

**EBCI Tribal Option**  
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**Together We Heal**



*The Mission of the Cherokee Indian Hospital is to be the provider of choice for the community by providing accessible, patient and family centered quality healthcare with responsible management of the Tribes resources.*

**TITLE: EBCI Tribal Option Non-Discrimination Policy for Employees, Members, and Providers**

**REVIEWED AND APPROVED BY: CIHA Executive Committee**

**EFFECTIVE DATE: 12/10/2020**

**LAST REVIEWED: 4/17/2025**

**POLICY OWNER: CIHA Executive Director of Quality/Patient Safety and Compliance Officer**

**PURPOSE:**

The purpose of this Policy is to establish a policy of non-discrimination, consistent with 42 U.S.C. 1396u-2(h)(3) and 42 C.F.R. § 438.3(d)(4) for participation in the Eastern Band Cherokee Indian (EBCI) Tribal Option, Primary Care Case Management (PCCM) entity. Cherokee Indian Hospital Authority (CIHA) and its division the EBCI Tribal Option create an environment that aligns with the core purpose, mission, vision, and Guiding Principles of CIHA. The objective of this Policy is to ensure that Guiding Principle Four's, **di qua tse li i yu sdi** ("Like Family to Me"), philosophy is articulated by providers when delivering care to EBCI Tribal Option Members and outline both CIHA's and EBCI Tribal Option's commitment to prohibit discrimination in the EBCI health system and its network of providers.

CIHA and EBCI Tribal Option believe that all health care services belong to the people and that CIHA and EBCI Tribal Option are stewards of this health care, safeguarding it and providing it to Members when and how they need it.

**EBCI Tribal Option Non-Discrimination Policy for Employees, Members, and Providers**

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EBCI Tribal Option, a PCCM program and a North Carolina (NC) Medicaid Managed Care Entity, must adopt a non-discrimination policy as required by federal law and the NC Department of Health and Human Services (DHHS) Indian Managed Care Entity (IMCE) Contract (NCDHHS/EBCI Tribal Option Contract). The EBCI Tribal Option will honor CIHA's policy and extend the *Non-Discrimination Policy* to the Network Providers as stipulated into the EBCI Tribal Option Network provider agreements.

The EBCI Tribal Option Provider Network consists of tribal and non-tribal providers. An individual's enrollment into the EBCI Tribal Option is limited to those individuals eligible to receive services at an Indian Health Services (IHS) facility and as outlined in the *EBCI Tribal Option Enrollment and Disenrollment Policy*.

#### **STAFF GOVERNED BY THIS POLICY:**

This Policy applies to:

- All CIHA staff;
- CIHA Executive staff;
- EBCI Tribal Option staff;
- EBCI Tribal Option Member Services staff;
- CIHA Patient Access staff;
- EBCI Tribal Option Provider Network;
- EBCI Tribal Option Subcontractors;
- Care Managers;
- Behavioral Health Care Managers [Behavioral Health Consultants (BHCs)];
- Other Primary Care (Nutritionists, Pharmacists, and Providers in the Integrated Care Team);
- Care Manager Extenders [Licensed Practical Nurses (LPNs)/Certified Medical Assistants (CMAs)/Other];
- Primary Care – Case Management Support (CMS).

#### **POLICY:**

The EBCI Tribal Option will not discriminate against individuals eligible for services at CIHA or in the EBCI Tribal Option Provider Network or an individual's enrollment, as defined in the *EBCI Tribal Option Enrollment and Disenrollment Policy* and outlined in the NCDHHS/EBCI Tribal Option Contract. EBCI Tribal Option complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. EBCI Tribal Option does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation as stipulated in 45 C.F.R. 80.3(d). All individuals are treated with dignity, compassion, and respect.

EBCI Tribal Option ensures each Member is not subject to any unlawful discrimination in the course of obtaining or receiving services through the EBCI Tribal Option or from any provider

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within the EBCI Tribal Option Network of Primary Care Providers (PCPs) in compliance with 45 C.F.R. § 80.3(d). EBCI Tribal Option ensures compliance with the non-discrimination requirements specified in the NCDHHS/EBCI Tribal Option Contract, as well as any other applicable federal and state laws and regulations prohibiting discrimination against Members in the course of obtaining or receiving services through the EBCI Tribal Option or any Provider Network as required in 42 C.F.R. § 438.100(d).

