

# Section 1557 Readiness Workshop – Session 3

Guidance and Resources for the May and July 2025 Requirements

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# Our Speakers



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# A Brief Disclaimer

This presentation is for general informational purposes only. Nothing contained in this presentation or said during this presentation constitutes legal advice.

# Today's Agenda

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- Updates
  - Dear Colleague Letter from
  - Recent Enforcements and Resolutions
  - Notes on Potential Changes to 1557
- Modification Procedures
- Grievance Procedures
- Training
- Enforcement: Best practices during an Investigation
- Extended Q&A



## What do you need to do and by when?

§ 92.10 Post Notice of nondiscrimination	Within 120 days of effective date (November 2, 2024)
§ 92.7 Appoint a Section 1557 Coordinator	Within 120 days of effective date (November 2, 2024)
§ 92.207(b)(1) through (5) Nondiscrimination in health insurance coverage and other health-related coverage	For health insurance coverage or other health-related coverage that was not subject to this part as of the date of publication of this rule, by the first day of the first plan year (in the individual market, policy year) beginning on or after January 1, 2025
§ 92.207(b)(6) Nondiscrimination in health insurance coverage and other health-related coverage	By the first day of the first plan year (in the individual market, policy year) beginning on or after January 1, 2025
§ 92.210(b), (c) Use of patient care decision support tools	Within 300 days of effective date (May 1, 2025)
§ 92.11 Notice of availability of language assistance services and auxiliary aids and services	Within one year of effective date (July 5, 2025)
§ 92.8 Policies and Procedures	Within one year of effective date (July 5, 2025)
§ 92.9 Training	Following a covered entity's implementation of the policies and procedures required by § 92.8, and no later than 300 days following effective date (May 1, 2025)

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# Recent Developments

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# HHS OCR's December 5, 2024 "Dear Colleague" Letter



December 5, 2024

**Re: Language Access Provisions of the Final Rule Implementing Section 1557 of the Affordable Care Act**

Dear Colleagues:

The U.S. Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) is committed to working to ensure the health and human services communities understand their obligations and rights under federal law. OCR is also committed to working with these organizations in eliminating barriers to accessing health programs and activities. We stand ready to assist you as you provide critical services to those in need, regardless of sex, color, race, national origin, religion, age, or disability. It is in this spirit of support and partnership that we write this letter.

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# HHS OCR's December 5, 2024 "Dear Colleague" Letter



It is imperative that every person in America can access the vital services and information they need for their health and well-being. Approximately 68 million people in the United States speak a language other than English at home, and of those, 8.2 percent speak English less than very well.<sup>4</sup> Data show there are higher rates of individuals whose primary language for communication is not English in certain communities of color and among people with lower incomes.<sup>5</sup> Accordingly, matters of language access affect the most vulnerable members of society who are likely to participate in health programs.<sup>6</sup> Numerous studies also show that patients' inability to communicate with their providers is a barrier to quality care, resulting in worse health outcomes.<sup>7</sup> Thus, the provision of language access services is not only a legal obligation but necessary for patient care.

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# “Dear Colleague” Letter, cont.

1. Definition of an Individual with LEP
2. Definition of Meaningful Access
3. Language Assistance Services
4. Requirements and Use of a Qualified Interpreter
5. Requirements and Use of a Qualified Translator
6. Requirements and Use of Machine Translation
7. Restrictions on Use of Interpreters
8. Notices
9. Recommended Compliance Practices



# HHS OCR's January 7, 2025 "Dear Colleagues" Letter



## Other Key Provisions

### **Effective Communications, §§ 84.77 - 84.81**

Communication failures in health services can be life-altering or even fatal. Ensuring that communications with individuals with disabilities are as effective as communications with others helps to avoid such failures and helps protect the health of people with disabilities. Over the years, OCR has received numerous complaints alleging that recipients denied people with disabilities effective communication or failed to provide appropriate auxiliary aids and services like sign language interpreters, assisted listening devices, or documents in Braille. To address this persistent manifestation of discrimination against individuals with disabilities, the rule requires recipients to take appropriate steps to ensure that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others.

