MCCMH Policy 5-002

Chapter: **ADMINISTRATION**
Title: **CULTURAL AND LINGUISTIC COMPETENCY; LANGUAGE ASSISTANCE SERVICES**

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Proposed by: Traci Smith — Chief Executive Officer — Date 10/28/2026

Approved by: Al Lorenzo — County Executive Office — Date 10/28/2026

I. ABSTRACT

This policy establishes the standards and procedures of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, regarding meaningful access to services, activities, programs and other benefits of the Prepaid Inpatient Health Plan (PIHP), Community Mental Health Services Program (CMHSP), and Certified Community Behavioral Health Clinic (CCBHC) for persons with diverse cultural backgrounds, including those individuals with Limited English Proficiency (LEP), and to ensure that no individual is denied benefits or subjected to discrimination on the basis of race, color or national origin.

II. APPLICATION

This policy shall apply to all MCCMH and contracted network provider workforce members, including but not limited to employees, independent contractors, and volunteers.

III. POLICY

It is the policy of the MCCMH that:

- No individual will be denied benefits or subjected to discrimination on the basis of race, color, religion, sex, national origin, age, disability or genetic information.
- The MCCMH PIHP will have in place mechanisms to help individuals communicate regarding the requirements and benefits of the plan and how to access the benefits and the plan.

- As a direct-operated provider of health-related services, a public entity, and a PIHP, MCCMH will take reasonable steps to ensure that individuals with LEP have meaningful access and an equal opportunity to participate in MCCMH services, activities, programs and other benefits, in a manner that is culturally and linguistically appropriate.

- MCCMH will communicate its policy of non-discrimination, as well information regarding the availability of Language Assistance Services to persons served, beneficiaries, enrollees, applicants, and members of the public.

- MCCMH will maintain a language access plan (MCCMH policy 5-001), which it will monitor and assess on a regular basis to ensure its continuing appropriateness.

- Each MCCMH contract network provider will be responsible to implement policies and procedures consistent with their obligations as a Section 1557 covered entity and take reasonable steps to ensure that individuals with LEP have meaningful access and an equal opportunity to participate in their health-related services, activities, programs, and other benefits.

IV. DEFINITIONS

A. Civil Rights Coordinator: A MCCMH staff member of the Customer Service Department who has been designated by the Chief Executive Officer, upon advice and mutual consent of the Compliance Officer, to coordinate MCCMH's efforts to comply with its obligations as a PIHP, health-related services provider and public entity, under Title II ADA, Section 504, Section 1557.

B. Civil Rights Grievance: Complaint alleging MCCMH's failure to comply with Title II ADA, Section 504, or Section 1557, or alleging commission of any MCCMH action that would be prohibited by Title II ADA, Section 504, or Section 1557

C. Person Served: Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by the PIHP or services provided by MCCMH.

D. Cultural Competency: An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work towards better meeting the needs of cross-cultural populations. The idea of more effective cross-cultural capabilities is captured in many terms similar to cultural competence. Cultural awareness, cultural knowledge, and cultural sensitivity all convey the idea of improving cross-cultural capacity and competency, as illustrated in the following definitions:

1. Cultural Awareness: Developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with Cultural knowledge.

2. Cultural Knowledge: Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of ethnic groups.

3. Cultural Sensitivity: Knowing that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences.

E. Documents Critical to Obtaining Services: Provider directories, member handbooks, appeal and grievance notices, denial and termination notices, and any other documents that contain information describing services, access, due process or other rights under state or federal law. Documents Critical to Obtaining Services are Vital Documents (see definition, below). The Compliance Officer will resolve disputes regarding proper designation of documents as Documents Critical to Obtaining Services.

F. Language Assistance Services: May include, without limitation: oral language assistance, including interpretation in non-English languages provided in-person or remotely by a Qualified Interpreter for Persons with LEP, and the use of Qualified Bilingual or Multilingual Staff in order to communicate directly with individuals with LEP; written translation of written content in paper or electronic form into languages other than English, performed by a Qualified Interpreter for Persons with LEP; and Taglines.

