

State of Minnesota

# Health Professionals Services Program

Affirmative Action Plan

2008-2010

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This document can be made available upon request in alternative formats such as large print, Braille, or on audiotape, by calling

651-643-2120.

TTY Relay

(800) 627-3529.

## Statement of Commitment

The Health Professionals Services Program (HPSP) is committed to the State of Minnesota Equal Employment Opportunity Policies and Statewide Affirmative Action for its employees and the public it serves. I affirm my personal and official support of these policies which provide that:

Discrimination against employees or applicants on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age will not be tolerated;

HPSP is committed to the implementation of the affirmative action policies, programs, and procedures included in this plan;

HPSP is committed to an objective of hiring members of protected groups when vacancies occur if an apparent underutilization of protected group members exists in the work force;

HPSP is committed to the retention of all qualified, talented employees, including protected group employees;

HPSP is committed to the implementation of the affirmative action policies, programs, and procedures as amended by the Statewide Affirmative Action Hiring Goals for Persons with Disabilities Task Force; and

HPSP is committed to the hiring and retention of qualified individuals with disabilities who can perform the essential functions of the job with or without reasonable accommodation.

I will be held accountable for ensuring that Affirmative Action Plan is implemented, since I am the individual who can ultimately make the most impact on this program.

Cindy Greenlaw Benton, Personnel / Contracts officer, Health Related Licensing Boards – Administrative Services Unit, will act as the HPSP Affirmative Action Officer designee and ADA Coordinator designee. She is located at 2829 University Avenue SE, Suite 445, Minneapolis, MN 55414, telephone number 651-201-2737. Monica Feider, Program Manager, HPSP, Sheryl Jones, Health Program Supervisor, and Cindy Greenlaw Benton will share responsibility for monitoring the day-to-day activities of the program. The functions of the HPSP are conducted by the administering board, Emergency Medical Services Regulatory Board (EMSRB), and provisions of EMSRB's plan apply also to HPSP.

Anyone interested in reviewing the agency's Affirmative Action Plan, or who has concerns about affirmative action or equal opportunity issues, may contact our Affirmative Action Officer. A copy of the plan will be located on the agency's official bulletin board.

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Monica Feider, Program Manager

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Date

# Internal Discrimination Complaint Procedure

The Health Professionals Services Program has established the following discrimination complaint procedure to be used by all employees or applicants. Coercion, reprisal or intimidation against anyone filing a complaint or serving as a witness under this procedure is prohibited.

## Statement of Policy

It is the policy of the Health Professionals Services Program (HPSP) to prohibit discrimination and discriminatory harassment of its employees based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age. This prohibition with respect to discrimination and discriminatory harassment includes both overt acts of harassment and those acts that create a negative work environment. Any employee who believes they may be subject to such discrimination or discriminatory harassment should file a complaint internally with HPSP's Affirmative Action Officer designee. If the employee chooses, s/he may file a complaint externally with the Minnesota Department of Human Rights, the Equal Employment Opportunity Commission, or through other legal channels. These agencies have time limits for filing complaints, so individuals should contact the agencies for more information. In extenuating circumstances, the employee should contact the Office of Diversity and Equal Opportunity at the Minnesota Department of Employee Relations for information regarding the filing of a complaint. Violation of this policy against discrimination, by an employee, will be cause for appropriate disciplinary action up to and including termination.

Each employee is responsible for the application of this policy. This includes initiating and supporting programs and practices designed to develop understanding, acceptance, commitment, and compliance within the framework of this policy. All employees will be informed that discriminatory harassment and discrimination is unacceptable behavior. The Affirmative Action Officer designee will be expected to keep HPSP and its employees apprised of any changes in the law or its interpretation regarding this form of discrimination. The Affirmative Action Officer designee is also responsible for:

1. Notifying all employees, and orienting each new employee who is hired, of this policy; and
2. Informing all employees of the complaint procedure and ensuring that all complaints will be investigated promptly and carefully.

## Definitions

Discriminatory harassment is a severe type of discrimination, which includes negative, offensive behavior based on protected class status, that substantially interferes with an individual's employment. For example, harassment based on national origin has been defined by the U.S. Equal Employment Opportunity Commission as "Ethnic slurs and other verbal or physical conduct relating to an individual's national origin."

Sexual harassment is one type of discriminatory harassment. Sexual harassment has been specifically defined by the Minnesota Human Rights Act, which states in regard to employment, that:

"Sexual harassment" includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct or communication of a sexual nature when: (1) submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining employment; (2) submission to or rejection of that conduct or communication by an individual is used as a factor in decision affecting that individual's employment; or (3) that conduct or communication has the purpose or effect of substantially interfering with an individual's employment, and in the case of employment, the employer knows or should know of the existence of the harassment and fails to take timely and

appropriate action.

