



### **Nondiscrimination Statement**

It is the policy of MedStar Family Choice not to discriminate on the basis of race, color, national origin, sex, age or disability. MedStar Family Choice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by 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. Section 1557 and its implementing regulations may be examined in the Compliance Department of MedStar Family Choice. The following individual has been designated to coordinate MedStar Family Choice's efforts to comply with Section 1557.

Ms. Jayne Hunt  
Director, Medicaid Contract Oversight, Maryland  
5233 King Avenue  
Suite 400  
Baltimore, MD 21237  
410-933-2283  
[Jayne.K.Hunt@medstar.net](mailto:Jayne.K.Hunt@medstar.net)

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for MedStar Family Choice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

#### Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The

Section 1557 Coordinator will maintain the files and records of MedStar Family Choice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.

- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies, including but not limited to the ability to appeal to the President of MedStar Family Choice.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

MedStar Family Choice will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

## Language Accessibility Statement

### Interpreter Services Are Available for Free

**ATTENTION:** *If you speak [language], language assistance services, free of charge, are available to you. Call (800) 905-1722 #1 (TTY:711).*

#### **Español/Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 905-1722 #1 (TTY:711).

#### **አማርኛ/Amharic**

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (800) 905-1722#1 (መስማት ለተሳናቸው: 711).

#### **العربية/Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (800) 905-1722#1 (رقم هاتف الصم والبكم: 711).

#### **Bàsòò-wùdù-po-nyò /Bassa**

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsò ò -wùdù-po-nyò ] jũ ní, nìí, à wuɖu kà kò dò po-poò bɛ ìn m̄ gbo kpáa. Đá (800) 905-1722 (TTY: 711).

#### **中文/Chinese**

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (800) 905-1722 (TTY: 711).

#### **فارسی/Farsi**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگیرید تماس 800-905-1722#1 (TTY: 711) با. باشد می فر

#### **Français/French**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 905-1722 #1 (ATS : 711).

#### **ગુજરાતી/Gujarati**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો

(800)905-1722 #1 (TTY: 711).

#### **kreyòl ayisyen/Haitian Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (800) 905-1722 #1 (TTY: 711).

### **Igbo**

Ntị: Ọ buru na asu Ibo, asusu aka ọasụ n'efu, defu, aka. Call (800) 905-1722 #1 (TTY: 711).

### **한국어/Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

(800) 905-1722 #1 (TTY: 711) 번으로 전화해 주십시오.

### **Português/Portuguese**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (800) 905-1722 (TTY: 711).

### **Русский/Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 905-1722 #1 (телетайп: 711).

### **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 905-1722 #1 (TTY: 711).

### **اردو/Urdu**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

(800) 905-1722 #1 (TTY: 711) کریں۔

### **Tiếng Việt/Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 905-1722 #1 (TTY: 711).

### **Yorùbá/Yoruba**

AKIYESI: Bi o ba nso èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi (800) 905-1722 (TTY: 711).