

Title: Non-Discrimination and Language Accessibility Policy					Number: 1008.v3
Policy Owner: Compliance and CQI Director	Old Number: 1205.v1, 1008.v2	Effective Date: 6/12/2018	Date Revised: 6/12/2018	Rev # 3	Page 1 of 10

1.0 BACKGROUND AND PURPOSE

The Jewish Social Service Agency and Premier Homecare (collectively “JSSA” for purposes of this policy) does not discriminate, exclude people or treat them differently on the basis of race, color, religion, creed, national origin, age, disability, sexual orientation, or gender identity. JSSA serves a diverse population, encompassing people with many different primary languages or limited English proficiency (LEP), and/or who are deaf or hard of hearing.

JSSA is committed to providing meaningful access to programs and activities offered at JSSA, eliminating barriers, and reducing health disparities to clients whose primary language is not English or who may be deaf or hard of hearing. JSSA takes all reasonable steps to ensure that communication between JSSA and clients is not impaired as a result of a client’s limited English proficiency or the disability of the individual. JSSA also takes reasonable steps to effectively inform the community of the language services offered.

This policy is designed to ensure that language or communication differences will not prevent staff from communicating effectively with LEP or deaf or hard of hearing clients. Clients can utilize JSSA’s language service resources by reaching out to a JSSA staff member. Following the guidelines outlined in this policy is essential to the success of our mission and values.

This policy is adopted to ensure JSSA is acting in accordance with Section 1557 of the Affordable Care Act of 2010 (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. part 92, issued by the U.S. Department of Health and Human Services, as well as in accordance with other applicable federal and state laws and with best practice guidelines. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability and builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

2.0-3.0 APPLICABILITY AND SCOPE

JSSA expects all employees, contractors, volunteers, and consultants (collectively “employee” or “staff” for purposes of this policy) to fully comply with this policy, eliminate unlawful discrimination, promote equality and diversity, and familiarize themselves with the non-discrimination language access practices outlined throughout this policy.

4.0 POLICY

4.1 Policy Statement

JSSA staff are expected to eliminate unlawful discrimination and always promote equality and diversity through treating everyone equally with the same attention, courtesy, and respect regardless of race, color, religion, creed, national origin, age, disability, sexual orientation, or gender identity.

Clients have the right to receive services in an environment that is free from discrimination and receive language assistance services, free of charge and in a timely manner. JSSA will provide meaningful access for LEP and deaf or hard of hearing clients to all agency programs and activities. All agency staff must provide free language and assistance services to LEP or deaf or hard of hearing clients whom they encounter or whenever an LEP or deaf or hard of hearing client requests language assistance services.

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4.2 Language Accessibility

For purposes of this policy, an LEP client is any client whose primary language is not English, including clients who have a limited ability to read, write, speak or understand English. But JSSA will not identify anyone as LEP; the beneficiaries of the services and activities must identify themselves as LEP through the client assessment and evaluation process described in section 4.3. Many LEP clients may be in the process of learning English and may read, write, speak and/or understand English, but not proficiently. LEP status may be context-specific in that a client may have sufficient English language skills to communicate basic information (e.g., name, address, etc.) but may not have sufficient skills to communicate detailed information (e.g., medical and psychological information, or other privileged information, etc.) in English.

JSSA provides meaningful access to services with LEP and deaf or hard of hearing clients through bilingual staff, in-person interpreter services, over-the-phone interpretation, visual relay service, and electronic interpretation and translation applications, at no charge to the client. JSSA hires bilingual/bicultural staff whenever possible to work directly with individuals with limited English proficiency or who are deaf or hard of hearing. Bilingual staff should not be used as interpreters for other organizations unless it is done to facilitate collaborative care for a client.

JSSA also provides sustainable language resources as needed in oral, written and electronic format so that LEP or deaf or hard of hearing clients are not denied information or services. Whenever practicable, JSSA will offer and provide the same high quality service to all individuals regardless of their language and communication abilities. If, for any reason, an LEP or deaf or hard of hearing client rejects JSSA's language assistance services, staff will document the offer and the client's subsequent rejection.