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# HHS OCR's January 7, 2025 "Dear Colleagues" Letter



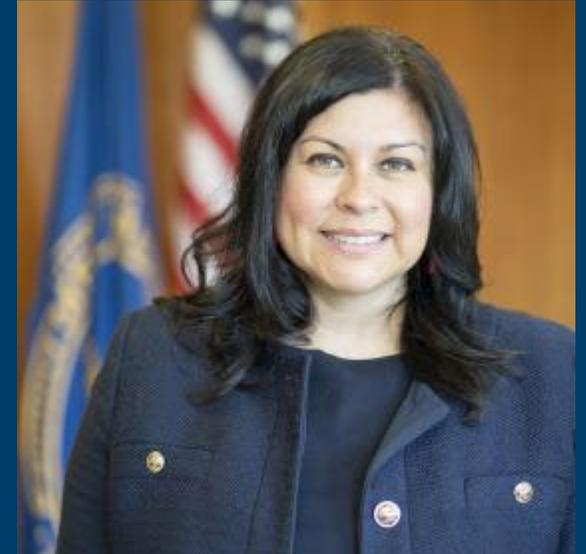
Section 92.202 of the Section 1557 regulations similarly requires that covered entities provide appropriate auxiliary aids and services where necessary to afford individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of, the health program or activity in question. Such auxiliary aids and services must be provided free of charge, in accessible formats, in a timely manner, and in such a way to protect the privacy and the independence of the person with a disability. Section 92.8 requires each covered entity to implement a written policy in its health programs and activities that, at minimum, states the covered entity does not discriminate on the basis of race, color, national origin, sex, age, or disability; that the covered entity provides language assistance services and appropriate auxiliary aids and services free of charge, when necessary for compliance with section 1557 or this part; that the covered entity will provide reasonable modifications for individuals with disabilities; and that provides the current contact information for the Section 1557 Coordinator required by § 92.7 (if applicable). Additionally, § 92.9 requires training relevant employees on these procedures.

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# “Protecting Civil Rights and Access to Health Care” HHS Blog Post – Jan 10, 2025

“...no matter which city I was in, West Coast or the Great Plains, language access and effective communication always came up when I talked with patients and providers. People with disabilities would share their stories with me about a hospital that denied them a companion in the emergency room, or how they worked so hard to get accessible medical equipment for their wheelchairs to have an MRI, only to face staff that day who did not know how to use it. Time and again, I heard about appointments canceled because no interpreter was available for a person whose primary language is not English. Or children being forced to interpret for their family member. These quickly became priority areas for us and drove us to create and implement policy changes to address these scenarios people face every day . . .”

<https://www.hhs.gov/blog/2025/01/10/protecting-and-championing-civil-rights-every-person-and-their-access-equitable-health-care-across-america.html>



**MELANIE FONTES RAINER**  
Director, Office for Civil  
Rights (OCR)

# Recent Enforcement Actions

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# DOJ Consent Decree In Maryland Re: Exclusion Of Necessary Support Persons



“Patients with disabilities may need the assistance of a support person, like a family member or aide, to have equal access to health care, especially during emergencies. Policies and training go hand in hand when it comes to ensuring that health care providers and their employees are protecting patient rights and not excluding support persons improperly. Ensuring equal access to medical care is a priority for the Justice Department.”

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**KRISTEN CLARKE, ASSISTANT  
ATTORNEY GENERAL, JUSTICE DEPT.,  
CIVIL RIGHTS DIVISION**

# HHS OCR and DOJ Agreement re: Failure to Provide Sign-Language Interpreters or Tactile Sign-Language Interpreters



“Relying on family members to interpret for patients instead of providing qualified interpreters **violates federal civil rights laws** and burdens patients. Today’s settlement highlights the importance of having a system to provide auxiliary aids and services to advance effective communication for deaf and deaf-blind patients along the continuum of a patient’s care. OCR will continue to enforce critical civil rights laws on behalf of our communities to ensure fairness and equity in access to health and human services.”