EBCI Tribal Option complies with all applicable federal and North Carolina laws, regulations, guidelines, and standards, or those that may be lawfully adopted pursuant to the statutes prohibiting discrimination, including, but not limited to, the following:

- Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap;
- Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex;
- The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age;
- Section 654 of the Omnibus Budget Reconciliation Act of 1981, as amended, 42 U.S.C. 9849, which prohibits discrimination on the basis of race, creed, color, national origin, sex, handicap, political affiliation or beliefs;
- The Americans with Disabilities Act of 1990, P.L. 101-336, which prohibits discrimination on the basis of disability and requires reasonable accommodation for persons with disabilities;
- Section 1557 of the Patient Protection and Affordable Care Act, which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities;
- The North Carolina Equal Employment Practices Act, Article 49A of Chapter 143 of the General Statutes, which prohibits employment discrimination on the basis of race, religion, color, national origin, age, sex, or handicap by employers which regularly employ fifteen (15) or more employees;
- The North Carolina Persons with Disabilities Protection Act, Chapter 168A of the General Statutes, which prohibits disability discrimination;
- The North Carolina Retaliatory Employment Discrimination Act, Article 21 of Chapter 95 of the General Statutes, which prohibits employer retaliation against employees who in good faith take or threaten to take protected action under the law;
- Abide by the non-discrimination provisions in North Carolina Executive Order 24 dated October 18, 2017 by maintaining or implementing employment policies that prohibit discrimination by reason of race, color, ethnicity, national origin, age, disability, sex,

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pregnancy, religion, National Guard or Veteran's status, sexual orientation, and gender identity or expression.

EBCI Tribal Option provides free auxiliary aids and services to people with disabilities to communicate effectively with their providers and care management staff using:

- Qualified American Sign Language (ASL) interpreters;
- Written information in other formats (large print, audio, accessible formats, other formats);

EBCI Tribal Option provides free language services to people whose primary language is not English, such as:

- Qualified interpreters;
- Information written in other languages.

Furthermore, the EBCI Tribal Option and its Provider Network shall not discriminate against individuals eligible to enroll on the basis of health status or need for health care services unless limited by enrollment into an Indian Managed Care Entity as defined by the *EBCI Tribal Option Enrollment and Disenrollment Policy*. In addition, EBCI Tribal Option shall not discriminate in enrollment, disenrollment, and re-enrollment against individuals on the basis of health status or need for health care services as outlined in 42 C.F.R. § 438.3(q)(4). EBCI Tribal Option shall not use any policy or practice that has the effect of discriminating against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability in accordance to 42 U.S.C. 1396u-2(h)(3) and 42 C.F.R. § 438.3(d)(4).

As part of ensuring compliance, the EBCI Tribal Option Director and subcontractors will maintain collaborative working relations with the NC Medicaid PCCM Associate Director through scheduled meetings for purposes of discussing monitoring and oversight of the Program that serves federally recognized tribal members, IHS eligibles, and their families. When circumstances present whereby a tribal member or IHS-eligible individual has special needs and/or disabilities requiring additional resources (e.g., Division of Services for the Deaf and Hard of Hearing), the EBCI Tribal Option Director will utilize the NC Medicaid PCCM Associate Director as the conduit to gain access to appropriate linkage/resource to NCDHHS's thirteen (13) divisions. This Policy does not prohibit the direct contact with any DHHS Division or Office.

## **DEFINITIONS:**

### **Authorized Representative**

An individual, Provider, or organization either designated by a Beneficiary or authorized by law or court order to act on their behalf in assisting with the individual's participation in the Medicaid Managed Care program. With written consent of the Member, or as otherwise legally authorized, an Authorized Representative may, for example, request an appeal, file a grievance, or request a

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State Fair Hearing on behalf of the Beneficiary with the exception that a provider cannot request continuation of Benefits.

### **Code of Federal Regulations (CFR)**

A compilation of administrative laws governing federal regulatory agency practice and procedures. This includes such agencies as Medicaid, Medicare, and Indian Health Service.

### **Complaint**

Complaints are Member issues that can be resolved promptly or within twenty-four (24) hours and involve staff who are present (e.g., nursing, administration, patient advocates) at the time of the complaint. Complaints typically involve minor issues, such as a housekeeping complaint or the Care Manager did not answer a question.

### **Discrimination**

The act of taking action against individuals on the basis of age, health status, race, color, national origin, sex, sexual orientation, gender identity, or disability. The EBCI Tribal Option applies this definition in accordance to 42 U.S.C. 1396u-2(h)(3) and 42 C.F.R. § 438.3(d)(4).

### **EBCI Tribal Option**

The unit within CIHA that is responsible for managing the Indian Managed Care Entity and serves as the point of contact with the Division of Health Benefits, within the NC Department of Health and Human Services.