G. Limited English Proficiency: Limited English Proficiency (LEP) refers to a person whose primary language for communication is not English and who has a limited ability to read, write, speak, or understand English.

H. Linguistic Competency: Effective communication with persons of limited English proficiency (LEP), those who are illiterate or have low literacy skills and individuals with Sensory Impairments and other disabilities.

I. Linguistically Appropriate Services: Services provided in the language best understood by the person served through, for example, Qualified Bilingual or Multilingual Staff or Qualified Interpreters for Persons with LEP. Linguistically Appropriate Services are available at the point of entry into the system and throughout the course of treatment and are available without cost to the person served.

J. Prevalent Language(s): Non-English language(s) determined to be spoken by a significant number or percentage of persons served with LEP.

K. Qualified Bilingual or Multilingual Staff: A member of the MCCMH or the contracted network provider workforce who is designated to provide oral language assistance as part of their current, assigned job responsibilities, and who has demonstrated that he or she: (i) is proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology and phraseology; and (ii) is able to effectively, accurately, and impartially communicate directly with individuals with LEP in their primary languages.

L. Qualified Interpreter for Person with LEP: An interpreter who via a remote interpreting service or an on-site appearance: (i) adheres to generally accepted interpreter ethics and

principles, including client confidentiality; (ii) has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and (iii) is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

M. Qualified Translator: Someone who: (i) translates effectively, accurately, and impartially; (ii) adheres to generally accepted translator ethics and principles including confidentiality; and (iii) is proficient in both written English and at least one other written non-English language, including any necessary specialized vocabulary, terminology, and phraseology.

N. Section 1557: Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities.

O. Sensory Impairments: Disabilities which adversely impact a person's ability to perceive and use written or spoken communications. Sensory Impairments may include vision impairments, hearing loss, speech impediments and autism or autistic-like limitations.

P. Significant Publications/Communications: Publications/Communications that are targeted to persons served, beneficiaries, enrollees, applicants, or the public, that are "significant" in terms of the importance of their content, rather than size. Examples include: the provider directory, Notice of Privacy Practices, member handbooks; consent forms; complaint forms; LEP guidance; outreach, education, marketing materials; written notices pertaining to due process rights and benefits or services; and applications to participate in a program or activity or to receive benefits or services. The following publications/communications are not "significant": Radio or television ads, identification cards (used to access benefits or services); appointment cards; business cards; banners and banner-like ads; envelopes; or outdoor advertising, such as billboards.

Significant Publications/Communications that are "small size," but that still contain significant content, may include postcards, tri-fold brochures, targeted fliers and pamphlets, or certain social media communications.

Q. Taglines: Short statements written in the requisite number of Prevalent Languages that indicate the availability of Language Assistance Services free of charge and the toll-free telephone number and TTY number (Michigan Relay) to reach MCCMH's Customer Service Department.

R. Vital Documents: Documents that affect access to, retention in, or termination or exclusion from services or benefits. Vital documents include, but are not limited to: applications; consent forms; complaint forms; intake forms with potential for important health consequences, letters or notices pertaining to eligibility for benefits; letters or notices pertaining to rights and the reduction, denial or termination of services or benefits or that require a response from the LEP person; actions affecting parental custody or child support, written tests that test competency for a particular license, job, or skill for which knowing English is not required; documents that must be provided by law; and notices regarding the

availability of free Language Assistance Services for individuals with LEP.

V. STANDARDS

A. MCCMH and its contract network providers shall at all times remain compliant with current requirements under Title II of the Americans with Disabilities Act of 1990 (Title II ADA), Section 504 of the Rehabilitation Act of 1973 (Section 504), Section 1557 of the Affordable Care Act, the Michigan Mental Health Code and other applicable law and regulations prohibiting discrimination on the basis of race, color, national origin, sex, age or disability.