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**MELANIE FONTES RAINER, DIRECTOR  
OFFICE OF CIVIL RIGHTS**

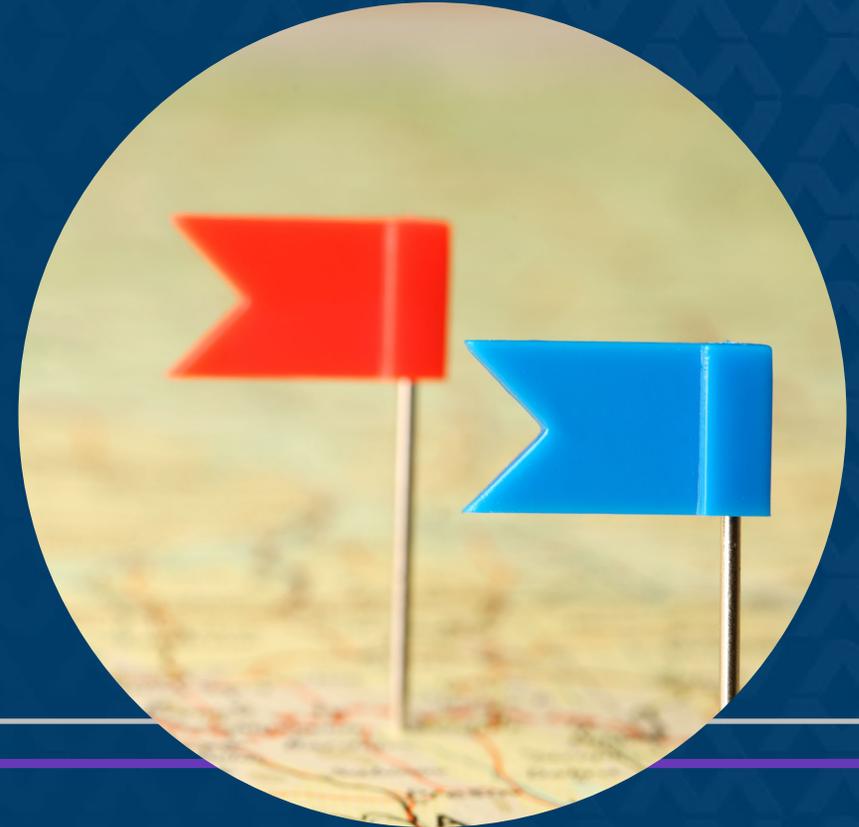
# HHS OCR and DOJ Agreement re: Failure to Provide Sign-Language Interpreters or Tactile Sign-Language Interpreters

## Obligations under the Voluntary Resolution Agreement

- Designate a point person responsible for providing and ensuring appropriate auxiliary aids and services, **including three interpreter firms**
- Develop policies and practices and train staff on said policies for assessing and meeting the communication needs of patients who are deaf or deaf-blind.
- Compensate each impacted patient in the amount of \$100,000 and compensate the impacted family members in the amount of \$40,000.
- Establish a third-party claims administrator to distribute **\$2 million in settlement** funds to redress harm suffered by patients denied appropriate interpreter services.
- Provide monitoring reports every four months to OCR and the USAO about requests for assistive devices or interpreters and how those needs were met.



# Potential Sec. 1557 Changes Due to Administration Changes



# Implement Written Procedures for Reasonable Modifications for Individuals with Disabilities

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# Reasonable Modification Procedures



A covered entity must implement **written** procedures in its health programs and activities describing the covered entity's process for making **reasonable** modifications to its policies, practices, or procedures when necessary to avoid discrimination on the basis of disability...”

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**REASONABLE MODIFICATION  
PROCEDURES, 45 CFR §92.8(f)**

# What the Written Policy Must Include

1. current **contact information** for the covered entity's Section 1557 Coordinator (if applicable);
2. a description of the covered entity's **process for responding to requests** from individuals with disabilities for changes, exceptions, or adjustments to a rule, policy, practice, or service of the covered entity;
3. and a **process for determining whether making the modification would fundamentally alter the nature of the health program or activity**, including identifying an alternative modification that does not result in a fundamental alteration to ensure the individual with a disability receives the benefits or services in question.

