

# Arc of Onondaga

## *New or Revised Policy, Procedure Authorization and Distribution*

### Policy/Procedure/Manual Change:

A. Policy/Procedure:  New  Revised

#### B. Manual

- Name: Administrative Manual
- Section No: 2.4.9.8
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

**Title:** General Policies/Affordable Care Act Grievance Procedure

**Description:** Outlines grievance procedure related to Section 1557 of the Affordable Care Act.

**Revision:** Revision includes policy number change from 2.4.9.9

**Approved by Executive Director:** Week of 2/20/23

**Board of Directors' Approval Required:**  Yes  No

**Approved by Board of Directors:** February Board Meeting

**Distribution List:**

<input checked="" type="checkbox"/> Executive Director	<input checked="" type="checkbox"/> Assistant Executive Directors
<input checked="" type="checkbox"/> Senior Management	<input checked="" type="checkbox"/> Corporate Compliance Officer
<input checked="" type="checkbox"/> Division Director	

Attached you will find  new  revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

**SECTION:** 2.4.9.8  
**SUBJECT:** Corporate Compliance  
**TOPIC:** General Policies  
Affordable Care Act Grievance Procedure

### **POLICY**

It is the policy of Arc of Onondaga not to discriminate on the basis of race, color, national origin, sex, age or disability. Arc of Onondaga 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 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. The Arc of Onondaga Corporate Compliance Officer has been designated the Section 1557 Coordinator.

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 the Arc of Onondaga to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

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. Complaint forms are available at [www.hhs.gov/ocr](http://www.hhs.gov/ocr). Such complaints must be filed within 180 days of the date of the alleged discrimination.

Arc of Onondaga 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 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.

### **PROCEDURE**

#### **Person(s)**

Complainant

#### **Responsibility**

Submits grievance in writing to the Corporate Compliance officer within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

The complaint must be in writing, contain the name and address of the person filing

it and state the problem or action alleged to be discriminatory and the remedy or relief sought.

Corporate Compliance Officer

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.

Arranges for auxillary aids and services or language assistance services for individuals as requested if needed to participate in the grievance process.

The Corporate Compliance Officer will maintain the files and records of Arc of Onondaga relating to such grievances. To the extent possible, and in accordance with applicable law, appropriate steps will be taken to preserve the confidentiality of files and records relating to grievance and will share them only with those who have a need to know.

Issues 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.

Complainant

May appeal the decision of the Corporate Compliance Officer by writing to the Executive Director within 15 days of the receipt of the decision.

Executive Director

Shall issue a written decision in response to the appeal no later than 30 days after its filing.

DATE: 9/20/16  
Revised 2/2023

  
\_\_\_\_\_  
Executive Director

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
President, Board of Directors

\_\_\_\_\_  
Date

# Arc of Onondaga

## *New or Revised Policy, Procedure Authorization and Distribution*

### Policy/Procedure/Manual Change:

A. Policy/Procedure:  New  Revised

#### B. Manual

- Name: Administrative Manual
- Section No: 2.4.9.9
- Section Name: Corporate Compliance
- Title and Description of new policy or revision: (Attach copy)

**Title:** General Policies/Affordable Care Act Grievance Procedure

**Description:** Outlines required use of notices and taglines related to Section 1557 of the Affordable Care Act.

**Revision:** Revision includes policy number change from 2.4.9.10

**Approved by Executive Director:** Week of 2/20/23

**Board of Directors' Approval Required:**  Yes  No

**Approved by Board of Directors:** February Board Meeting

**Distribution List:**

<input checked="" type="checkbox"/> Executive Director	<input checked="" type="checkbox"/> Assistant Executive Directors
<input checked="" type="checkbox"/> Senior Management	<input checked="" type="checkbox"/> Corporate Compliance Officer
<input checked="" type="checkbox"/> Division Director	

Attached you will find  new  revised policy/procedure for Administrative Manual

Please refer to the policy if a situation arises regarding the subject matter.

