

Affordable Care Act §1557 Grievance Procedure

DISCRIMINATION IS AGAINST THE LAW.

Franciscan Children's ("FC") does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). FC 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 C.F.R. pt.t 92, issued by the U.S. Department of Health and Human Services. FC prohibits discrimination on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity) in certain health programs and activities. Section 1557 and its implementing regulations may be examined at FC by contacting the Privacy Officer and ACA Compliance, 30 Warren Street, Brighton, MA 02135, Tel. No. 617-779-1111 (TTY 711), Email: ComplianceACASec1557@franciscanchildrens.org or Fax 617-779-1168, who has been designated to coordinate FC's efforts to comply with Section 1557. ("Section 1557 Coordinator").

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity) may file a grievance under this procedure. It is against the law for FC to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

How to File a Grievance

- 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 FC 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.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Corporate Counsel of FC within 15 days of receiving the Section 1557 Coordinator's decision. The Corporate Counsel of FC shall issue a written decision in response to the appeal no later than 30 days after its filing.

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, religion, or sex (including pregnancy, sexual orientation, and gender identity) 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/smartscreen/main.jsf>, or by mail at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. Tel. No. (800) 368-1019 TDD (800) 537-7697.

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

Franciscan Children's 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.

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Franciscan Children's Affordable Care Act Language Assistance

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (617) 254-3800 ext. 4700 (TTY 711)

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (617) 254-3800 ext. 4700 (TTY 711)

繁體中文 (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 (617) 254-3800 ext. 4700 (TTY 711)

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (617) 254-3800 ext. 4700 (TTY 711)

Tiếng Việt (Vietnamese)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (617) 254-3800 ext. 4700 (TTY 711)

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (617) 254-3800 ext. 4700 (TTY 711)

رَبِيَّة (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم -- (رقم هاتف الصم والبكم (617) 254-3800 ext. 4700 (TTY 711)

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ (617) 254-3800 ext. 4700 (TTY 711)។

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (617) 254-3800 ext. 4700 (TTY 711)

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (617) 254-3800 ext. 4700 (TTY 711)

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (617) 254-3800 ext. 4700 (TTY 711). 번으로 전화해 주십시오

λληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (617) 254-3800 ext. 4700 (TTY 711)

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (617) 254-3800 ext. 4700 (TTY 711)

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (617) 254-3800 ext. 4700 (TTY 711) पर कॉल करें।

ગુજરાતી (Gujarati)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્કભાષા સહાયસેવાઓ તમારામાટે ઉપલબ્ધ છે. ફોન કરો (617) 254-3800 ext. 4700 (TTY 711)7