*Please note: pursuant to decisions by various district courts regarding the 2024 Final Rule implementing Section 1557, entitled Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37,522 (May 6, 2024) ("2024 Final Rule"), certain provisions regarding gender identity are stayed nationwide. Other provisions are stayed or enjoined as indicated at [www.hhs.gov/1557](http://www.hhs.gov/1557).*

#### SAMPLE REASONABLE MODIFICATION PROCEDURES:

In accordance with Section 1557 of the Affordable Care Act, this document serves as [insert name of covered entity's] reasonable modification procedures designed to ensure that qualified individuals with disabilities may obtain reasonable modifications when appropriate. Qualified individuals with disabilities may, at any time, request that [insert name of covered entity] reasonably modify, change, except, or adjust a rule, policy, practice, or service when necessary so that [insert name of covered entity] does not unlawfully deny the individual equal access to our programs, activities, services, and other benefits.

[Insert name of covered entity's] reasonable modifications for qualified individuals with disabilities may include, but are not limited to: assisting an individual perform a task; allowing an individual to perform a task with assistance, or in another way, time, or place; and modifying non-essential program requirements. [OPTIONAL: For example, if [insert name of covered entity] generally requires patients, members, or beneficiaries to complete an action within a specified period of time, [insert name of covered entity] might extend the amount of time to complete that action as a reasonable modification for a qualified individual with a disability who needs such a modification to participate in our health program or activity.] Reasonable modifications that are provided to an individual when they first contact [insert name of covered entity] should again be made available to that individual if the individual returns to [insert name of covered entity], unless the individual confirms that they no longer require the same modification.

Contact information for [if applicable: the Section 1557 Coordinator and/or] the staff member(s) responsible for coordinating the reasonable modification procedures set forth in this document is:

[Insert contact information for reasonable modification procedures point of contact].

#### 1. REQUESTS FOR REASONABLE MODIFICATIONS

If an individual affirmatively requests a reasonable modification to access our programs, activities, services, or other benefits, staff will provide the modification to the individual if the requested modification does not result in a fundamental alteration to our program or activity. Staff will contact [responsible staff person/Section 1557 Coordinator] at [insert contact information] in a timely manner to help determine whether [insert name of covered entity] can provide the requested reasonable modification.

Staff will document the request in the individual's record [optional: and/or the Reasonable Modification Request Log (attached)]

# What the Written Policy Must Include

1. current **contact information** for the covered entity's Section 1557 Coordinator (if applicable);
2. a description of the covered entity's **process for responding to requests** from individuals with disabilities for changes, exceptions, or adjustments to a rule, policy, practice, or service of the covered entity;
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Staff will document the request in the individual's record [optional: and/or the Reasonable Modification Request Log (attached)]

# What the Written Policy Must Include

1. current **contact information** for the covered entity's Section 1557 Coordinator (if applicable);
2. a description of the covered entity's **process for responding to requests** from individuals with disabilities for changes, exceptions, or adjustments to a rule, policy, practice, or service of the covered entity;
3. and a **process for determining whether making the modification would fundamentally alter the nature of the health program or activity**, including identifying an alternative modification that does not result in a fundamental alteration to ensure the individual with a disability receives the benefits or services in question.

[Insert name of covered entity] accepts written and verbal requests for reasonable modifications. Individuals are not required to use the term "reasonable modification" when making a request. The individual's modification request must describe the needed modification and explain how it is related to their disability unless these things are apparent or otherwise known.

The decision to provide a specific reasonable modification to a qualified individual with a disability shall be made on a case-by-case basis in a timely manner after evaluating the relevant facts.

When [insert name of covered entity] receives a reasonable modification request, [insert name of covered entity] will immediately provide the requested modification, if feasible [optional: and document the reasonable modification provided in the Reasonable Modification Request Log (attached)]. If [insert name of covered entity] cannot provide the requested reasonable modification immediately upon request, and if [insert name of covered entity] receives the request in advance of the individual's need for the modification, [insert name of covered entity] will acknowledge receipt of the request in writing no later than [insert # of days] business days from receipt of the request.

When [insert name of covered entity] receives a reasonable modification request, including when [insert name of covered entity] receives the request at the point of service, [insert name of covered entity] will initiate an interactive, good faith dialogue with the requestor to assess the request. In most cases the individual with a disability will know best what type of modification will meet their needs. When the disability and type of modification needed are obvious, there is no need to have that dialogue.

