



NON-DISCRIMINATION POLICY AND PROCEDURE

In this document, CCC is referenced in place of CCC and CHA.

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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Terms not defined in the DEFINITIONS section of this document may be found in the Glossary.

1 PURPOSE

- 1.1 Members and providers deserve all benefits and services to which they are entitled without discrimination.

2 SCOPE

- 2.1 This policy applies to all employees, members, providers, and sub-contractors.

3 POLICY STATEMENT

- 3.1 CCC is committed to ensuring no person is excluded or denied benefits of services on the basis of race, color, ethnicity, religion, National Origin, sex, sexual orientation, marital status, gender, gender identity, age, physical or mental disability, citizenship, or veteran status. CCC expects providers to uphold these standards during interactions with members. We will also not discriminate against providers that serve high-risk populations or specialize in conditions that require costly treatment.

4 PROCEDURE

- 4.1 All staff will conduct their daily duties in accordance with this policy.

Complaint Process

- 4.2 We has adopted an internal grievance procedure for equitable resolution of complaints alleging any action prohibited by the U.S. Department of Health and Human Services regulations (45 CFR Part 84), implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 USC 794). Section 504 states that “no otherwise

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qualified disabled individual... shall solely by reason of his/her disability, be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance..."

- 4.3 Complaints must be in writing, contain the name and address of the person filing it, and briefly describe the discriminatory act.
 - 4.3.1 Complaints can be submitted through our website or in writing.
- 4.4 Complaints should be filed with the Compliance Department no more than 30 days after the person filing the complaint becomes aware of the alleged discriminatory act.
- 4.5 The Compliance Officer (CO) or designee will investigate the complaint. The investigation will be informal but thorough, affording all interested persons and their representatives an opportunity to submit evidence relevant to the complaint.
- 4.6 The CO or designee shall mail a written decision determining the validity of the complaint no later than 30 days after its filing.
- 4.7 The CO or designee may assist persons with the preparations and filing of complaints.

5 RESPONSIBILITIES

- 5.1 The CO or designee will:
 - 5.1.1 Process and investigate complaints of discrimination.
 - 5.1.2 If the subject of the investigation is a provider or subcontractor the results of the investigation will be delivered to the Compliance Committee, Department of Justice, the Office of the Inspector General, and/or any other required entity.
 - 5.1.3 Inform the Compliance Committee and the Chief Medical Officer, as needed, of sustained complaints that involve clinical quality concerns or provider concerns.

Compliance, Monitoring and Review

- 5.2 The Executive Approval Committee will review this policy and procedure for compliance with OHA contract and guidelines at least once a year, or as applicable.

Reporting

- 5.3 No additional reporting is required.

Records Management

- 5.4 The CO shall maintain electronic records relating to all complaints filed. These records will be filed in the Compliance Department folders.

6 DEFINITIONS

- 6.1 **Discrimination:** The denial of services to individual(s) or group(s) because the individual(s) or group(s) is/are part of a protected class. It also includes policy or treatment resulting in unequal access to programs and services to providers that serve high-risk populations or specialize in conditions that require costly treatment.

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6.2 **Provider:** for the purpose of this document, “provider” will refer to behavioral health, dental, and physical health providers.

7 RELATED LEGISLATION AND DOCUMENTS

- 7.1 42 CFR 438.214, 42 CFR 438.12
- 7.2 The U.S. Federal Age Discrimination Act of 1975
- 7.3 Oregon Administrative Rule 943-005-0005
- 7.4 Title II of the Americans with Disabilities Act of 1990
- 7.5 Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973
- 7.6 Title II of the Americans with Disabilities Act of 1990
- 7.7 Title 45 Code of Federal Regulations (CFR) Parts 80, 84, 86 and 91; and 28 CFR 35
- 7.8 [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- 7.9 [Oregon Health Authority \(OHA\): Coordinated Care Organizations \(CCO\)](#)

8 FEEDBACK

- 8.1 Team Members may provide feedback about this document by emailing policyfeedback@cascadecomp.com.

9 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Advisory Committee to Approval	Executive Approval Committee
Committee Review Dates	10/09/2018
Approval Dates	10/15/2018

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