



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
Contract Monitoring and Compliance Section
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 30, 2016

MEMORANDUM

MEMO NO.
FFS 16-07

TO: Medicaid Fee-For-Services Providers

FROM: ✓ Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: AFFORDABLE CARE ACT (ACA) 1557 REQUIREMENTS AND COMPLIANCE

The purpose of this memorandum is to notify all Medicaid Fee-For-Services providers of the Affordable Care Act Section 1557 (ACA 1557) non-discrimination and language assistance requirements. ACA 1557 prohibits discrimination based on race, color, national origin, sex, age or disability in certain health programs and activities. This provision went into effect upon the signing of the Affordable Care Act in March 2010. On May 18, 2016, Final Rule 81 FR 31376 was issued on the implementation regulations. Effective July 18, 2016, all covered entities are required to comply with the requirements.

The final rule applies to every health program or activity that receives Department of Health & Human Services (HHS) funding, including every health program or activity administered by the HHS. This includes the Medicaid program in Hawaii. Covered entities may include hospitals, health clinics, health insurance issuers, state Medicaid agencies, community health centers, physician's practices and home health care agencies. The requirements are for additional language at the end of all documents. The additional language serves to notify the reader of non-discrimination policies followed and language assistance services available.

Letter-Sized Documents

A covered entity must post in public office areas, on public websites, and as addenda to significant publications:

- A notice advising individuals of their rights and of covered entities' non-discrimination obligations.
- Taglines in at least the top 15 languages spoken by individuals with limited English proficiency in the Hawaii.

Covered entities with 15 or more employees must have a grievance procedure and designated employee to coordinate efforts to comply with the regulation and resolve grievances.

Attachment A is a sample notice to meet the ACA requirements for covered entities with 15 or more employees, and Attachment B is for covered entities with fewer than 15 employees.

Postcard-Sized Documents

For postcard-sized documents, only a non-discrimination statement is needed. See Attachment C for a sample statement to meet the ACA requirements.

If you have any questions, please contact Mr. Jon Fujii via e-mail at jfujii@dhs.hawaii.gov or call him at (808) 692-8083.

Attachments

[FFS provider] complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of:

- Race
- National Origin
- Disability
- Color
- Age
- Sex

[FFS provider] provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

[FFS provider] 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 1-877-628-5076.

If you believe that **[FFS provider]** has failed to provide these services or discriminated in another way, you can file a grievance with:

[Name and Title of Civil Rights Coordinator]

[Mailing Address]

[Telephone number]

[TTY number—if covered entity has one]

[Fax]

[Email]

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **[Name and Title of Civil Rights Coordinator]** is available to help you.

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint 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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

(English) Do you need help in another language? We will get you a free interpreter. Call 1-877-628-5076 to tell us which language you speak. (TTY: 1-855-585-8604 or 711).
(Cantonese) 您需要其它語言嗎? 如有需要, 請致電 1-877-628-5076, 我們會提供免費翻譯服務 (TTY: 1-855-585-8604 or 711).
(Chuukese) En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori 1-877-628-5076 omw kopwe ureni kich meni kapas ka ani. (TTY: 1-855-585-8604 or 711).
(French) Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'un interprète. Appelez le 1-877-628-5076 pour nous indiquer quelle langue vous parlez. (TTY: 1-855-585-8604 or 711).
(German) Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter 1-877-628-5076 und sagen Sie uns Bescheid, welche Sprache Sie sprechen. (TTY: 1-855-585-8604 or 711).
(Hawaiian) Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona 1-877-628-5076 `oe ia la kaula a e ha`ina `oe ia la maua mea `olelo o na `aina `e. (TTY: 1-855-585-8604 or 711).
(Ilocano) Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti 1-877-628-5076 tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: 1-855-585-8604 or 711).
(Japanese) 貴方は、他の言語に、助けを必要としていますか? 私たちは、貴方のために、無料で通訳を用意できます。電話番号の、1-877-628-5076に、電話して、私たちに貴方の話されている言語を申し出てください。 (TTY: 1-855-585-8604 or 711).
(Korean) 다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-877-628-5076로 전화해서 사용하는 언어를 알려주세요 (TTY: 1-855-585-8604 or 711).
(Mandarin) 您需要其它语言吗? 如有需要, 请致电1-877-628-5076, 我们会提供免费翻译服务 (TTY: 1-855-585-8604 or 711).
(Marshallese) Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok 1-877-628-5076 im kwalok non kim kajin ta eo kwo melele im kenono kake. (TTY: 1-855-585-8604 or 711).
(Samoan) E te mana'o mia se fesosoani i se isi gagana? Matou te fesosoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea 1-877-628-5076 pea e mana'o mia se fesosoani mo se faaliliu upu. (TTY: 1-855-585-8604 or 711).
(Spanish) ¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al 1-877-628-5076 y díganos que idioma habla. (TTY: 1-855-585-8604 or 711).
(Tagalog) Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa 1-877-628-5076 para sabihin kung anong lengguwahe ang nais ninyong gamitin. (TTY: 1-855-585-8604 or 711).
(Tongan) 'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni ki he 1-877-628-5076 'o fakaha mai pe koe ha 'ae lea fakafonua 'oku ke ngaue'aki. (TTY: 1-855-585-8604 or 711).
(Vietnamese) Bạn có cần giúp đỡ bằng ngôn ngữ khác không? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi 1-877-628-5076 nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: 1-855-585-8604 or 711).
(Visayan) Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa 1-877-628-5076 aron magpahibalo kung unsa ang imong sinulti-han. (TTY: 1-855-585-8604 or 711).

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- By mail, or
- By phone.

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- Race
- National Origin
- Disability
- Color
- Age
- Sex

(English) If you speak English, language assistance services, free of charge, are available to you. Call 1-877-628-5076 (TTY: 1-855-585-8604 or 711).

(Ilocano) PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-877-628-5076 (TTY: 1-855-585-8604 or 711).

(Traditional 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1-877-628-5076 (TTY: 1-855-585-8604 or 711)。

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-877-628-5076 (TTY: 1-855-585-8604 or 711) 번으로 전화해 주십시오.

(Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-628-5076 (TTY: 1-855-585-8604 or 711).