[Insert name of covered entity] may ask for documentation when the disability or need for modification is not obvious. If the disability is visually apparent or otherwise known, and if the requested modification does not appear related to the disability, [insert name of covered entity] may request additional information from the individual necessary to evaluate the disability-related need for the modification.

If neither the disability nor the relationship between the disability and the requested modification is clear, [insert name of covered entity] may ask the individual for proof of both. [Insert name of covered entity] will review and consider, as appropriate, documentation from an individual's doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability and need for the requested modification.

When additional information is necessary, [insert name of covered entity] will notify the requestor about what information is needed and offer a reasonable time for the requestor to provide the information to us. If, after a reasonable period of time, the requestor fails to provide the necessary information, the decision about the request will be based upon the information available to [insert name of covered entity]. If necessary, [insert name of covered entity] will inform the requestor of the opportunity to submit another modification request with more information.

# What the Written Policy Must Include

1. current **contact information** for the covered entity's Section 1557 Coordinator (if applicable);
2. a description of the covered entity's **process for responding to requests** from individuals with disabilities for changes, exceptions, or adjustments to a rule, policy, practice, or service of the covered entity;
3. and a **process for determining whether making the modification would fundamentally alter the nature of the health program or activity**, including identifying an alternative modification that does not result in a fundamental alteration to ensure the individual with a disability receives the benefits or services in question.

If a [insert name of covered entity] staff member is unable to immediately provide an individual with a disability their requested reasonable modification, the staff member will so advise the individual and forward the request to [insert name of appropriate covered entity staff member(s), including the covered entity's Section 1557 Coordinator] to evaluate whether the requested modification will fundamentally alter the nature of the program, activity, service, or other benefit at issue. If the requested modification would result in a fundamental alteration, we will provide a written explanation of how the requested modification will alter the program, activity, service at issue. We will also decide if there is another modification that can be provided that would not result in a fundamental alteration.

For reasonable modification requests that [insert name of covered entity] staff members cannot provide immediately, including at the point of service, barring extenuating circumstances, we will make a final decision regarding our provision of the modification within [insert # of days] business days of the request, and we will communicate the decision via telephone or text, and in writing, to the requestor.

[Insert name of covered entity] staff will document the outcome of our decision to grant or deny the individual the requested modification in the individual's record [optional: and/or the Reasonable Modification Request Log (attached)].

## 2. OBSERVABLE LIKELY NEED FOR A REASONABLE MODIFICATION

If an individual's disability is apparent or otherwise known, [insert name of covered entity] staff should ask the individual if they need a reasonable modification to have meaningful access to our programs, activities, services, and other benefits, and staff will initiate the interactive evaluation process described in Section 1 above.

## 3. STAFF TRAINING

[Insert name of covered entity] will ensure that all relevant staff are trained on the procedures for granting reasonable modifications as set forth in this document.

# What does HHS OCR think is reasonable?



“...many reasonable modifications involve reasonable changes in the way that an entity does something or permits an individual to do something. For example, a covered entity that generally communicates with patients via phone but receives a request from an individual with a disability to receive communication via email as a modification **should generally grant that request**, unless the covered entity can demonstrate that doing so would fundamentally alter the nature of the health program or activity...

...**there is no exhaustive list of what constitutes a reasonable modification**, nor must covered entities develop one. Rather, covered entities are required to **implement written procedures describing their process** by which an individual with a disability may request a reasonable modification and how a covered entity processes and responds to such requests.”

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**RESPONSES TO PUBLIC COMMENTS,  
FINAL RULE AND INTERPRETATION,  
(RE. § 92.8(f) AND § 92.205)**

# What does HHS OCR think is unreasonable?



“OCR appreciates the commenter's request for clarifying language related to fundamental alterations. In promulgating this rule, OCR cannot address how the requirements of section 1557 apply to every scenario that may arise. OCR also cannot state every modification that could result in a fundamental alteration because determining whether a modification is a fundamental alteration is a fact-specific process.”

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**RESPONSES TO PUBLIC COMMENTS,  
FINAL RULE AND INTERPRETATION,  
(RE. § 92.205)**

# What is the legal standard?

§ 92.205 Requirement to make reasonable modifications.