In order, the following languages are the most prevalent in **Maryland**:

1. English
2. Spanish
3. Chinese/Mandarin
4. French
5. Korean
6. Vietnamese
7. Persian (Farsi)
8. Tagalog
9. Russian
10. Hindi
11. Portuguese
12. German
13. Arabic
14. Urdu
15. French Creole
16. Greek
17. Gujarati

In order, the following languages are the most prevalent in **Virginia**:

1. English
2. Spanish
3. Korean
4. Vietnamese
5. Chinese/Mandarin
6. Arabic
7. Tagalog
8. Persian (Farsi)
9. Amharic
10. Urdu
11. French
12. Russian
13. Hindi
14. German
15. Bengali
16. Kru, Ibo, Yoruba

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4.2.1 Four-Factor Analysis

Through the four-factor analysis, the Compliance and CQI Director will note any trends or other information helpful to describe the linguistic characteristics of the clients JSSA serves or the LEP individuals who are seeking services at JSSA.

Four-factor analysis includes:

- Determining the number and proportion of LEP clients served or LEP individuals encountered in particular service areas, to include specific language needs.
- Determining the frequency of contact the different programs and departments have with LEP clients or would have if LEP individuals became clients.
- Determining the nature and importance of the programs and services being sought by LEP individuals.
- The resources available to JSSA and the costs associated with different language service options.

4.3 Client Assessment and Evaluation

Staff at the initial point of contact will conduct an assessment for the need for language assistance and notify the individual of the right to an interpreter or translation service at no cost. Staff members who have subsequent contact will continue to assess the need for language assistance. Staff must identify the primary language of the LEP individual and work to provide language assistance in the primary language of the individual. A deaf individual may also be LEP and not be proficient in American Sign Language. Staff shall work to identify the primary language of the deaf individual, and provide language assistance in the individual's primary language.

When practicable, language cards or other effective means to determine the individual's primary language should be used. When necessary, staff may need to use an interpreter proficient in that individual's language to conduct the assessment. Staff is then responsible for informing the program director of the language needs of the individual to determine if JSSA is able to meet the individual's needs at that time or if another provider is better suited to meet the immediate needs of the individual.

Staff must include the individual's primary language, language of choice, and language needs in the individual's electronic health record (EHR). Staff is expected to enter this information in the individual's EHR during the intake and assessment phase and service delivery staff is expected to ensure this information is completed and accurate when services are first rendered.

4.4 Language Assistance Resources

The following are examples of different ways to provide language services:

- Bilingual/Multilingual Staff
- Written Translation
- Electronic Interpretation and Translation Applications (language service applications on mobile phones, iPads, etc.)
- Telephonic/Video Remote Interpreters

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- Video Relay Services
- Sign-Language Interpreters

The most efficient and cost-effective method for communicating with LEP or deaf or hard of hearing clients is direct communication through qualified bilingual or multilingual staff fluent in both English and the LEP client’s language or American Sign Language. When possible and appropriate, LEP and deaf or hard of hearing clients should be paired with a staff member who can meet the client’s language needs.

Telephonic or video remote interpretation or use of JSSA’s language line service should only be used in situations in which no qualified in-person interpreter, written translation, or electronic interpretation and translation application is available or appropriate. Staff must get explicit approval from their supervisor before using JSSA’s language line service.

Staff is prohibited from using minor children, family members, or friends to interpret or translate in order to ensure confidentiality and accurate communication and to avoid conflicts of interest. Only under special circumstances, such as emergency or life-threatening situations or when a client specifically requests, may a family member or friend be used to interpret or translate. Using a family member or friend to interpret or translate is permissible if the family member or friend agrees to interpret and there are no competency or confidentiality concerns.

4.5 Interpreter and Translator Code of Ethics

4.5.1 Accuracy

Qualified interpreters must be proficient in English and at least one other spoken language (or American Sign Language), including any necessary specialized vocabulary, terminology, and phraseology. Qualified interpreters must be able to effectively, accurately, and impartially communicate directly with individuals with LEP in their primary language.

Interpretation and translation should be authentically rendered into the target language by conserving all the elements of the original message. There should not be any distortions of the original message through addition or omission, explanation or paraphrasing. English words mixed into the other language should be retained, as should culturally-bound terms which have no direct equivalent in English, or which may have more than one meaning. The register, style and tone of the source language should be conserved. Guessing should be avoided. Interpreters who do not hear or understand what a speaker has said should seek clarification. Interpreter errors should be corrected as soon as possible.

