

Affordable Care Act Section 1557 Nondiscrimination Policy

1. Nondiscrimination Notice and Accessibility Requirements. [Astoria Skilled Nursing and Rehabilitation] will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. When language services are required, they will be provided free of charge and in a timely manner. [Astoria Skilled Nursing and Rehabilitation] will offer oral interpreters or written translators to individuals in need of language assistance and will post a nondiscrimination notice in various locations. At a minimum, [Astoria Skilled Nursing and Rehabilitation] will post the following Nondiscrimination Notice in:

- a) All significant publications and significant communications;
- b) A conspicuous physical location where the Astoria Skilled Nursing and Rehabilitation interacts with the public, such as an reception area or other points of entry; and
- c) A conspicuous location on the Astoria Skilled Nursing and Rehabilitation's website, accessible from the website's home page.

Non-Discrimination Notice

[Astoria Skilled Nursing and Rehabilitation] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. [Astoria Skilled Nursing and Rehabilitation] does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

[Astoria Skilled Nursing and Rehabilitation]:

- 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)
- 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 [Facility Administrator]

If you believe that [Astoria Skilled Nursing and Rehabilitation] 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: [Facility Administrator], [330-455-5524]. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, [Facility Administrator] 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, 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>.

2. Nondiscrimination Statement. [Astoria Skilled Nursing and Rehabilitation] will post the following Nondiscrimination Statement in smaller communications, such as postcards, fliers, small posters, and tri-fold brochures.

Nondiscrimination Statement

[Astoria Skilled Nursing and Rehabilitation] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

3. Tagline Informing Individuals With Limited English Proficiency of Language Assistance Services. [Astoria Skilled Nursing and Rehabilitation] will post the nondiscrimination tagline in the top fifteen non-English languages spoken in the state of Ohio to notify individuals with limited English proficiency about the availability of language assistance services. These taglines should be posted in a conspicuous font size in the following locations: See Form 1 attached.

- a) Significant publications and significant communications;
- b) A conspicuous physical location where the Astoria Skilled Nursing and Rehabilitation interacts with the public, such as an intake area or other points of entry; and
- c) A conspicuous location on the Astoria Skilled Nursing and Rehabilitation's website, accessible from the website's home page.

Also, [Astoria Skilled Nursing and Rehabilitation] will post the following short taglines in a conspicuous font size in the top two non-English languages spoken in the state of Ohio (Spanish and Chinese) in smaller communications, such as postcards, fliers, small posters, and tri-fold brochures.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call [330-455-5524].

- a) **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [330-455-5524].
- b) **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 [330-455-5524].

4. Grievance Procedure. [Astoria Skilled Nursing and Rehabilitation] will abide by the following grievance procedure in order to provide prompt and equitable resolution of grievances.

It is the policy of [Astoria Skilled Nursing and Rehabilitation] not to discriminate on the basis of race, color, national origin, sex, age or disability. [Astoria Skilled Nursing and Rehabilitation] 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. 92, issued by the U.S. Department of

Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of [Facility Administrator], [330-455-5524], who has been designated to coordinate the efforts of [Astoria Skilled Nursing and Rehabilitation] to comply with Section 1557.

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 under this procedure. It is against the law for [Astoria Skilled Nursing and Rehabilitation] to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Compliance Officer 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 Compliance Officer (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 Compliance Officer will maintain the files and records of [Astoria Skilled Nursing and Rehabilitation] relating to such grievances. To the extent possible, and in accordance with applicable law, the Compliance Officer 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 Compliance Officer 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 Compliance Officer by writing to the [Administrator/Chief Executive Officer/Board of Directors/etc.] within 15 days of receiving the Compliance Officer's decision. The [Administrator/Chief Executive Officer/Board of Directors/etc.] 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, sex, age or disability in court or 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/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

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.

[Astoria Skilled Nursing and Rehabilitation] 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 Compliance Officer will be responsible for such arrangements. Dated: [Insert Date]

5. Sex Discrimination. [Astoria Skilled Nursing and Rehabilitation] will not discriminate based on sex, pregnancy, gender id, and sex stereotyping. In accordance with Section 1557 of the Affordable Care Act, [Astoria Skilled Nursing and Rehabilitation] will not:

- a) Deny an individual health care or health coverage based on their sex, gender id, or sex stereotyping.
- b) Treat men and women unequally in the health care they receive and the insurance they obtain.
- c) Categorically exclude or limit health care services related to gender transition.
- d) Treat an individual inconsistently with their gender id or deny treatment to an individual for a health service based upon the gender they identify with.

6. Age Discrimination. [Astoria Skilled Nursing and Rehabilitation] will not exclude, deny benefits, limit services, or otherwise discriminate against persons on the basis of age in accordance with Section 1557 of the Affordable Care Act and the Age Discrimination Act of 1975.

7. Disability Discrimination. [Astoria Skilled Nursing and Rehabilitation] will increase accessibility and ensure effective communication for individuals with disabilities by abiding by the following protocols:

- a) Provide appropriate auxiliary aids and services, such as alternative formats and sign language interpreters, when necessary.
- b) Post a notice of an individual's rights and provide information about communication assistance in the form of a nondiscrimination notice.
- c) To the extent possible, make all programs and activities provided through electronic and information technology accessible to individuals with disabilities.
- d) Abide by the 2010 Americans with Disabilities Act Standards for Accessible Design.
- e) Refrain from using marketing practices or benefit designs that discriminate on the basis of disability.
- f) Make reasonable changes to policies, practices, and procedures where necessary to provide equal access for individuals with disabilities.