B. MCCMH shall ensure Cultural and Linguistic Competency within the PIHP, CMHSP and CCBHC by, among other things:

1. Developing a comprehensive management strategy to ensure the availability and provision of culturally and Linguistically Appropriate Services;

2. Maintaining a written language access plan (MCCMH policy 5-001);

3. Providing services in a manner which recognizes and takes into consideration individual persons served ethnicity, cultural differences, language proficiency, Sensory Impairments or other disabilities;

4. Helping persons served access treatment modalities that are culturally acceptable to them and that are sensitive to linguistic and cultural factors;

5. Involving persons served in the design and execution of service delivery, including planning, policy, operations, evaluation, training and, as appropriate, treatment planning;

6. Undertaking ongoing self-assessments in implementing Cultural and Linguistic Competency standards through internal and external quality reviews that measure access, satisfaction, quality, and outcomes.

7. Utilizing posters, brochures, and other communication materials and media resources in order to provide persons served, beneficiaries, enrollees, applicants, and members of the public the following notices and information:

   i. MCCMH does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or genetic information in its health programs and activities;

   ii. Auxiliary Aids and services are available, including Qualified Interpreters for Individuals with Disabilities and information in alternate formats, free of charge and in a timely manner, when such aids and services are necessary to ensure that individuals with disabilities are provided an equal opportunity to participate;

   iii. Language Assistance Services (including oral interpretation for any language and written translation in Prevalent Languages) are available free of charge and in a

timely manner, when such services are necessary to provide meaningful access to individuals with LEP;

iv. Oral interpretation is available for any language and written translation is available in Prevalent Languages;

v. Procedures are available to assert and/or seek resolution to Civil Rights Grievances; and

vi. Instructions on how to obtain aids and services and how to file a discrimination complaint with the OCR.

8. Requiring each MCCMH contract network provider to implement policies and procedures consistent with their obligations as a Section 1557 covered entity, and take reasonable steps to ensure that individuals with LEP have meaningful access and an equal opportunity to participate in their services, activities, programs, and other benefits.

C. MCCMH will collect and utilize data on its persons served race, ethnicity and primary language by:

1. Including persons served primary spoken and primary written language(s) and self-identified race and ethnicity in the application for service and management information system, as well as documenting this information in person served records; and

2. Collecting and utilizing demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and becoming informed about the ethnic/cultural needs, resources, and assets of the surrounding community.

D. Notice of Nondiscrimination & Taglines: MCCMH will post Notices of Nondiscrimination (Exhibit B) and Taglines (Exhibit C) in a conspicuously visible font, in all of the following locations:

1. Significant Publications/Communications targeted to persons served, beneficiaries, enrollees, applicants, and members of the public;

a. NOTE: Significant Publications/Communications that are "small-sized" (e.g., postcards and tri-fold brochures) must contain Taglines in at least the top 2 languages spoken by individuals with LEP in the State of Michigan, and must contain the following abbreviated Notice of Nondiscrimination (rather than the full Notice of Nondiscrimination contained in Exhibit B): "MCCMH does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

2. Documents Critical to Obtaining Services;

3. Conspicuous physical locations where MCCMH interacts with the public; and

4. A conspicuous location on the MCCMH web site, accessible from the home page.

E. Translation of Written Materials – Specific Thresholds:

1. Documents Critical to Obtaining Services: Written Documents that are Critical to Obtaining Services shall be available in the Prevalent Languages in the MCCMH service area; written materials will be made available in alternative formats upon request of a person served, at no cost.

2. "Vital Documents": All materials shall be available in the languages appropriate to the people served within MCCMH's area for specific non-English Language that is spoken as the primary language by more than 3% of the population in MCCMH's Region.

3. Additional written translation services will be provided by MCCMH subject to the "reasonableness" standard described in subsection V.G. of this policy.

F. Oral Interpretation – Specific Thresholds:

1. Communicating PIPH Benefit Information: MCCMH will make interpretation services available to individuals with LEP, free of charge, for all non-English languages, for purposes of:

   a. Understanding information provided in PIHP Documents Critical to Obtaining Services;

   b. Understanding and communicating the requirements and/or other details of PIHP benefits; and

   c. Understanding and communicatingregarding accessing PIHP benefits.