### **EBCI Tribal Option Contract**

The Indian Managed Care Entity Contract #30-2020-014-DHB between the North Carolina Department of Health and Human Services, Division of Health Benefits and Cherokee Indian Hospital Authority. Subsequent revisions and amendments are also included in this definition. This Contract is also referred to as the NCDHHS/EBCI Tribal Option Contract.

### **EBCI Tribal Option Provider Network**

Primary Care Provider (PCP) practices with whom the EBCI Tribal Option has enrolled into the Network through the execution of the PCP contract. CIHA Primary Care and satellite clinics are part of the EBCI Tribal Option Provider Network.

### **Grievance**

An expression of dissatisfaction about any matter other than an Adverse Determination or Adverse Benefit Determination, including, but not limited to, quality of care or services provided and aspects of interpersonal relationships, such as rudeness of provider or employee or failure to respect the Member's rights.

### **North Carolina Department of Health and Human Services (NCDHHS)**

A Department within the North Carolina Executive Branch that is the designated single state agency with the US Department of Health and Human Services, Centers for Medicare and

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Medicaid Services (CMS) for the administration of the Medicaid Program through the Division of Health Benefits.

### **Primary Care Case Management (PCCM) Entity**

An organization that provides any of the following functions, in addition to PCCM services, for NCDHHS:

- Provision of intensive telephonic or face-to-face case management, including operation of a nurse triage advice line;
- Development of Member Care Plans;
- Execution of contracts with and/or oversight responsibilities for the activities of Fee-For-Service (FFS) providers in the FFS Program;
- Provision of payments to FFS providers on behalf of NCDHHS;
- Provision of Member outreach and education activities;
- Operation of a customer service call center;
- Review of provider claims, utilization and practice patterns to conduct provider profiling, and/or practice improvement;
- Implementation of Quality Improvement (QI) activities, including administering Member satisfaction surveys or collecting data necessary for performance measurement of providers;
- Coordination with behavioral health systems/providers;
- Coordination with Long-Term Services and Supports (LTSS) systems/providers.

### **Provider Grievance**

Any oral or written complaint or dispute by a Network PCP over any aspects of the operations, activities, or behavior of the EBCI Tribal Option, except for any dispute for which the Network PCP has appeal rights.

### **PROCEDURE:**

Individuals that are eligible for enrollment in the EBCI Tribal Option will be enrolled in the order in which they apply without restriction, unless authorized by the *EBCI Tribal Option Enrollment and Disenrollment Policy* and as stipulated in the NCDHHS/EBCI Tribal Option Contract.

The Notice (*Attachment A*) informs Members about their rights of non-discrimination and the accessibility requirements. This *Non-Discrimination Policy* will be included or referenced in the following EBCI Tribal Option materials and documents:

- Website at [www.ebcitribaloption.com](http://www.ebcitribaloption.com);
- *EBCI Tribal Option and AMH Care Coordination and Care Management Policy*;
- Care Management Letters;
- *Member Handbook*;
- *Provider Manual*;
- Marketing Materials;

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- *EBCI Tribal Option and AMH Member and Provider Grievance Policy*;
- Staff Orientation and Training;
- Network PCP contracts.

This Policy will be reviewed annually or more frequently as necessary to address changes in federal law, rules, or contractual obligations. In addition, all grievances and complaints will be reviewed as part of the *EBCI Tribal Option Quality Improvement Plan*, and necessary steps will be taken to remediate findings that arise as a result of discrimination.

In the event that a Member or Provider believes that the EBCI Tribal Option has failed to provide these services covered by this Policy or has discriminated in another way based on race, color, national origin, age, disability, or sex, the individual can follow the grievance procedures. The procedure for the filing and investigating of a discrimination complaint or grievance against CIHA's EBCI Tribal Option is as follows:

**How to File a Non-Discrimination Complaint or Request for Reconsideration by Members or Providers:**

1. Members may contact EBCI Tribal Option Member Services at 1-800-260-9992 (TTY 711) for assistance in filing a complaint. A copy of the Member Notice is *Attachment A* of this Policy and can also be found at [www.ebcitribaloption.com](http://www.ebcitribaloption.com);
2. Providers may contact EBCI Tribal Option Provider Services at 1-800-260-9992 to file a complaint;
3. A written complaint must be filed with EBCI Tribal Option Member Services office or the Provider Network's Service office (post marked or hand delivered) within sixty (60) days of the date of the alleged violation.
  - a. The complaint may be sent:
    - Electronically:  
[www.ebcitribaloption.com](http://www.ebcitribaloption.com)
    - By Mail or Hand Delivery:  
EBCI Tribal Option  
241 Cherokee Hospital Loop  
Cherokee, NC 28719
  - b. The written complaint must be filed by the individual aggrieved by the alleged discrimination and must contain:
    - i. Name and mailing address of aggrieved party complaining;
    - ii. Name of the EBCI Tribal Option Provider or the EBCI Tribal Option agent involved;
    - iii. Date(s) of the alleged violation, and
    - iv. Brief description of the alleged violation;

If you require assistance in preparing a complaint due to a disability, EBCI Tribal Option will provide assistance upon request.

