



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRIS CHRISTIE  
*Governor*

P.O. Box 712  
Trenton, NJ 08625-0712

ELIZABETH CONNOLLY  
*Acting Commissioner*

KIM GUADAGNO  
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MEGHAN DAVEY  
*Director*

**MEDICAID COMMUNICATION NO. 17-06**

**DATE: April 6, 2017**

**TO:** NJ FamilyCare Eligibility Determining Agencies

**SUBJECT:** Non-discrimination and Language Assistance

The U.S. Department of Health and Human Services, Office of Civil Rights has made changes to extend non-discrimination protections as directed under Section 1557 of the Affordable Care Act (42 U.S.C. § 18116). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. The final federal rules for this law clarify existing non-discrimination requirements and set forth new standards to provide meaningful access to each individual with limited English proficiency who is eligible to be served or likely to be encountered in our healthcare programs and activities, as well as to provide appropriate auxiliary aids and services to people with impaired sensory, manual, or speaking skills, where necessary to afford those individuals an equal opportunity to benefit from the health program or activity.

The law requires covered entities (which include health care programs that receive federal funding) to post notices of non-discrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services. Taglines are short statements written in the top 15 languages spoken in New Jersey informing persons that language assistance services (including TTY services) are available free of charge.

The non-discrimination notice and taglines are required to be posted in: significant publications and communications, in conspicuous physical locations where the agency interacts with the public, and on the agency's website in an accessible place from the home page. As a result, non-discrimination posters have been developed and are required to be posted in every facility that conducts NJ FamilyCare and NJ FamilyCare Aged, Blind, Disabled programs.

A doubled-sided notice (see attachment) has been developed for insert into all NJ FamilyCare applications, both initial and renewal, and is required to be sent with all letters to applicants/beneficiaries regarding their eligibility status. Other examples of outreach notices that would require this insert include, but are not limited to, the following: consent and complaint forms; forms that have the potential for important consequences; applications for programs, benefits, or services; and explanations of benefits, claims processing, and coverage disclosures. For small-size significant publications and communications, such as tri-fold brochures, pamphlets and postcards, a non-discrimination statement (shortened version of the non-discrimination notice) and at least two non-English taglines must be stated. A sample of the shortened statement is, "NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability." The tagline is, "Attention: If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720)."

If an individual believes that NJ FamilyCare has failed to provide language assistance services or discriminated in another way on the basis of race, color, national origin, sex, age or disability, an individual may file a grievance with the NJ Civil Rights Coordinator by emailing [DHS-CO.OLRA@dhs.state.nj.us](mailto:DHS-CO.OLRA@dhs.state.nj.us) or calling 609-777-2026. Additionally, an individual may file a grievance by mail at:

NJ Civil Rights Coordinator  
NJ Department of Human Services  
Office of Legal and Regulatory Affairs  
PO Box 700  
Trenton, NJ 08625-0700

Grievances must be submitted to the Civil Rights Coordinator within 60 days of the date that the person filing the grievance becomes aware of the alleged discriminatory action. If assistance is needed in filing a grievance, the Civil Rights Coordinator is available to help. 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 Civil Rights Coordinator will 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 Civil Rights Coordinator will maintain the files and records. To the extent possible, and in accordance with applicable law, the Civil Rights Coordinator 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 Civil Rights coordinator will issue a written decision on the grievance, based on 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 by writing to the Commissioner of the New Jersey Department of Human Services within 15 days of receiving the Civil Rights Coordinator's decision.

The availability and use of the above outlined 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>. A person may also file a complaint by phone by calling 1-800-368-1019, 1-800-537-7697 (TDD) or by mail at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

U.S. Department of Health and Human Services 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.

If you have any questions regarding this Medicaid Communication, please refer them to the Division's Office of Eligibility field staff for your agency at 609-588-2556.

MD:hr

c: Elizabeth Connolly, Acting Commissioner  
Department of Human Services

Valerie Harr, Deputy Commissioner  
Department of Human Services

Valerie L. Mielke, Assistant Commissioner  
Division of Mental Health and Addiction Services

Liz Shea, Assistant Commissioner  
Division of Developmental Disabilities

Joseph Amoroso, Director  
Division of Disability Services

Nancy Day, Director  
Division of Aging Services

Natasha Johnson, Director  
Division of Family Development

Cathleen D. Bennett, Commissioner  
Department of Health

Allison Blake, Commissioner  
Department of Children and Families

# Non-Discrimination Statement

## Discrimination is Against the Law

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. NJ FamilyCare does not exclude people or treat them differently because of race, color, national origin, sex, age or disability.

### **NJ FamilyCare:**

- 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, please contact 1-800-701-0710 (TTY: 1-800-701-0720).

If you believe that NJ FamilyCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age or disability, you can file a grievance with the NJ FamilyCare Civil Rights Coordinator via the following: NJ Civil Rights Coordinator, NJ Department of Human Services, Office of Legal and Regulatory Affairs, P.O. Box 700, Trenton, NJ 08625-0700, 609-777-2026, [DHS-CO.OLRA@dhs.state.nj.us](mailto:DHS-CO.OLRA@dhs.state.nj.us). If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also electronically file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 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  
SW, Room 509F, HHH Building  
200 Independence Avenue  
Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

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If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720).

# New Jersey's Non-Discrimination Statement

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak **any other language**, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720).

**Spanish.** NJ FamilyCare cumple con las leyes federales de derechos civiles correspondientes y no discrimina con base en la raza, el color, la nacionalidad, el sexo, la edad o la discapacidad. Si usted habla **español**, tiene a su disposición los servicios de asistencia con el idioma sin costo alguno. Llame al 1-800-701-0710 (TTY: 1-800-701-0720).