2. Additional oral interpreter services related to MCCMH's PIHP function or related to MCCMH as a provider of health-related services (direct operated) will be provided by MCCMH subject to the "reasonableness" standard described in subsection V.G. of this policy.

G. Other Communications Related to Participation in Benefits (Reasonable Steps to Provide Meaningful Access): In addition to interpretation services that MCCMH will provide in all cases to ensure effective communication of PIHP information (details, requirements, access, etc.), MCCMH will take additional reasonable steps to provide individuals with LEP meaningful access and opportunities to participate in the PIHP benefits/plan or MCCMH direct operated services.

1. The "reasonableness" of any step will be determined by the Chief Operations Officer or designee after evaluating, on a case-by-case basis, the relevant circumstances, including:

a. The number or proportion of individuals with LEP served or encountered in the eligible service population who speak the language at issue;

b. The frequency with which individuals with LEP speaking the language come into contact with the relevant program, activity or service;

c. The nature and importance of the relevant program, activity or service;

d. The nature and importance of the health program to the individual with LEP, and the particular communication at issue; and

e. The resources available to MCCMH (as a whole) and the associated costs of the requested assistance.

2. NOTE: Contract network providers are covered entities under Section 1557 and are independently responsible to take any appropriate steps to provide meaningful access and opportunities for individuals with LEP seeking communication assistance related to the contract network providers provision of health-related services. MCCMH will neither make reasonableness determinations on a contract network provider's behalf, nor provide Language Assistance Services or take other "reasonable steps" on the contract network provider's behalf. MCCMH may, however, review a contract network provider's reasonableness determination or purported modification/accommodation in order to ensure compliance with this policy and applicable law.

H. Interpreter Standards: MCCMH will use only Qualified Interpreters for Persons with LEP, Qualified Translators, and/or Qualified Bilingual or Multilingual Staff, as appropriate, to provide meaningful access to individuals with LEP, and will not:

1. Require any individual with LEP to provide his or her own interpreter;

2. Neglect to offer the individual an independent Qualified Interpreter;

3. Rely on an adult accompanying an individual with LEP to interpret or facilitate communication, except:

a. In an emergency involving imminent threat to the safety or welfare of an individual or the public where there are no Qualified Interpreters for Persons with LEP immediately available; or

b. If the individual with LEP specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, an independent interpreter has verified the individual's preference, reliance on that adult for such assistance is otherwise appropriate, and all of these requirements have been documented in the record.

4. Rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public

where there are no Qualified Interpreters for the Persons with LEP immediately available;

5. Rely on staff other than Qualified Bilingual or Multilingual Staff to communicate directly with individuals with LEP; or

6. Require any individual with LEP to accept Language Assistance Services.

I. Video Remote Interpreting (VRI) Services:

1. VRI services will only be used when arrangements cannot be made for in- person interpreting, and the individual requiring Language Assistance Services specifically consents to the use of VRI.

2. Where VRI services are appropriate and approved, the VRI technology will meet the following standards.

   a. Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;

   b. A sharply delineated image that is large enough to display the interpreter's face and the participating individual's face regardless of the individual's body position;

   c. A clear, audible transmission of voices; and

   d. Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the video remote interpreting.

3. VRI equipment and technology supporting it will be tested monthly and at least 24-hours before use with any individual requiring Language Assistance Services.

4. The provider will conduct periodic communication assessments, including consultation with individual requiring Language Assistance Services, to ensure continued effectiveness of the communication;

5. If problems arise with the VRI that are not remedied within ten (10) minutes, the provider will call for technical support or arrange for an on- site interpreter or other appropriate interpreting solution after consulting with the Civil Rights Coordinator.

6. When VRI services are used for communication with individuals with sensory impairments additional standards apply, which are defined in MCCMH MCO 5-001, "Accessibility".