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4. Requests for Reconsideration may be filed if a letter that reports no findings of discrimination is received. The request must be made in writing, stating clearly the basis for which reconsideration should be granted. The Request for Reconsideration must be filed by the individual who made the initial complaint and sent to the EBCI Tribal Option Member Services' office or the Provider Network Services' office (post marked or hand delivered) within thirty (30) days from the date of the letter that reports no findings of discrimination.

**Complaint Investigation:**

1. Once the complaint is received, the Member Services Manager or designee or Provider Services Manager or designee shall conduct an investigation of the allegation;
  - If the complaint alleges discrimination against a Provider that is not an employee of CIHA or the EBCI Tribal Option, the Member Services Manager shall investigate and follow steps outlined in the NCDHHS/EBCI Tribal Option Contract;
  - In the event that there is a perceived or real conflict between the Member Services Manager and the Member, a reassignment of the investigation will be made to a designee;
  - The Member Services Manager may seek guidance from CIHA's Compliance Officer and/or CIHA's legal counsel if necessary;
  - The Member Services Manager shall complete the investigation into the complaint within thirty (30) days and resolve the complaint by either:
    - Mailing the letter that reports no findings of discrimination to the complainant post marked within two (2) days of the letter's issuance; or
    - Resolving the issue between the Member provider aggrieved and the EBCI Tribal Option;
2. EBCI Tribal Option shall maintain a written account of the findings and resolution action.

**Procedure for Filing a Complaint by EBCI Tribal Option Employees:**

EBCI Tribal Option employees shall follow the CIHA Employee Grievance Procedures as outlined in Section 15.00 of the *CIHA Personnel Manual*. As required by the NCDHHS/EBCI Tribal Option Contract, employees may file a complaint with the U.S. Equal Employment Opportunity Commission (EEOC) and are subject to applicable personnel laws for tribal entities and providers. The process for filing is located at <https://www.eeoc.gov/filing-charge-discrimination>.

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**Other Actions:**

1. The EBCI Tribal Option Member Services Manager may assist the individual in filing a complaint/grievance or requesting assistance from the NC Medicaid Ombudsman for further assistance at 1-877-201-3750.
2. EBCI Tribal Option Members or Providers may contact NCDHHS. The process for filing a complaint is available online at: <https://www.ncdhhs.gov/media/8251/open>.
3. Additional information can be obtained by contacting the NCDHHS Compliance Attorney at:
  - By Mail:  
DHHS ADA/RA Complaints  
Office of General Counsel  
2001 Mail Service Center  
Raleigh, NC 27699-2001
  - By Phone:  
919-855-4800
4. EBCI Tribal Option Members or Providers may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available:
  - Electronically:
    - [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html) or
    - Office for Civil Rights Complaint Portal Assistant at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
  - By Mail:  
U.S. Department of Health and Human Services,  
Office for Civil Rights  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, DC 20201
  - By Phone:  
U.S. Department of Health and Human Services  
Office for Civil Rights  
1-800-368-1019 (TTY: 1-800-537-7697)
  - By Fax:  
202-619-3818

Members may also access information about filing a civil rights complaint in the “Notice of Non-Discrimination-Other Actions” section of the *Member Handbook*.

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**Reporting:**

Member non-discrimination grievances filed shall be included in the Member Grievance Log within the Grievance Tracking System and a report submitted to NCDHHS on a quarterly basis in the format required by the NCDHHS/EBCI Tribal Option Contract. EBCI Tribal Option shall maintain records of all Member grievances, inclusive of allegations of discrimination, and shall review the information and trends as part of its ongoing monitoring and quality improvement procedures. The quarterly report on grievances, as required by the NCDHHS/EBCI Tribal Option Contract, shall include the total number of grievance requests filed with the EBCI Tribal Option, the basis for each grievance, the status of pending requests, the disposition of any requests that have been resolved, and time to resolution.

Provider non-discrimination grievances filed shall be included in the Provider Grievance Log within the Grievance Tracking System and a report submitted to NCDHHS on a quarterly basis in the format required by the NCDHHS/EBCI Tribal Option Contract. The quarterly report, as required by the NCDHHS/EBCI Tribal Option Contract on Provider grievances, shall include the grievance requests received and processed by the EBCI Tribal Option, including the total number of grievances filed with the EBCI Tribal Option, the basis for each grievance, the status of pending requests, the disposition of any requests that have been resolved, and time to resolution as outlined in 42 C.F.R. § 438.66(c)(3).