4.5.2 Impartiality and Conflicts of Interest

Interpreters and translators are to remain impartial and neutral and must maintain the appearance of impartiality and neutrality, avoiding unnecessary contact with the parties. Interpreters and translators shall abstain from commenting on matters. Any real or potential conflict of interest shall be immediately disclosed to the program director and all parties as soon as the interpreter, translator, or staff becomes aware of such conflict of interest.

See JSSA’s Conflict of Interest Policy for additional information.

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4.5.3 Confidentiality

Privileged or confidential information acquired in the course of interpreting or preparing a translation shall not be disclosed by the interpreter without authorization.

Please see JSSA’s Confidentiality Policy for additional information.

4.5.4 Accurate Representation of Credentials

Interpreters and translators shall accurately represent their certifications, accreditations, training, and pertinent experience.

4.5.5 Monitoring and Assessment

The Compliance and Continuous Quality Improvement (CQI) Director will monitor changing population levels and the language needs of clients with LEP in the region biennially. Recommended changes will be shared with management staff. When determining steps to take to communicate effectively with LEP clients, a four-factor analysis will be conducted and reviewed.

4.6 Client Notification and Outreach

JSSA notifies all clients and the public that JSSA:

- Does not discriminate on the basis of race, color, religion, creed, national origin, age, disability, sexual orientation, or gender identity;
- Provides language assistance services for those with LEP, including the language assistance resources listed in section 4.4;
- Provides appropriate auxiliary aids and services for individuals with disabilities, including details of how to obtain such aids and services;
- Has designated an employee as the Compliance and CQI Director, and provides the Compliance and CQI Director’s contact information to the public;
- Has adopted grievance procedures, including information on how an individual may file a grievance; and
- Informs individuals they may file a discrimination complaint with OCR.

Posters notifying clients with LEP of their language service rights are displayed in areas where intakes are conducted or common client areas. This poster contains taglines in the top 15 languages in the relevant state with the message that free interpretation services are available and encourages the client to ask for assistance. Taglines and JSSA’s nondiscrimination statements in the top 15 languages are located on the main page of JSSA’s website. Information regarding free language services is also included in clients’ intake paperwork.

Such notification is included on JSSA’s website and in posters situated in JSSA’s treatment areas. The taglines in the top 15 languages will be included in all significant paperwork including clients’ intake paperwork. For small communications (e.g., pamphlets and flyers) JSSA will include the taglines in at least the top two languages spoken by individuals with LEP.

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4.7 Procedure for Filing a Complaint or Grievance

A client or employee may withdraw a complaint or grievance at any point in the procedure.

Expressing a Complaint

The first level of the complaint and grievance procedure is to attempt to resolve the issue with the person directly or with his/her supervisor. A client or employee may approach a JSSA staff member to discuss a concern or make a complaint. This does not need to be in writing and it is anticipated that most complaints can be resolved at this level. The client or employee is encouraged to attempt to resolve the complaint as close to the source as possible, generally discussing the issue with the person involved directly.

A client or employee may approach other JSSA staff members to discuss a concern or make a complaint (e.g., person directly involved, program supervisor, program director, Human Resources, Director of Compliance and Continuous Quality Improvement or Chief Executive Officer, etc.). The JSSA staff member has a responsibility to take prompt and reasonable action to try to resolve the complaint and advise the client or employee of this Policy. If necessary, the staff member may ask for assistance from or refer the client or employee to an appropriate staff member, such as the program supervisor or Program Director.

The staff member should record the details of the complaint, the client or employee involved, and any actions taken to resolve the complaint. The details can be recorded in an informal way, e.g. in a written, (legible) note, however appropriate confidentiality must be maintained.

An informal response will generally be given verbally to the client or employee. The client or employee should be informed that a grievance procedure is also available to them if they are unsatisfied with the outcome of the complaint process.

The staff member involved is to provide details of the complaint to their supervisor or Program Director including the essential details of the complaint, when it was made, what steps have been taken to resolve the complaint, and whether the client or employee has been informed of the outcome. This should be done ensuring appropriate confidentiality is maintained and as soon as is reasonable to ensure data regarding complaints is recorded and shared with the Program Director and Director of Compliance and Continuous Quality Improvement, as necessary.