A covered entity must make reasonable modifications to policies, practices, or procedures in its health programs and activities when such modifications are necessary to avoid discrimination on the basis of disability, unless the covered entity can demonstrate that making the modifications would fundamentally alter the nature of the health program or activity. For the purposes of this section, the term “reasonable modifications” shall be interpreted in a manner consistent with the term as set forth in the ADA title II regulation at 28 CFR 35.130(b)(7).



# What is the legal standard?

“A public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.”

## Examples

- Granting early appointments to patients with anxiety
- Allowing a companion to assist with positioning a pt. with a radiology scan
- Not requiring certain patients with a disability to complete their own paperwork
- Allowing additional time to care for a patient with an intellectual disability



# Good Questions to Consider When Evaluating Modification Requests

- Is this specific request covered by other federal law?
  - Examples: accessibility of facilities, accessible medical equipment, effective communication
- Can this request be accommodated?
- Have requests like this one been accommodated before?
- Can this request be accommodated in a different way?
- Would the failure to make an accommodation result in a denial of access?
- Is the additional cost substantial?



# Grievance Procedures

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“A covered entity that employs **fifteen or more persons** must implement **written** grievance procedures in its health programs and activities that provide for the prompt and equitable resolution of grievances alleging any action that would be prohibited by section 1557 or this part.”

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**POLICIES AND PROCEDURES,  
GRIEVANCE PROCEDURES,  
45 CFR §92.8(c)**

# Grievance Procedure and Policies

## Record-Keeping Requirements:

Entities must retain all grievance records for a minimum of three years from date complaint was resolved, including:

- Complaint details (e.g., name, contact info, and discrimination claims)
- Date filed and resolved
- Grievance outcome and supporting documentation

## Confidentiality:

The identity of individuals filing grievances must be kept confidential, unless disclosure is required by law or necessary to complete the investigation.

## • RECORD KEEPING & CONFIDENTIALITY

## • FILING AND INVESTIGATION

## • DECISION AND APPEALS

## • RESOURCES AND EXAMPLES

# Grievance Procedure and Policies

## Filing a Grievance

- **Deadline:** Submit grievances within **60 days** of becoming aware of the alleged discriminatory action.
- **Format:** Complaints must:
  - Be **in writing**.
  - Include the **name and address** of the complainant.
  - Describe the alleged discriminatory action and specify the **remedy or relief sought**.

## Investigation Process

- Conducted by the **Section 1557 Coordinator** (or designee).
- **Key features:**
  - Thorough and may be informal.
  - Allows all interested parties to submit relevant evidence.
  - **Confidentiality** maintained as much as possible, shared only with those who need to know.
- Records and files related to grievances are maintained by the Section 1557 Coordinator.

- RECORD KEEPING & CONFIDENTIALITY

- **FILING AND INVESTIGATION**

- DECISION AND APPEALS

- RESOURCES AND EXAMPLES

# Grievance Procedure and Policies

## Decision on Grievance

- A written decision is issued within **30 days** of filing, based on a preponderance of the evidence.
- Includes a notice of the complainant's right to pursue additional administrative or legal remedies

## Appeal Process

- The complainant may appeal the decision by writing to the **Administrator/CEO/Board of Directors**, etc., within **15 days** of receiving the decision.
- A final written decision will be issued within **30 days** of the appeal filing.

- RECORD KEEPING & CONFIDENTIALITY
- FILING AND INVESTIGATION

- **DECISION AND APPEALS**

- RESOURCES AND EXAMPLES

# Grievance Procedure and Policies



## Example of a Grievance Procedure that Incorporates Due Process Standards

### Appendix C to Part 92—Sample Section 1557 of the Affordable Care Act Grievance Procedure

It is the policy of **[Name of Covered Entity]** not to discriminate on the basis of race, color, national origin, sex (including pregnancy, sexual orientation, and gender identity), age or disability. **[Name of Covered Entity]** 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 (including pregnancy, sexual orientation, and gender identity), age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of **[Name and Title of Section 1557 Coordinator]**, **[Mailing Address]**, **[Telephone number]**, **[TTY number—if covered entity has one]**, **[Fax]**, **[Email]**, who has been designated to coordinate the efforts of **[Name of**

- RECORD KEEPING & CONFIDENTIALITY
- FILING AND INVESTIGATION
- DECISION AND APPEALS

- RESOURCES AND EXAMPLES

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# Grievance Procedure and Policies

This form is to be completed by members of the general public participating in [redacted] programs and receiving services. 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.