It is possible for discriminatory harassment to occur: 1) among peers or coworkers, 2) between managers and subordinates, or 3) between employees and members of the public. Employees who experience discriminatory harassment are encouraged to bring the matter to the attention of the Affirmative Action Officer designee, any Board supervisor or manager, or the Executive Director. In fulfilling our obligation to maintain a positive and productive work environment, employees are encouraged to report any suspected harassment or retaliation to the Executive Director, any HPSP supervisor or manager, or the Affirmative Action Officer designee.

Individuals who violate this policy against discrimination and discriminatory harassment are subject to disciplinary action, up to and including termination. Additionally, employees who engage in inappropriate behaviors that do not rise to the level of discriminatory harassment, but are nonetheless disruptive, are also subject to disciplinary action.

### **Procedure**

Any employee or applicant of HPSP who believes that she/he has experienced discrimination or discriminatory harassment based on his/her race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age may file a complaint of discrimination.

Complaints of discrimination or discriminatory harassment can be filed using the internal discrimination complaint procedure included in HPSP's affirmative action plan.

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# Internal Discriminatory Harassment/Discrimination Complaint Procedure

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The Minnesota Health Professionals Services Program (HPSP) has established the following discrimination complaint procedure to be used by all employees or applicants. Coercion, reprisal, or intimidation against anyone filing a complaint or serving as a witness under this procedure is prohibited.

## Responsibility of Employees

All employees shall respond promptly to any and all requests by the Affirmative Action Officer designee for information and for access to data and records for the purpose of enabling the Affirmative Action Officer designee to carry out responsibilities under this complaint procedure.

## Who May File

Any employee or applicant of HPSP who believes that s/he has been discriminated against by reason of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age may file a complaint using this procedure. Employees who are terminated are encouraged to file their internal complaint prior to their actual separation; however, complaints will be taken for a reasonable period of time subsequent to the actual separation date.

## The Complaint Procedure

The internal complaint procedure provides a method for resolving complaints involving violations of HPSP's nondiscrimination policy within the agency. Employees and applicants are encouraged to use this internal complaint process. Retaliation against a person who has filed a complaint either internally or through an outside enforcement agency or other legal channels is prohibited.

## Filing Procedures

1. The employee or applicant should contact the Affirmative Action Officer designee, and complete the "Complaint of Discrimination Form" provided by the Affirmative Action Officer designee. Supervisors who know or should know of an alleged violation of the policy against discrimination will take timely and appropriate action, including informing the Affirmative Action Officer designee of the alleged violations. When an allegation of a violation of this policy occurs, the Board will take timely and appropriate action, including investigation of the complaint. Employees are encouraged to file a complaint within a reasonable period of time after the individual becomes aware that a situation(s) may involve discrimination or discriminatory harassment. The Affirmative Action Officer designee will provide assistance in filling out the form upon request.
2. The Affirmative Action Officer designee will determine if the complaint falls under the purview of Equal Employment Opportunity law, i.e., whether the complaint alleges discrimination or discriminatory harassment on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age; or if the complaint is unrelated to discrimination.
  - A. If it is determined that the complaint **does not allege** violations of the policy against discrimination, the Affirmative Action Officer designee will inform the complainant of this determination in writing within ten (10) working days.

- B. If the complaint is determined to allege a violation of the nondiscrimination policy, the Affirmative Action Officer designee contact will notify the complainant and all parties named as respondent(s) and outline the alleged facts of the complaint within 10 working days.
3. The Affirmative Action Officer designee will investigate the complaint. At the conclusion of the investigation, the Affirmative Action Officer designee shall notify the complainant(s) and respondent(s) that s/he has completed the investigation and review the findings of the investigation.
  - A. If probable cause of a violation of the policy against discrimination is found, appropriate action will be taken in accordance with this policy and any applicable labor agreements.
  - B. If no probable cause of a violation of the policy against discrimination is found, a letter will be provided to the complainant(s) and the respondent(s) dismissing the complaint.
4. Investigation of the complaint will be completed within sixty days after the complaint is filed, unless there are extenuating circumstances. The complainant(s) will be notified if such circumstances prevent completion of the investigation within sixty (60) days.
5. Disposition of the complaint will be filed with the Commissioner of the Department of Employee Relations within thirty (30) days of final determination.
6. All documentation associated with a complaint shall be considered investigative data under the Minnesota Government Data Practices Act. The status of the complaint will be shared with the complainant(s) and respondent(s). After an investigation is completed and all appeals are exhausted, all documentation is subject to the provisions of the Minnesota Government Data Practices Act.
7. All data collected may at some point become evidence in civil or criminal legal proceedings pursuant to state or federal statutes. An investigation may include, but is not limited to, the following types of data:
  - A. Interviews or written interrogatories with all parties involved in the complaint, e.g., complainant(s), respondent(s), and their respective witnesses; officials having pertinent records or files, etc.
  - B. All records pertaining to the case i.e., written, recorded, filmed, or in any other form.
8. The Affirmative Action Officer designee shall maintain records of all complaints and any pertinent information or data for three (3) years after the case is closed.

