
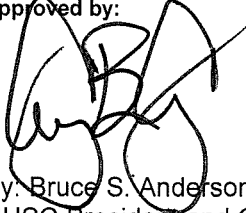


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|  HAWAII HEALTH SYSTEMS CORPORATION <i>"Quality Healthcare for All"</i> | Quality Through Compliance | Procedure No.: CMP 0023B |
| | | Revision No.: |
| Procedures | Issued by: Chief Compliance and Privacy Officer | Effective Date: June 20, 2013 |
| | Subject: Grievance Process for Reporting of Possible Discrimination against Limited English Proficiency (LEP) patients | Approved by:  By: Bruce S. Anderson, Ph.D. HHSC President and CEO |
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Reviewed April 19, 2013; Next Review: April 19, 2016

- I. **PURPOSE:** To establish methods that Hawaii Health Systems Corporation (HHSC) patients, employees, contracted providers, and agents may report suspected discriminatory practices against patients with limited English proficiency (LEP) and non-compliance with non-discrimination practices as required by law and stated in CMP 022A.

- II. **PROCEDURES:**
 - A. Each Hawaii Health Systems Corporation (HHSC) region must designate a Title VI/Limited English Proficiency (LEP)/Language Access Coordinator ("Coordinator").
 - B. Each HHSC region must establish a grievance procedure for complaints and grievances received from LEP patients regarding denial of appropriate language access services.
 - C. Staff must inform patients of the ability to file a grievance when an inquiry is made by a patient or resident.
 - D. Any grievances must be submitted to the Coordinator for each region or to the HHSC Chief Compliance & Privacy Officer who serves as the HHSC Language Access Coordinator within 30 days of the date the facility learns of a grievance, a grievance is filed, and/or a facility becomes aware of the alleged discriminatory action.
 - E. 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.
 - F. The Chief Compliance & Privacy Officer, the Coordinator, or his/her designee shall conduct an investigation of the complaint. This investigation may be informal, but it

must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. Files including disposition of the complaint will be maintained at each facility or the HHSC Corporate Office as appropriate.

- G. The Chief Compliance & Privacy Officer or Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
- H. The person filing the grievance may appeal the decision of the HHSC Chief Compliance & Privacy Officer by writing to the Regional Chief Executive Officer (RCEO) within 15 days of receiving the decision. The RCEO shall issue a written decision in response to the appeal no later than 30 days after its filing.
- I. The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of national origin / LEP with the U.S. Department of Health and Human Services, Office for Civil Rights.
- J. HHSC will make appropriate arrangements to ensure that disabled persons and LEP persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Chief Compliance & Privacy Officer / Risk Manager will be responsible for such arrangements.
- K. NOTICE: A public notice will be placed in public areas throughout the facilities. It will be in English and translated into the language(s) most prevalent in the community the hospital serves. It will state:

“NOTICE: THIS FACILITY IS LEGALLY OBLIGATED TO SERVE THE COMMUNITY.

This health care facility is required by law to make its services available to all people in the community.

This facility is not allowed to discriminate against a patient because of race, creed, color, national origin or because a patient is covered by a program such as Medicaid or Medicare.

If this facility provides emergency services it must not deny those services to a person who needs them but cannot pay for them.

If you believe you have been improperly denied services, contact the Admissions or Business Office of this facility or call Toll Free 1-800-363-1019 and TDD 1-800-537-7697.”

III. APPLICABILITY: These procedures shall apply to all the committees and positions referenced herein.

IV. REFERENCE: HHSC POLICY CMP023A