**SECTION:** 2.4.9.9  
**SUBJECT:** Corporate Compliance  
**TOPIC:** General Policies  
Affordable Care Act Non-Discrimination Notice/Taglines

**POLICY**

It is the policy of Arc of Onondaga not to discriminate on the basis of race, color, national origin, sex, age or disability. Arc of Onondaga 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 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.

It is required under the ACA Section 1557 that notices and taglines are posted in conspicuous locations where the public may frequent, including the Arc of Onondaga website and be included in significant publications and significant communications. Significant publications and communications may include but are not limited to notifications of rights, service contracts, service agreements, lease agreements, etc. Taglines must be posted in the top 15 languages spoken in New York State, except in "small sized" publications such as post cards and tri-folds. For small size publications the following statement must be included: "Arc of Onondaga complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex" and taglines for only the top two languages are required (English and Spanish). The top 15 languages spoken in New York State are English, Spanish, Chinese, Russian, French creole, Korean, Italian, Yiddish, Bengali, Polish, Arabic, French, Urdu and Tagalog.

The notice and taglines are included at the end of this document for use.

**PROCEDURE**

**Person(s)**

Division Directors

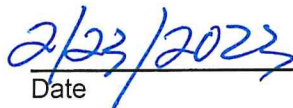
**Responsibility**

Ensure the notice and taglines are posted as appropriate and included in significant publications and significant communications as noted above.

Distribute the notice and taglines as part of the intake paperwork for individuals new to services.

DATE: 10/5/16, 2/2023  
Reference: ACA Section 1557

  
Executive Director

  
Date

\_\_\_\_\_  
President, Board of Directors

\_\_\_\_\_  
Date

## Affordable Care Act Section 1557 Notice

Arc of Onondaga complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Arc of Onondaga does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Arc of Onondaga:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreter
  - Written information in other formats (i.e. large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Donna Loveland, CCO for Quality/Compliance Services at 476-7441, ext. 1127.

If you believe that Arc of Onondaga has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Donna Loveland, CCO for Quality/Compliance Services, 600 South Wilbur Ave, Syracuse, NY 13204; 315-476-7441; [dloveland@arcon.org](mailto:dloveland@arcon.org). You can file a grievance in person or by mail or email. If you need help filing a grievance, Donna Loveland, CCO for QA/Compliance is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Compliant Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Compliant Forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 315-476-7441, extension 1127.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame 476-7441, extensión 1127.

注意：如果你說中國話，語言協助服務，免費的，都可以給你。撥打315-476-7441，分機1127。

ВНИМАНИЕ: Если вы говорите России, переводческие услуги, бесплатно, доступны для вас. Вызов 315-476-7441, добавочный номер 1127.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 315-476-4771,1127

주의 : 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 315-476-7441 전화, 내선 1127.

ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, gratuitamente, sono a vostra disposizione. Chiamata 315-476-7441, estensione 1127.

Attention.1127 : אויב איר רעדן יידיש, שפראך הילף באדינונגען, פאטער פון אפצאל, זענען בנימצא צו איר. רוף 315-476-7441, געשפרייט 1127.

দৃষ্টি আকর্ষণ: আপনি বাংলা, ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ. কল 315-476-7441, এক্সটেনশন 1127.

UWAGA: Jeśli w języku polskim, usługi assistance językowych, bezpłatnie, są dostępne dla Ciebie. Zadzwoń 315-476-7441, rozbudowa 1127

تنبيه: إذا كنت تتحدث خدمات المساعدة اللغوية، مجاناً الإنكليزية وتتوفر لك. دعوة 315-476-7441، تمديد 1127.

ATTENTION: Si vous parlez français, les services d'assistance de langues, gratuitement, sont à votre disposition. Appelez 315-476-7441, poste 1127.

توجه: اگر آپ اردو زبان کی مدد کی خدمات، مفت کے انچارج بولتے ہیں تو، آپ کو دستیاب ہیں۔ کال کری-315-476-7441، توسیع کے 1127.

Pansin: Kung nagsasalita ka ng Ingles, wika serbisyo ng tulong, nang walang bayad, ay magagamit sa iyo. Tumawag 315-476-7441, extension 1127.