

Language Access Grievance Policy and Procedures

Policy:

It is the policy of the Massachusetts Health Connector (“Connector”) not to discriminate on the basis of race, color, national origin, age, disability, or sex. The Connector has adopted this grievance procedure to provide for prompt and equitable resolution of any complaints alleging any discriminatory action, including actions prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 CFR part 92, based on a person’s national origin or language. Section 1557 prohibits, among other things, discrimination on the national origin, in certain health programs and activities, which may include denial of access or other unequal treatment based on an individual’s use of a language other than English. Section 1557 and its implementing regulations are available online at <https://www.gpo.gov/fdsys/pkg/USCODE-2014-title42/html/USCODE-2014-title42-chap157-subchapVI-sec18116.htm> and <http://www.ecfr.gov/cgi-bin/text-idx?SID=bc2e2ac702d58b31d7aaf3319ce65f10&mc=true&node=pt45.1.92&rgn=div5>

Persons who believe that they themselves or another person or persons have been subjected to discrimination by the Health Connector on the basis of national origin or language may file a grievance under this procedure. It is against the law for the Health Connector to retaliate against anyone who reports or opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

Language Rights/Access Coordinator

The Health Connector has designated an individual to investigate any restrictions of language access. The contact for that person is:

Chad Fame
Compliance Manager
P.O. Box 960189
Boston, MA 02196
LanguageRights@state.ma.us

Filing a Grievance

Grievances must be submitted to the Language Rights Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

A grievance must be in writing. It may be filed electronically using the email address above, or on paper by mail to the address above.

The Language Access Complaint form must be completed via computer and signed (electronically or by hand), prior to sending via email or on paper by mail. The complaint must state the problem or action that is alleged to be discriminatory and the remedy or relief sought. The Language Access Complaint Form can be found here:

<https://www.mahealthconnector.org/wp-content/uploads/Language-Access-Grievance-Form.pdf>

Responding to a Grievance

The Language Rights Coordinator (or a 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 Language Rights Coordinator will maintain the files and records of the Connector relating to such grievances. To the extent possible, and in accordance with applicable law, the Language Rights 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 Language Rights Coordinator will issue a written decision on the grievance, based on the preponderance of the evidence, no later than 30 days after its filing, unless in the reasonable judgment of the Language Rights Coordinator, further time is required to investigate and respond to the grievance, in which case the Language Rights Coordinator will notify the person who filed the grievance of the need for more time and the additional time, which shall be no more than 30 days, needed.

The Language Rights Coordinator will provide the written decision to the person who filed the grievance, along with notice to that person of the right to pursue further administrative or legal remedies.

Complaint to HHS-OCR

A person may file a complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file such a complaint electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 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.

Other Legal Remedies

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, age, disability, or sex in court or with the U.S. Department of Health and Human Services, Office of Civil Rights.

Assistance for Persons Filing Grievances

The Connector 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 materials for individuals with low vision, or assuring a barrier-free location for the proceedings. The Language Rights Coordinator will be responsible for such arrangements.

Last updated: November 28, 2016