

WELBEHEALTH NOTICE OF NONDISCRIMINATION

Discrimination is against the law. WelbeHealth complies with applicable State and Federal civil rights laws and does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

- WelbeHealth provides free aids and services in a timely manner 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)
- WelbeHealth also provides free language services in a timely manner to people who primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your Social Worker or Program Director at (888) 530 - 4415, during our normal hours of operation, Monday through Friday, 8:00am – 4:30pm. They will be able to assist you.

If you cannot hear or speak well, please call TTY 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please contact your Social Worker or Program Director.

HOW TO FILE A GRIEVANCE

If you believe that WelbeHealth has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation,, you can file a grievance with the WelbeHealth Quality Operations department by phone, in writing, in person, or electronically.

- By phone: Contact the Quality Operations Team between the hours of 8am-4:30pm, Monday through Friday by calling 1-833-841-4551. If you cannot hear or speak well, please call TTY 711.
- In writing: Fill out a complaint form or write a letter and send it to: WelbeHealth Quality Operations
 440 North Barranca Ave #4051
 Covina, CA 91723



- In person: Visit your PACE center and say you want to file a grievance. Any IDT member can assist you.
- Electronically: Visit WelbeHealth's website at Regulatory Notices WelbeHealth.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically.

- By phone: Call 916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).
- In writing: Fill out a complaint form or send a letter to:
 Deputy Director, Office of Civil Rights Department of Health Care Services Office of Civil Rights
 P.O. Box 997413, MS 0009
 Sacramento, CA 95899-7413
 Complaint forms are available at <u>DHCS 1044 Discrimination Complaint Form</u> (Title VI and ADA)
- Electronically: Send an email to <u>CivilRights@dhcs.ca.gov</u>.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically.

- By phone: Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.
- In writing: Fill out a complaint form or send a letter to:
 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 Filing with OCR | HHS.gov.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <u>U.S.</u>
 Department of Health & Human Services Office for Civil Rights.