Pursuant to Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services (HHS), it is the policy of [redacted] not to discriminate on the basis of race, color, national origin, sex, age or disability. [redacted] has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 in certain health programs and activities.

**Name \***

First  Last

To file anonymously, please enter Anonymous in the First and Last Name fields.

**Home Address**

Address Line 1

City  State  Zip Code

**How would you like to be contacted? \***

Phone  Email  Both Phone and Email

**What is the basis of the alleged discrimination? (Check only those that apply to your complaint.)**

<input type="checkbox"/> Age	<input type="checkbox"/> Sex (gender)	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Religion	<input type="checkbox"/> Gender Identity or Expression	<input type="checkbox"/> Color
<input type="checkbox"/> Race	<input type="checkbox"/> Mental or Physical Disability	<input type="checkbox"/> National Origin

- RECORD KEEPING & CONFIDENTIALITY

- FILING AND INVESTIGATION

- DECISION AND APPEALS

- RESOURCES AND EXAMPLES

# Grievance Procedure and Policies

## Resolution Agreement Compliance Status

### Notice of Non-Discrimination

Title IX and Section 1557 regulations require recipients of federal funds to issue notices of non-discrimination which inform the community that the recipient does not discriminate on the basis of sex, among other things.

Action Item	Task	MSU Status	Comments
IV.C.	██████████ will revise its Notice of Non-Discrimination applicable to ██████████ services and facilities. <i>Reporting Deadline: October 5, 2019</i>	Submitted	<i>Revisions to the Notice of Non-Discrimination were submitted. ██████████ and HHS OCR are discussing additional revisions.</i>
IV.C.1	The revised Notice of Non-Discrimination must contain sufficient information to inform individuals of their protections under Title IX and Section 1557. <i>Reporting Deadline: October 5, 2019</i>	Submitted	<i>Component included in the revised Notice of Non-Discrimination, under discussion.</i>
IV.C.2	The revised Notice of Non-Discrimination must notify individuals that ██████████ does not discriminate on the basis of sex and that Title IX and Section 1557 protect both women and men from discrimination on the basis of sex. <i>Reporting Deadline: October 5, 2019</i>	Submitted	<i>Component included in the revised Notice of Non-Discrimination, under discussion.</i>
IV.C.3	The revised Notice of Non-Discrimination must notify individuals of their right to file a grievance or complaint and describe the ██████████ complaint process. <i>Reporting Deadline: October 5, 2019</i>	Submitted	<i>Component included in the revised Notice of Non-Discrimination, under discussion.</i>

- RECORD KEEPING & CONFIDENTIALITY

- FILING AND INVESTIGATION

- DECISION AND APPEALS

- RESOURCES AND EXAMPLES

# Training of Relevant Employees

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“A covered entity must train **relevant** employees of its health programs and activities on the civil rights policies and procedures required by § 92.8, as necessary and appropriate for the employees to carry out their functions within the covered entity consistent with the requirements of this part.”

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**TRAINING**  
**45 CFR § 92.9**

# Training of Relevant Employees

## Who Must Be Trained?

- Employees who **directly interact** with:
  - Patients
  - Clients
  - Members of the public
- Employees involved in **decision-making** about services provided by the entity's health programs and activities.

For Example:



Contract Workers



Travel Nurses



Billing/Cashiers



Executive Leadership



Valet / Security

- **WHO MUST BE TRAINED**  
(What "relevant" means)

- TRAINING REQUIREMENTS

- TRAINING CONTENT

# Training of Relevant Employees

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## Timeline:

- Must occur **within one year** of the regulation's effective date.
- New employees must be trained within a **reasonable time after hire**.

## Documentation:

- Entities must **record and maintain proof** of all training sessions conducted.