If the concern has not been resolved to a satisfactory level through the complaint process, the Program Director is to forward the complaint to the Director of Compliance and Continuous Quality Improvement for investigation and recommendation. The complaint then becomes a formal grievance.

Filing a Grievance

Once it has been established that the concern could not be resolved through the complaint process, a grievance is made formally in writing and must contain at least the following details:

- Client's name and contact details.
- A description of the concern or issue, including where, when and who was involved.
- A description of the steps already taken to try to resolve the matter.
- An indication of the client's or employee's desired outcome.

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On receipt of a written grievance, the Program Director will provide the client or employee with their contact details or details of the designated JSSA staff member.

The Program Director or designee will liaise with the client or employee and all other relevant staff to ensure the grievance is resolved. Where the grievance involves allegations against a JSSA staff member, the Program Director will inform the Chief Human Resources Officer. Where necessary, the Chief Executive Officer will be consulted and have the final determination in the outcome of a grievance.

All written grievances should be forwarded immediately to the Director of Compliance and Continuous Quality Improvement for possible investigation and recommendation. The Director of Compliance and Continuous Quality Improvement will log details of the written complaint or grievance through JSSA's internal complaint and grievance tracker.

The client or employee filing the grievance will have the opportunity to formally present their case. This may be done in writing or verbally, and may involve clarification of the initial complaint or grievance. The Program Director or designee will typically facilitate this meeting.

Upon completion of the investigation, the Program Director or designee will provide the client or employee with a response in writing, informing them of the outcome of the grievance and the reasons for any decisions.

The client or employee will normally be provided with a response within thirty (30) business days from when the formal grievance was received. The Program Director or designee should keep the client or employee informed of the progress of the grievance resolution or if there are any delays in the resolution process.

Once the grievance process has been finalized, all documentation, including the written grievance, meeting notes and disciplinary memos are to be forwarded to the Director of Compliance and Continuous Quality Improvement for recording and logging in JSSA's internal complaint and grievance tracker.

Additional Avenues for Complaints or Grievances

Clients and employees may remain anonymous at their personal option when they do not feel comfortable raising concerns through traditional management or contractual channels. In this event, clients and employees are encouraged to contact the Compliance and Ethics Hotline. See Section 4.8 for additional information.

The client or employee will also be advised of his/her rights to pursue the matter with external authorities if they so wish; see Section 4.7.1 below. Contact information for additional resources and regulatory bodies is provided in client's intake paperwork and posters containing this information is hung in client common areas as well.

Please see JSSA's Complaint and Grievance Policy for additional information.

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4.7.1 Contact Information for Common External Authorities by State

MARYLAND RESIDENTS

For concerns related to the health care or treatment that the client or a member of their family received or did not receive, they should contact the following:

- Department of Behavioral Health/Health and Mental Hygiene
 - Mental Health Services: (410) 402-8060, Toll-free 877-402-8220; or
 - Developmental Disabilities Programs: (410) 402-8094, Toll-free 877-402-8220
- Maryland State Department of Education
 - Main Office: (410) 767-1446, Toll-free 800-535-0182
- Division of Rehabilitation Services
 - Main Office: (410) 554-9442, Toll-free 888-554-0334, TTY (443)798-2840
- Developmental Disabilities Administration
 - Main Office: (410) 767-5600, Toll-free 877-463-3464, TTY 800-735-2258
- Client Assistance Program (CAP) – *(Hospice patients only)*
 - Maryland State Department of Education: Division of Rehabilitation Services
 - Main Office: (410)554-9361, Toll Free 800-638-6243, Fax (410)554-9362, Email cap.dors@maryland.gov
- Office of Health Care Quality - *(Hospice patients only)*
 - Spring Grove Hospital: Toll-Free 800-492-6005 or fax (410) 402-8277
- Community Health Accreditation Program (CHAP) - *(Hospice patients only)*
 - Main Office: Toll-Free 800-656-9656, (202) 862-3413 or fax (202) 862-3413

For concerns related to (Medicaid/Medicare) fraud, waste and abuse please contact the following:

- Department of Health and Mental Hygiene
 - Main Office: 866-770-7175; or
- Office of Inspector General
 - Main Office: Toll-Free 800-447-8477
- Office of the Attorney General
 - Medicaid/Medicare Fraud Control Unit: (410) 576-6521