## **Objective to Hire Protected Group Members**

When the Board has a vacancy and has an apparent for females, minorities or persons with disabilities, the Board will make an effort to recruit protected group members. It must be noted that with a staff of fewer than 20 across numerous job groups and classifications, it is difficult to create specific numerical goals. Nonetheless, when the Board has a vacancy, the Board will make an effort to recruit protected group members.

The Board will make every effort possible to retain protected group staff members, along with non-protected group staff members.



# Reasonable Accommodation Policy

## Policy

The Health Professionals Services Program is required by section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act to make reasonable accommodation to employees, employees seeking promotion and job applicants. As a matter of policy, the Board is committed to encouraging the employment of qualified persons with disabilities and will provide reasonable accommodation unless such accommodation would impose an undue hardship on the agency. Accommodation will be provided to qualified individuals, whether an employee, an employee seeking promotion or a job applicant, when such accommodations are directly related to performing a job or completing a job. Accommodations will not be provided for non job-related personal needs, such as transportation to and from work.

## Definitions

**Disability.** "Disability" means any condition or characteristic that renders a person a disabled person. A disabled person is any person who (1) has a physical, sensory, or mental impairment which materially or substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

## Reasonable Accommodation:

"Reasonable accommodation" means steps which must be taken to accommodate the known physical or mental limitations of a qualified disabled person. "Reasonable accommodation" may include but is not limited to, nor does it necessarily require: (a) making facilities readily accessible to and usable by disabled persons; and (b) job restructuring, modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, and the provision of aides on a temporary or periodic basis. [Minnesota Human Rights Act]

The term "reasonable accommodation" may include -

(A) making existing facilities used by employees readily accessible to and usable by individuals with disabilities; and

(B) job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities. [Americans with Disabilities Act]

## Procedure - Current Employees and Employees Seeking Promotion

1. HPSP will inform all employees that this accommodation policy can be made available in accessible formats.
2. The employee shall inform their supervisor or the ADA Coordinator designee of the request for an accommodation.
3. The ADA Coordinator designee may request documentation of the individual's functional limitations to support the request and to determine whether the person is a qualified person with a disability. Access to medical information will be in accordance with the Minnesota Data Practices Act and the Health Insurance Portability and Accountability Act (HIPAA). The ADA Coordinator

designee may request documentation of the individual's functional limitations to support the request. Any medical documentation must be collected and maintained on separate forms and in separate, locked files. Only those with a need to know, who are legally permitted access to the information will be permitted to review the information.

4. When a qualified individual with a disability requests an accommodation, the employer shall, in consultation with the individual:
  - a. Discuss the purpose and essential functions of the particular job involved.
  - b. Determine the precise job-related limitation that requires accommodation.
  - c. Identify potential accommodations that would allow the individual to perform the essential functions of the job.
5. The ADA Coordinator and the Executive Director will determine and implement the accommodation. It is the responsibility of the employer to determine whether reasonable accommodation is required, and appropriate accommodation.
6. The ADA Coordinator or the Executive Director will inform the employee of the outcome of the request for reasonable accommodation.

### **Procedure-Job Applicants**

1. The job applicant shall inform the Office Manager, Executive Director, or ADA Coordinator designee of any request for a reasonable accommodation. If the Office Manager or Executive Director receives such a request, s/he shall notify the ADA Coordinator, who will confer with the job applicant regarding the request.
2. The ADA Coordinator designee will determine whether a request for reasonable accommodation will be approved and, if approved, take the necessary steps to see that the accommodation is provided in consultation with the Executive Director.

### **Policy for Funding Accommodations**

Funding must be approved by HPSP for accommodations that do not cause an undue hardship (M.S. 43A.191(c)), and is provided through the budget of the Health Professionals Services Program.

## **Appeals**

Employees or applicants who are dissatisfied with the decision(s) pertaining to his/her accommodation request may file an appeal with the Executive Director, within a reasonable period of time.

If the individual believes the decision violates the policy against nondiscrimination, s/he may file a complaint internally through the agency's complaint procedure.

### **Supported Work**

HPSP will review vacant positions and assess the current workload and needs of the office, to determine if job tasks might be performed by a supported employment worker(s). If appropriate, a list of supported worker candidates will be requested from DOER. HPSP will work with the State ADA/Disability Coordinator to recruit and hire individuals for supported employment if such a position is created.