J. Diverse Staffing: MCCMH will promote diverse staffing and ongoing training by:

1. Supporting the attitudes, behaviors, knowledge, and skills necessary for staff to work

respectfully and effectively with persons served and each other in a culturally diverse work environment;

2. Recruiting and retaining qualified, diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served;

3. Requiring and arranging for ongoing education and training for administrative, clinical, and support staff in culturally-competent service delivery; and

4. Committing to implementing its protocols, including ensuring that training is provided covering its policies and procedures, as well as clearly delineating procedures for service delivery.

K. Provider Support: MCCMH will support its participating providers by providing training intended to increase Cultural Competency and Linguistic Competency, and to foster understanding of the cultural attitudes about healing systems held by persons served of various ethnic or cultural groups.

L. Discrimination Complaints / Grievance Procedure: MCCMH will investigate and resolve complaints claiming that MCCMH has discriminated or failed to comply with its obligations under Section 1557 through the procedures defined in the following policies, as appropriate: MCCMH MCO 2-009, "Medicaid Grievances; Non-Medicaid Grievance"; MCCMH MCO 9-171, "Local Appeal Process (Medicaid)"; MCCMH MCO 9-170, "Local Dispute Resolution (All persons served)"; and MCCMH MCO 5-003, "Grievances Alleging Discrimination (Civil Rights Grievances); Title II ADA, Section 504, Section 1557 Compliance."

M. Ongoing Monitoring: MCCMH will monitor its language assistance program on an ongoing basis and annually assess:

1. The current LEP makeup of its service area;

2. The current communication needs of LEP applicants and persons served;

3. Whether existing assistance is meeting the needs of such persons;

4. Whether staff is knowledgeable about policies and methods of implementation;

5. Whether sources for assistance are still current and viable; and

6. If modifications are needed.

VI. PROCEDURES

A. MCCMH staff will promptly identify the language and communication needs of individuals with

LEP. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov), Taglines, or posters to determine the primary/preferred language of the person with LEP. In addition, when records are kept of past interactions with persons served or family members, the language used to communicate with the individual with LEP will be included as part of the record.

B. Request for Language Assistance Services:

1. The following Language Assistance Services will be promptly provided to individuals with LEP:

   a. Oral interpretation services related to PIHP communications (see Section V.F.1. of this policy, above); and

   b. Previously translated written Documents Critical to Obtaining Services and Vital Documents (see Sections V.E.1.-2. of this policy, above).

2. All other requests for Language Assistance Services should be submitted by MCCMH staff via a written request to the Civil Rights Coordinator, using the following email address: interpreterrequest@mccmh.net. A fully completed Interpreter Request Form (Exhibit A) must be attached, and the body of the email must include the following information:

   a. The Language Assistance Services requested (e.g., in-person oral interpretation, remote oral interpretation, written translation, assistance with forms, etc.);

   b. The nature of the service, program and/or activity which will be accessed by the individual using the Language Assistance Services;

   c. A description of the importance of the service, program and/or activity to the individual with LEP .

   d. Any available information concerning the cost of the services; and

   e. The name and contact information of the requester and the name of the individual with LEP .

3. The Civil Rights Coordinator will send all complete requests for Language Assistance Services to the Chief Operations Officer or designee for approval.

4. The Chief Operations Officer or designee will provide a written determination describing what Language Assistance Services have been approved, and explaining the rational for determining that any particular step is not approved. Upon receiving notice from the Chief Operations Officer, the Civil Rights Coordinator will promptly arrange for any approved Language Assistance Services.

C. The Civil Rights Coordinator will be responsible to:

1. Maintain an accurate and current list of all Qualified Bilingual or Multilingual Staff, including their name, language, phone number and hours of availability;

2. Arrange for the use of Qualified Bilingual or Multilingual Staff, or an outside Qualified Interpreter, as appropriate under this policy;

3. Coordinate to obtain translated Vital Documents and Documents Critical to Obtaining Services as appropriate under this policy;

4. Ensure that Notices of Nondiscrimination and Taglines are posted in physical locations where MCCMH interacts with the public (minimally, in intake areas and other points of entry, including but not limited to all provider clinic areas), on Significant Publications/Communications, on Documents Critical to Obtaining Services (minimally, provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices), and on the MCCMH website, consistent with the guidelines and requirements described in Section V.D. of this policy;