**Chinese.** NJ FamilyCare 遵守适用的联邦人权法律，不会因为种族、肤色、原国籍、性别、年龄或残障而进行歧视。如果您讲**中文**，您可以免费获得语言协助服务。致电 1-800-701-0710 (TTY: 1-800-701-0720)。

**Korean.** NJ FamilyCare는 적용되는 연방 인권법을 준수하며 인종, 피부색, 출신 국가, 성별, 나이 또는 장애 여부에 따라 차별을 하지 않습니다. **한국어**를 쓰시는 경우, 언어 지원 서비스가 무료로 제공됩니다. 1-800-701-0710 (TTY: 1-800-701-0720)번으로 문의해 주십시오.

**Portuguese.** O NJ FamilyCare cumpre as leis federais aplicáveis de direitos civis e não discrimina com base em raça, cor, origem nacional, sexo, idade ou deficiência. Se você fala **português**, serviços linguísticos gratuitos estão à sua disposição. Ligue para 1-800-701-0710 (TTY: 1-800-701-0720).

**Gujarati.** NJ FamilyCare, બાબુ પડતા ફેરવ નાબંધિ કાયદાઓનું પાલન કરે છે અને જાતિ, રંગ, સ્થળીય મૂળ, લિંગ, વય અથવા અંગતતાને આધારે ભેદભાવ કરતું નથી. જો તમે ગુજરાતી બોલતા હોવ તો ભાષા સહાય સેવાઓ તમારે માટે નિ:શુલ્ક ઉપલબ્ધ છે. ફોન કરો 1-800-701-0710 (TTY: 1-800-701-0720).

**Polish.** NJ FamilyCare przestrzega wszelkich odnosnych przepisów federalnych dotyczących praw obywatelskich i nie dopuszcza się dyskryminacji z powodu rasy, koloru skóry, pochodzenia narodowego, płci, pochodzenia, wieku lub inwalidztwa. Dla osób mówiących po **polsku** dostępna jest bezpłatna pomoc językowa. Proszę zadzwonić pod numer 1-800-701-0710 (TTY: 1-800-701-0720).

**Italian.** NJ FamilyCare si attiene a tutte le leggi federali per i diritti civili e non discrimina sulla base di etnia, colore, nazionalità, genere, età o disabilità. Se lei parla **Italiano**, sono a sua disposizione servizi gratuiti nella sua lingua. Chiami il numero 1-800-701-0710 (TTY: 1-800-701-0720).

**Arabic.** يتتزم NJ FamilyCare بحقوق المدنية الفدرالية ولا تميز على أساس العرق أو اللون أو الأصل القومي أو الجنس أو السن أو الإعاقة. إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية دون تكلفة. اتصل بالرقم 1-800-701-0710 (TTY: 1-800-701-0720).

**Tagalog.** Ang NJ FamilyCare ay tumutupad sa mga angkop na Federal na batas ukol sa mga sibil na karapatan at hindi ito nagdidiskrimina batay sa lahi, kulay, bansang pinangangalingan, kasarian, edad, o kapansanan. Kung pagsasalita ka ng **Tagalog**, may makukuha kang tulong sa wika nang walang bayad. Tumawag sa 1-800-701-0710 (TTY: 1-800-701-0720).

**Russian.** Программа NJ FamilyCare действует в соответствии с федеральным законодательством о гражданских правах и запрещает дискриминацию на основе расовой принадлежности, цвета кожи, национального происхождения, пола, возраста или инвалидности. Если вы говорите **по-русски**, то можете бесплатно получить услуги по переводу. Позвоните по номеру телефона 1-800-701-0710 (номер телефона / телетайпа для слабослышащих: 1-800-701-0720).

**French Creole (Haitian Creole).** NJ FamilyCare obeyi lwa federal konsenan dwa sivil yo e li pa diskrimine nonplis sou ras, koulè po, peyi natif natal, sèks, laj, ak enfimite. Si w pale **kreyòl**, gen you sèvis tradiksyon disponib san w pa peye anyen pou li. Sonnen 1-800-701-0710 (TTY: 1-800-701-0720).

**Hindi.** NJ FamilyCare, बाबू संचाय नागरिक अधिकार कानूनों का अनुपालन करता है और जाति, रंग, राष्ट्रीय मूल, लिंग, उम्र या विकलांगता के आधार पर भेदभाव नहीं करता है। यदि आप हिन्दी बोलते हैं तो, आपको भाषा सहायता सेवायें नि: शुल्क उपलब्ध हैं। 1-800-701-0710 (TTY: 1-800-701-0720) पर फोन करें।

**Vietnamese.** NJ FamilyCare tuân thủ theo luật dân quyền Liên Bang hiện hành và không kỳ thị dựa vào chủng tộc, màu da, nguồn gốc quốc gia, giới tính, tuổi hoặc khuyết tật. Nếu quý vị nói **Tiếng Việt**, hiện có các dịch vụ trợ giúp về ngôn ngữ miễn phí cho quý vị. Gọi số 1-800-701-0710 (TTY: 1-800-701-0720).

**French.** NJ FamilyCare respecte les lois applicables des États-Unis en matière de droits civils et ne pratique aucune discrimination fondée sur la race, la couleur, l'origine nationale, le sexe, l'âge ou un handicap. Si vous parlez le **français**, vous bénéficiez de services d'assistance linguistique gratuits. Appelez le 1-800-701-0710 (TTY: 1-800-701-0720).

معزوری کی بنیاد پر امتیاز نہیں برتا۔ اگر آپ اردو بولتے ہیں تو زبان سے متعلق مدد کی خدمات آپ کے لیے مفت دستیاب ہیں۔ کال کریں۔ (TTY: 1-800-701-0720) 1-800-701-0710