be resubmitted to the Department (by submitting a [County Relations Request form ticket](https://hcpfdev.secure.force.com/HCPFCountyRelations) or by email HCPF\_CountyRelations@state.co.us).

**Monitoring**

The agency Civil Rights Contact Person is responsible for monitoring **[Agency Name]’s** compliance with the Civil Rights Plan, including ensuring all staff complete required training, and that investigations are completed per the plan, including submission of the biannual investigation reporting.

**Retaliation statement**

An applicant, member, or individual cannot be retaliated against or coerced for requesting access to or assistance with the submission of a Civil Rights or discrimination complaint, per federal and state law.

**Training Statement**

**[Agency Name]** will conduct annual training on the agency’s civil rights plan to all staff that have contact with applicants and members or agency staff who supervise those who have applicant/member direct contact. The training will include information on how to provide clients and members with civil rights information, guidance on how to assist with filing civil rights complaints and updated contact information for the agency’s Civil Rights Contact Person. Training will also provide staff with information on how to access auxiliary aids and services and language access services for applicants and/or members. 100% of **[Agency Name]** staff shall complete the annual training, and tracking of completion of annual training shall be maintained by the Civil Rights Contact Person on the agency training spreadsheet.

Agency staff appointed to fulfill duties relating to the administration of Medical Assistance and who have direct contact with applicants and members or who supervise those who have direct contact with applicants and/or members are required to complete annual State Civil Rights and Nondiscrimination training provided by the Staff Development Division (SDD). 100% of the agency’s staff must complete the required training on an annual basis. Failure to complete the training annually may result in loss of access to the Colorado Benefits Management System (CBMS). The Agency Civil Rights Contact Person shall maintain tracking of training completion by staff on the agency training spreadsheet.

The Civil Rights Contact Person will conduct, as needed, training to staff based on complaint referrals received by the agency and when investigations on complaints determine that there was a violation and/or founded discrimination. This training will be conducted to ensure that future occurrences of civil rights complaints are prevented to the best of the staff members ability. The training will be tracked on the agency training spreadsheet and on the agency's Civil Rights Complaint log. Additional action may be taken including but not limited to staff performance improvement plan and termination.

**Agency Contractor, Vendor, and Partner Compliance Requirements**

As specified in 10 CCR 2505-5 1.020.6.1.c, the Department shall assure that any contractors, vendors, partners, or other parties that do business on behalf of the agency, are paid using federal and state Medical Assistance funds, or who have contact with applicants or members are in compliance with federal and state civil rights laws and the provisions within this Operational Memo. If the agency is alerted to discriminatory activity, the agency must notify the Department, via email [HCPF\_CountyRelations@state.co.us](mailto:HCPF_CountyRelations@state.co.us), within three (3) calendar days.

At the Department’s direction, if the agency, state or federal government finds that any of the agency’s contractors, vendors or partners are in violation of federal and state civil rights provisions, the agency may be required to terminate any payments or association with that party, per 10 CCR 2505-5 1.020.6.1.d. Termination must occur immediately upon notification from the Department to the agency.

**Additional Complaint Resources**

Per state and federal law, individuals can submit a discrimination or civil rights complaint to the agency or directly to the state or federal government. All of the options listed below for the submission of civil rights complaints are publicly posted within lobbies and high-traffic areas within the agency. To submit a complaint, the applicant or member can utilize the agency’s Civil Rights/Non-Discrimination complaint process, required as part of the agency’s Civil Rights Plan, operationalized by the agency and approved by HCPF and/or:

U.S. Department of Health and Human Services

Office for Civil Rights

1961 Stout Street, Rooms 08-148

Denver, CO 80294

Telephone: 800.368.1019

TDD: 800.537.7697

Fax: 202.619.3818

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

[www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html)

Colorado Department of Health Care Policy and Financing

Civil Rights Officer

1570 Grant Street

Denver, CO 80203

Telephone: 303.866.6010

State Relay: 711

Fax: 303.866.2828

Email: [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us)

<https://hcpf.colorado.gov/americans-disabilities-act>

Colorado Department of Regulatory Agencies

Colorado Civil Rights Division

1560 Broadway, Suite 825

Denver, CO 80202

Telephone: 303.894.2997

Toll Free: 800.262.4845

State Relay: 711

Fax: 303.894.7830

Email: [dora\_ccrd@state.co.us](mailto:dora_ccrd@state.co.us)

<https://socgov07-site.secure.force.com/ColoradoCivilRights/>