



Policies and Procedures #A17

Subject: Patient Non-Discrimination and Grievance Policy

Department: Administration

Approved/Amended On: DRAFT

Approved By:

Effective Date: 11/15/2017

This policy/procedure supersedes all other policies/procedures of the same subject.

Purpose:

As a recipient of federal financial assistance, Emergency Medical Services Authority (EMSA) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, gender, religion, national origin, disability, age, genetic information, gender identity, sexual orientation, veteran's status or any other basis protected by applicable federal, state or local law in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients.

This is in accordance with Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116), which provides that an individual shall not be excluded from participation in, be denied the benefits of, or be subjected to discrimination on the grounds:

- Prohibited under Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq. (race, color, national origin);
- Title IX of the Education Amendments of 1972, 20 U.S.C. 1681 et seq. (sex);
- The Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq.(age); or
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794 (disability); or
- Under any health program or activity, any part of which is receiving federal financial assistance, or under any program or activity that is administered by an Executive Agency or any entity established under Title I of the Affordable Care Act or its amendments.

Policy:

Protection against Sex Discrimination

- Individuals will not be denied health care based on their sex, including their gender identity and sex stereotyping.
- Women will be treated equally with men in the health care they receive and the insurance they obtain.
- Individuals will be treated consistent with their gender identity.
- EMSA will not deny or limit treatment for any health services that are ordinarily or exclusively available to individuals of one gender based on the fact that a person seeking such services identifies as belonging to another gender.

Protections for individuals with Limited English Proficiency

EMSA will take reasonable steps to provide meaningful access to each individual with limited English proficiency.

- EMSA will provide language assistance service, when oral language assistance or written translation is not available.
- EMSA will post taglines in written information and on EMSA's website at www.emsaonline.com in the top fifteen (15) languages spoken by individuals in the State of Oklahoma with limited English proficiency that indicate the availability of language assistance.

The tagline will provide information that the language services, are available to them free of charge by calling EMSA's customer care number at 1 (866) 336-5672.

Protections for individuals with Disabilities

- EMSA will take steps to ensure communications with individuals with disabilities are appropriate and will provide necessary auxiliary aids and services in the form of alternative formats, sign language or interpreters.
- The LanguageLine Service is available for translation, when there are language barriers with callers and/or patients that impair the ability to pinpoint the patient's location, provide appropriate care, or provide customer service.
 - Dispatch may contact LanguageLine during the EMD process, crews on scene may contact dispatch for a connection with LanguageLine, or when a patient calls customer service, they can connect with the LanguageLine.
 - Often, crews use bilingual bystanders, body language and facial expression observations, and/or simple drawings to effect adequate communication with patients in the field.
- Any community program EMSA offers, when applicable, will provide it in electronic information technology to be accessible to individuals with a disability.

Non-Discrimination Notice:

For the purposes of complying with the rules and regulations set forth and enforced by the Office for Civil Rights, EMSA will inform the public, patients, and employees that the agency does not discriminate on the basis of race, color, national origin, disability, or age.

- EMSA will post a notice of nondiscrimination on their website at www.emsaonline.com of individuals' rights providing information about communication assistance with individuals with limited English proficiency, and regarding available information for individuals with a disability needing communication assistance.
- The notice will provide information regarding filing a grievance with EMSA and with the Office for Civil Rights.
- A copy of the notice are posted in the back of the Ambulances.

- A copy of the notice is available upon request.
- The notice will be included in the employee handbook and distributed during orientation; and
- EMSA's contractor will maintain compliance with informing their employees regarding this policy.

Grievance Procedures

1. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance. It is against the law for EMSA to retaliate against anyone who opposes discrimination, files a grievance or participates in the investigation of a grievance.
 - A. Grievances must be submitted to EMSA's Compliance Officer or designee within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
 - B. A complaint must be in writing, containing the name and address of the person filing it.
 - C. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
 - D. EMSA's Compliance Officer or 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.
 - E. EMSA's Compliance Officer or designee will maintain the files and records of EMSA relating to such grievances.
 - F. To the extent possible, and in accordance with applicable law, EMSA's Compliance Officer or designee 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.
 - G. EMSA's Compliance Officer or designee will issue a written decision on the grievance, based on a preponderance of the evidence, no later than thirty (30) days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
 - H. The person filing the grievance may appeal the decision of EMSA's Compliance Officer or designee by writing to the Chief Operating Officer (COO) within fifteen (15) days of receiving the decision of EMSA's Compliance Coordinator or designee.

- I. The Chief Operating Officer shall issue a written decision in response to the appeal no later than thirty (30) days after its filing.
 - J. The Compliance Officer or designee can be contacted at:
EMSA
Compliance Officer
1111 Classen Drive
Oklahoma City, OK 73103
2. 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, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights.
 3. 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/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, DC 20201.
 4. 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.
 5. EMSA Compliance Officer or designee 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.



Under Section 1557 of the Affordable Care Act (ACA), covered entities are required to post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services. Below are the available taglines in the top 15 languages in the State of Oklahoma.

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (866) 336-5672.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (866) 336-5672.
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 (866) 336-5672.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (866) 336-5672 번으로 전화해 주십시오.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (866) 336-5672.
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-1-xxx-xxx-xxxx.
Burmese*	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1 (866) 336-5672 သို့ ခေါ်ဆိုပါ။
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1 (866) 336-5672.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (866) 336-5672.
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-xxx-xxx-xxxx.
Laotian	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1 (866) 336-5672.
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี 1 (866) 336-5672.
Urdu	(866) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-1-336-5672.
Cherokee	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1 (866) 336-5672.
Farsi	(866) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا 1-1-336-5672 تماس بگیرید.



Notice of Nondiscrimination

Emergency Medical Services Authority (EMSA) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

EMSA does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

EMSA provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats.

EMSA provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Select information written in other formats.

If you need these services, contact representatives at: 1 (866) 336-5672.

If you believe that EMSA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

EMSA
Compliance Officer (Grievance Coordinator)
1111 Classen Drive
Oklahoma City, Oklahoma 73103
405-297-7133 phone
EMSAcompliance@emsa.net

You can file a grievance in person or by mail or email. If you need help filing a grievance, The Compliance Officer, is available to help you. You can also file a civil rights complaint 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, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

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