5. Maintain Taglines reflecting current service area demographics and ensure that all postings are updated as required;

6. Investigate and resolve Civil Rights Grievances.

D. In the event that an individual with LEP specifically requests to use a family member or friend as an interpreter, the provider, Access Staff, or other MCCMH staff, as appropriate, must ensure that all of the following is documented in FOCUS:

1. The person served's request for family or friend as translator;

2. Confirmation from an Qualified Interpreter for Persons with LEP that the person served understands that they are being offered an independent interpreter, free of charge; and

3. Confirmation from a Qualified Interpreter for Persons with LEP of the LEP individual's request for family or friend as translator.

E. Any emergency situation that precedes the use of a minor or other individual accompanying the person served as interpreter or facilitator of communication must be specifically documented in FOCUS.

F. When written translation is required, the relevant document must be submitted to the Civil Rights Coordinator. Original documents submitted for translation must be in final, approved form with updated and accurate legal and medical information.

G. MCCMH will set benchmarks for translation of Vital Documents and Documents Critical to Obtaining Services into additional languages over time.

H. MCCMH contract network providers will describe their policies and procedures for ensuring compliance with their obligations as covered entities under Section 1557 in their provider

manuals.

VII. REFERENCES / LEGAL AUTHORITY

A. Federal Sources

1. Americans with Disabilities Act, 42 USC 12101 et seq.

2. Title VI of the Civil Rights Act of 1964.

3. Section 1557 of the Patient Protection and Affordable Care Act; 42 U.S.C. 18116 - Nondiscrimination.

4. Executive Order 13166, August 11, 2000.

5. 42 CFR 438.10

6. 438.206(c)(2)

7. 45 CFR 92.1 – 92.8

8. 45 CFR 92.201

9. United States Department of Health and Human Services, Policy Guidance Document: Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (2004), https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited- english-proficiency/guidance-federal-financial-assistance-recipients-title- VI/index.html (accessed 11/2/2017).

10. Health Resources and Services Administration, U.S. Dept of Health and Human Services (HSS), Cultural Competence Works: Using Cultural Competence to Improve the Quality of Health Care for Diverse Populations and Add Value to Managed Care Arrangements (2001).

11. Office of Minority Health and Resources for Cross Cultural Health Care, Public Health Service (HSS), Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes- Focused Research Agenda: Recommended Standards for Culturally and Linguistically Appropriate Health Care Services (1998).

12. Policy Guidance Document: Enforcement of Title VI of the Civil Rights Act of 1964 - National Origin Discrimination Against Persons with Limited English Proficiency, dated December 5, 2001.

B. MDHHS/ MCCMH Specialty Services Managed Care Contracts

C. Commission on Accreditation of Rehabilitation Facilities (CARF) Standards Manual

D. Macomb County Personnel Policies

E. MCCMH MCO Policies

1. 2-009, "Medicaid Grievances; Non-Medicaid Grievances"
2. 5-001, "Accessibility"
3. 5-003, "Grievances Alleging Discrimination (Civil Rights Grievances); Title II ADA, Section 504, Section 1557 Compliance"
4. 9-170, "Local Dispute Resolution Process (All persons served)"
5. 9-171, "Local Appeal Process (Medicaid)"
6. 9-510, "Recipient Rights Investigation"
7. 9-670, "Services for Recipients Affected by Physical Barriers"
8. 10-003, "Anti-Discrimination and Harassment"
9. 10-002, "Human Resources Management and Diversity"

VIII. EXHIBITS

A. Interpreter Request Form

B. Notice of Nondiscrimination

C. Taglines (current as of this Policy's adoption; to be updated for use as necessary based on demographic changes measured by MDHHS)

Annual Revision Attestation/Revision History

Revision #	Review Date	Revision Summary/Policy Update Notice Date	Reviewer/Department
2	9/9/26	Reviewed and updated	Chanell Moore/Customer Service