For concerns related to discrimination please contact the following:

- U.S. Department of Health and Human Services, Office of Civil Rights
 - Main Office: Toll-Free 800-368-1019, TTY 800-537-7697

VIRGINIA RESIDENTS

For concerns related to the health care or treatment that client or a member of their family received or did not receive please contact the following:

- Department of Behavioral Health and Developmental Services

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- Mental Health Services and Disability Services: (804) 382-3889; or
 - PAIMI Advisory Council or DD Programs: Toll-free 800-552-3692 or email info@dlcv.org
- Department of Administration for Human Services
 - Main Office: (703)324-5630, TTY 711, Fax (703)324-7572

For concerns related to discrimination please contact the following:

- U.S. Department of Health and Human Services, Office of Civil Rights
 - Main Office: Toll-Free 800-368-1019, TTY 800-537-7697

4.8 Compliance and Ethics Hotline

The Compliance and Ethics Hotline has been established for complaints related only to noncompliance with federal, state, or local laws or regulations, and internal policies and procedures relating to fraudulent, illegal, criminal, dangerous or unethical conduct. This service should not be used for less-than-serious suggestions, complaints, or concerns, such as criticisms regarding performance evaluations, hours of work, wages, raises, disagreements with peers or supervisor, etc. These types of matters should be addressed through the program supervisor, department head, or Human Resources.

The Compliance and Ethics Hotline allows clients and staff remain anonymous at their option when they do not feel comfortable raising these concerns through traditional management or contractual channels. Clients and employees are encouraged to provide as much specific information as possible including names, dates, places, and events that took place, and their perception of why the incident(s) may be fraudulent, illegal, criminal, dangerous or unethical. JSSA will conduct a prompt, discreet, and objective review or investigation.

Please see JSSA's Compliance and Ethics Hotline Policy for additional information.

4.9 Non-Retaliation

All clients and employees have the right to make a complaint or file a formal grievance without fear of retaliation, penalty, or loss of services. JSSA prohibits retaliation by or on behalf of the agency against clients and employees for making good faith complaints or grievances, reports or inquiries or for participating in a review or investigation under this policy. This protection extends to those whose allegations are made in good faith but proven to be mistaken. If a client or employee perceives that they are being retaliated against after making a report, this should be promptly reported to the Program Director, Human Resources or to the Director of Compliance and CQI.

Should a client or employee have a complaint or grievance regarding services received at JSSA, all efforts will be made to resolve the issue via JSSA's Complaint and Grievance Procedures described in Section 4.7 All grievances received by JSSA will be documented and investigated in accordance with the procedure described in Section 4.7.

Please see JSSA's Whistleblower Policy for additional information.

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5.0 POLICY COMPLIANCE

Staff must bring to their supervisor’s attention any circumstance or condition that impedes full compliance with this policy. JSSA will rigorously apply this policy and investigate all reports of violation. An employee who intentionally violates this policy may receive disciplinary action, up to and including termination.

6.0 RESPONSIBILITIES

The Compliance and CQI Director shall administer this policy and is authorized to make modifications to this policy to ensure that it is in compliance with local, state and federal laws or regulations. The Compliance and CQI Director also serves as the Section 1557 Coordinator for purposes of compliance with Section 1557.

7.0 QUESTIONS

Staff should work directly with their supervisor to address questions or concerns or to report difficulties in accessing resources offered by JSSA to assist clients with limited English proficiency or clients who are deaf or hard of hearing.

Questions concerning the administration and interpretation of, or compliance with, this Policy or its application to particular compliance issues and/or to JSSA, JSSA employees, or clients should be directed to the Compliance and CQI Director.

Additional Resources:

- Code of Ethics and Professional Conduct
- Whistleblower Policy
- Compliance Hotline Policy
- Complaint and Grievance Policy
- Report a Grievance Poster
- Client Rights and Responsibilities/Intake Paperwork
- Conflict of Interest Policy
- Confidentiality Policy

Version Control

Version Number	Date	Applicable Section	Comments	Approver/Todd Schenk, CEO
V.3	6/12/18	Entire Policy	Reviewed and revised content; corrected formatting and numbering issues	