## **Weather Emergencies**

A copy of the official weather emergency memorandum is included in this plan. All employees will be notified, as outlined in this memorandum. All hearing-impaired employees will receive notification, if at work, by the supervisor or designated backup staff in the case of an emergency. If the employee is not at work and an emergency is called, the supervisor will contact the Minnesota Relay Service at (800) 627-3526 to inform the employee of the emergency.

## **Building Evacuation**

All HPSP employees will be informed of building evacuation procedures upon employment. The building management holds yearly fire and severe weather drills.

In the event of a fire or other emergency, alarms will sound and strobe lights will flash in the office area. At that time employees should evacuate the building using either stairwell. Elevators must not be used. Employees with mobility impairments will be assigned an “assistant” who will aid in the evacuation process.

**Do**

- Close office doors as you leave.
- Exit via the nearest stairwell.
- Keep talking to a minimum.
- Use handrails in stairwells.
- Listen for instructions and follow them.
- Be ready to merge with others evacuating the building.
- Watch out for emergency personnel.
- Keep calm.
- Once outdoors, move as far away from the building as possible.

**Do Not**

- Go to the elevators; they will not be in operation.
- Return for belongings once you have left your area.
- Run or create panic.
- Return to building until the “all clear” is given.

**Minnesota Health Professionals Services Program**  
**1380 Energy Lane**  
**St. Paul, Minnesota 55108**  
**(651) 643-2120**

**COMPLAINT OF DISCRIMINATORY HARASSMENT/DISCRIMINATION**

**Please Read Before Completion of Form**

Any complaint of discriminatory harassment/discrimination is considered confidential data under Minnesota Statute 13.39, Subd. 1 and 2. This information is being collected for the purpose of determining whether discriminatory harassment/discrimination has occurred. You are not legally required to provide this information, but without it, an investigation cannot be conducted. This information may only be released to the Affirmative Action Officer designee, the complainant, the respondent, and as required by legal process.

<b>Complainant (You)</b>		
Name	Job Title	
Work Address	City, State, Zip Code	Telephone (    )
Agency	Division	Manager
<b>Respondent (Person Who Discriminated Against You)</b>		
Name	Job Title	
Work Address	City, State, Zip Code	Telephone (    )
Agency	Division	Manager

<b>The Complaint</b>	
Basis of Complaint ("X" all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation  <input type="checkbox"/> Sex <input type="checkbox"/> Creed <input type="checkbox"/> Marital Status <input type="checkbox"/> Status with Regard to Public Assistance  <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> National Origin <input type="checkbox"/> Membership or Activity in a Local Human Rights Commission	
Date most recent act of harassment/discrimination took place:	If you filed this complaint with another agency, give the name of that agency:

Describe how you believe that you have been discriminated against (names, dates, places, etc.).  
Use a separate sheet of paper if needed and attach to this form.

List documents that contain information regarding your complaint.

<b>Information on Witnesses Who Have Information About Your Complaint</b>		
<b>Name</b>	<b>Work Address</b>	<b>Work Telephone</b>
1.		( )
2.		( )
3.		( )

Additional witnesses may be listed in “Additional Information” or on a separate sheet attached to this form.

Additional Information

This complaint is being filed on my honest belief that the State of Minnesota has harassed/discriminated against me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.	
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Complainant Signature	Date
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Affirmative Action Officer Signature	Date
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# Employee Request for Reasonable Accommodation

Employee Name:

Job Title:

Date of Request:

Division:

This information will be used by \_\_\_\_\_ or any other person, including the agency's legal counsel, who is authorized by my employer to handle medical information for ADA/MHRA purposes. This information will also be used to determine whether any reasonable accommodations can be made. Additional information concerning my physical or mental condition, that is necessary to determine whether I have a disability as defined by the Americans with Disabilities Act and/or the Minnesota Human Rights Act, may also be requested and reviewed.

The provision of this information is voluntary, however if you refuse to provide it, your employer may refuse to provide reasonable accommodation.

1. Please describe the nature of your limitations, what life activity(s) it substantially limits, and how this life activity(s) is substantially limited.

2. How does it affect your ability to perform your job?

3. Type of accommodation you are requesting:

\_\_\_\_\_ Making facilities readily accessible

\_\_\_\_\_ Modification of equipment or devices

\_\_\_\_\_ Job restructuring

\_\_\_\_\_ Qualified reader or interpreter

\_\_\_\_\_ Part time or modified work schedule

\_\_\_\_\_ Acquisition of equipment or devices

\_\_\_\_\_ Modification to a rule, policy or practice

\_\_\_\_\_ Other (specify):

Please describe in detail the accommodation you are requesting:

4. How will the requested accommodation be effective in allowing you to perform the essential functions of your job?

5. Additional Comments:

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_