**By When:** No later than May 1, 2025 or within 30 days of implementing/updating a new policy or procedure.

- WHO MUST BE TRAINED  
(What “relevant” means)

- TRAINING REQUIREMENTS

- TRAINING CONTENT

# Training of Relevant Employees

## Training should be provided on how to:

- Understand how to identify patient’s preferred language
- Post language service availability or interpreter taglines
- Document preferred language and/or communication needs in EHR
- Provide translated vital patient forms and documents
- Post language on white board, add visible flag on chart and door
- Request interpreter Services
- Provide Auxiliary aids as needed

- **WHO MUST BE TRAINED**  
(What “relevant” means)

- **TRAINING REQUIREMENTS**

- **TRAINING CONTENT**

# Training-specific Q&A

# Best Practices in Addressing a Government Investigation

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# Best Practices in Addressing Enforcement Actions

1. Initial intake and notifying the right people
2. Review DOJ's letter carefully
3. Implement legal hold and preserve documents
4. Ensure no retaliation
5. Under supervision of counsel, gather documents and interview witnesses
6. Prepare written response and provide additional documents
7. Schedule witness interviews with DOJ
8. DOJ site visit
9. Presentations to DOJ
10. Negotiate the resolution
11. Improve compliance moving forward



# Best Practices in Addressing Enforcement Actions, cont.

- **Be prepared to address:**
  - Training
  - Written policies
  - Grievance procedures
  - Resolution of other similar complaints
- **Be prepared to take additional steps**
  - Revisions to policies and procedures to be approved by DOJ
  - Compliance Logs
  - Ongoing monitoring and reporting to DOJ



# Best Practices in Addressing Enforcement Actions, cont.

## What To Do NOW

Update Policies and Procedures

Training, Training, Training

Review Voluntary Resolution  
Agreements

Review DOJ Consent Decrees

Monitor Announcements and  
Developments



# Q & A



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## What do you need to do and by when?

§ 92.10 Post Notice of nondiscrimination	Within 120 days of effective date (November 2, 2024)
§ 92.7 Appoint a Section 1557 Coordinator	Within 120 days of effective date (November 2, 2024)
§ 92.207(b)(1) through (5) Nondiscrimination in health insurance coverage and other health-related coverage	For health insurance coverage or other health-related coverage that was not subject to this part as of the date of publication of this rule, by the first day of the first plan year (in the individual market, policy year) beginning on or after January 1, 2025
§ 92.207(b)(6) Nondiscrimination in health insurance coverage and other health-related coverage	By the first day of the first plan year (in the individual market, policy year) beginning on or after January 1, 2025
§ 92.210(b), (c) Use of patient care decision support tools	Within 300 days of effective date (May 1, 2025)
§ 92.11 Notice of availability of language assistance services and auxiliary aids and services	Within one year of effective date (July 5, 2025)
§ 92.8 Policies and Procedures	Within one year of effective date (July 5, 2025)
§ 92.9 Training	Following a covered entity's implementation of the policies and procedures required by § 92.8, and no later than 300 days following effective date (May 1, 2025)

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# Q & A



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# Resources

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- [HHS OCR Dear Colleague Letter \(Dec 5\)](#)
- [HHS OCR Dear Colleagues Letter \(Jan 7\)](#)
- [HSS OCR “Protecting Civil Rights and Access to Health Care” Blog Post](#)
- [SAMPLE Reasonable Modification procedure](#)
- [SAMPLE Grievance Policy](#)
- [HSS Assurance of Compliance Form](#)
- [NCIHC Guidance for Contracting AI-Generated Interpreting](#)

## Coming Soon:

- Library of Pre-Formatted Notices of Availability of Language Services and Auxiliary Aids (Pre-Translated Into Top 15 Languages) for each State
- Q&A Compilation

# Post-Webinar Actions



## Get the Slide Deck & Resources

The slide deck and all linked resources **will be sent to your email early next week.**

(be sure to whitelist [@amnhealthcare.com](mailto:@amnhealthcare.com) or check your spam folders)



## Get in Touch / schedule a consult

**Current clients** can reach out to their Client Account Manager

**Non-clients** can reach out to Moira Kelly at: [moira.kelly@amnhealthcare.com](mailto:moira.kelly@amnhealthcare.com)



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[www.AMNHealthcare.com/language-services](http://www.AMNHealthcare.com/language-services)