8. Policy and Procedures for Communication With Persons With Limited English Proficiency. [Astoria Skilled Nursing and Rehabilitation] will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of [Astoria Skilled Nursing and Rehabilitation] is to ensure meaningful communication with LEP

patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

[Astoria Skilled Nursing and Rehabilitation] will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

Procedures:

A. Identifying LEP Persons and Their Language

[Astoria Skilled Nursing and Rehabilitation] will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with patients or family members, the language used to communicate with the LEP person will be included as part of the record.

B. Obtaining a Qualified Interpreter [Facility Administrator] [330-455-5524] is/are responsible for:

Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff [NA];

Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;

(i) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language.

[Identify the agency(s) name(s) with whom you have contracted or made arrangements] have/has agreed to provide qualified interpreter services. The agency's (or agencies') telephone number(s) is/are [insert number (s)], and the hours of availability are [insert hours].

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer

of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other clients/patients will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

C. Providing Written Translations

When translation of vital documents is needed, each unit in [Astoria Skilled Nursing and Rehabilitation] will submit documents for translation into frequently-encountered languages to [Facility Administrator]. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

[Astoria Skilled Nursing and Rehabilitation] will set benchmarks for translation of vital documents into additional languages over time.

D. Providing Notice to LEP Persons

[Astoria Skilled Nursing and Rehabilitation] will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

E. Monitoring Language Needs and Implementation

On an ongoing basis, [Astoria Skilled Nursing and Rehabilitation] will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, [Astoria Skilled Nursing and Rehabilitation] will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc.

9. Policy for Auxiliary Aids and Services for Persons with Disabilities.

[Astoria Skilled Nursing and Rehabilitation] will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment,

services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

Procedures:

A. Identification and assessment of need:

[Astoria Skilled Nursing and Rehabilitation] provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our brochures, handbooks, and letters and through posted notices. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

B. Provision of Auxiliary Aids and Services:

[Astoria Skilled Nursing and Rehabilitation] shall provide the following services or aids to achieve effective communication with persons with disabilities:

(i) For Persons Who Are Deaf or Hard of Hearing

For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, [Facility Administrator] is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

In the event that an interpreter is needed, [Facility Administrator] is responsible for:

Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability [provide the list];

Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or

Obtaining an outside interpreter if a qualified interpreter on staff is not available. [Identify the agency(s) name with whom you have contracted or made arrangements] has agreed to provide interpreter services. The agency's/agencies' telephone number(s) is/are [insert number(s) and the hours of availability].

Note: If video interpreter services are provided via computer, the procedures for accessing the service must be included.

(ii) Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

[Listed below are three methods for communicating over the telephone with persons who are deaf/hard of hearing. Select the method(s) to incorporate in your policy that best applies/apply to your facility.]

[Astoria Skilled Nursing and Rehabilitation] has made arrangements to share a TDD. When it is determined by staff that a TDD is needed, we contact canton city library @715 Market Ave. N. Canton, Ohio 330-452-0665 and or Kent State Stark @ 6000 Frank Ave North Canton Ohio 44720 330-499-9600. ct

(iii) For the following auxiliary aids and services, staff will contact [Facility Administrator] [330-455-5524], who is responsible to provide the aids and services in a timely manner:

Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

(iv) For Persons Who are Blind or Who Have Low Vision

Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision **[in addition to reading, this section should tell what other aids are available, where they are located, and how they are used]**.

The following types of large print, taped, Braille, and electronically formatted materials are available: [description of the materials available]. These materials may be obtained by calling [Facility Administrator] [330-455-5524].

For the following auxiliary aids and services, staff will contact [Facility Administrator] [330-455-5524], who is responsible to provide the aids and services in a timely manner:

Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

(v) For Persons With Speech Impairments

To ensure effective communication with persons with speech impairments, staff will contact [Facility Administrator] [330-455-5524] who is responsible to provide the aids and services in a timely manner:

Writing materials; typewriters; TDDs; computers; flashcards; alphabet boards; communication boards; [include those aids applicable to your facility] and other communication aids.

(vi) For Persons With Manual Impairments

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following:

Note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact [Facility Administrator] [330-455-5524] who is responsible to provide the aids and services in a timely manner.

Form 1—OHIO TAGLINES

ATTENTION: If you speak the following foreign languages, language assistance services, free of charge, are available to you. Call [330-455-5524].

1. **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [330-455-5524].
2. **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 [330-455-5524].
3. **Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer [330-455-5524].
4. **العربية (Arabic):** مقر 330-455-5524 [مقرب لصتنا. ناچملاب كل رفاوتت ةيوغلا ةدعاسملا تامدخ نإف، ةغلا ركذا ثدحتت تنك اذا: ةظوحلم [330-455-5524: مكبلاو مصلا فتاه
5. **Deutsch (Pennsylvania Dutch):** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call [330-455-5524].
6. **Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [330-455-5524].
7. **Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le [330-455-5524].
8. **Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [330-455-5524].
9. **Oroomiffa (Oromo/Cushite):** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa [330-455-5524].
10. **한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [330-455-5524]. 번으로 전화해 주십시오.
11. **Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero [330-455-5524].
12. **日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[330-455-5524]. まで、お電話にてご連絡ください。
13. **Nederlands (Dutch):** AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel [330-455-5524].
14. **Українська (Ukrainian):** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером [330-455-5524].
15. **Română (Romanian):** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la [330-455-5524].