**References:**

- Indian Managed Care Entity Contract #30-2020-014-DHB between the North Carolina Department of Health and Human Services, Division of Health Benefits and Cherokee Indian Hospital Authority.

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## **Attachment A: Notice Informing Individuals about Non-discrimination and Accessibility Requirements**

Eastern Band of Cherokee Indians (EBCI) Tribal Option complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identify or expression, or sexual orientation. EBCI Tribal Option does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

EBCI Tribal Option:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as Qualified American Sign Language interpreters and 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 and information written in other languages.

If you need these services, contact EBCI Tribal Option Member Services at 1-800-260-9992. If you believe that EBCI Tribal Option has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance using the following grievance procedures. You have three (3) options for filing a grievance:

1. You may contact EBCI Tribal Option Member Services Manager at 1-800-260-9992 or TTY 771 for assistance in filing a complaint/grievance or if you want to discuss the problem before filing the grievance/complaint. The process for filing a grievance is online at [www.ebcitribaloption.com](http://www.ebcitribaloption.com).
2. You may contact the NC Department of Health and Human Services at the DHHS Customer Service Center at 1-800-662-7030. The process for filing a complaint is available online at: <https://www.ncdhhs.gov/media/8251/open>.

Additional information can be obtained by contacting the NCDHHS Compliance Attorney:

Mail:

DHHS ADA/RA Complaints  
Office of General Counsel  
2001 Mail Service Center  
Raleigh, NC 27699-2001

Telephone:

919-855-4800

3. EBCI Tribal Members or Providers may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at:

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- Electronically:
  - [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html) or
  - Office for Civil Rights Complaint Portal Assistant at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- By Mail:  
 U.S. Department of Health and Human Services,  
 Office for Civil Rights  
 200 Independence Avenue SW,  
 Room 509F, HHH Building  
 Washington, DC 20201 or
- By Phone:  
 U.S. Department of Health and Human Services  
 Office for Civil Rights  
 1-800-368-1019 (TTY: 1-800-537-7697)
- By Fax:  
 202-619-3818

The NC Medicaid Ombudsman can provide you with free, confidential support and education about the rights and responsibilities you have under NC Medicaid. Call 1-877-201-3750 or visit [ncmedicaidombudsman.org](http://ncmedicaidombudsman.org).

**ATTENTION: If you need a Cherokee interpreter, we can call someone for you.**  
**ᑕᑎᑎ ᑉᑎᑎᑎᑎᑎᑎ ᑎᑎᑎᑎ, ᑎᑎ ᑎᑎᑎᑎᑎᑎ.**  
**Tsalagi anesdisgi yitsaduli, gilo yiwotsiyana.**  
**Please call 1-800-260-9992 or (TTY 711).**

**ATENCIÓN: Si el inglés no es tu primer idioma, podemos ayudarte. Llamar 1-800-260-9992 (TTY 711). Puede solicitarnos la información de este manual en su idioma. Tenemos acceso a servicios de intérprete y podemos ayudar a responder sus preguntas en su idioma**

**中国人 (Chinese):** 您可以申请免费的辅助工具和服务, 包括本资料和其他计划信息的大字版。请致电 **1-800-260-9992 (TTY 711)**。如果英语不是您的首选语言, 我们能提供帮助。请致电 **1-800-260-9992 (TTY 711)**。我们可以通过口头或书面形式, 用您使用的语言免费为您提供本资料中的信息, 为您提供翻译服务, 并且用您使用的语言帮助回答您的问题。

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**EASTERN BAND OF CHEROKEE INDIANS (EBCI) TRIBAL OPTION NON-DISCRIMINATION POLICY FOR EMPLOYEES,  
MEMBERS, AND PROVIDERS:  
POLICY IMPLEMENTATION/REVISION INFORMATION**

Original Effective Date: 12/10/2020

**Revision Information:**

<b>Date</b>	<b>Section Updated</b>	<b>Change</b>
6/24/2022	Policy Header	Added Cherokee language translation and syllabary for “EBCI Tribal Option and added “EBCI Tribal Option” to the beginning of the Policy title
6/24/2022	All sections	Checked and amended grammar, numbering, and readability as needed and added “EBCI” before “Tribal Option,” and “NC” before “DHHS,” and replaced “the Department” with “NCDHHS”
6/24/2022	Purpose	Identified Guiding Principle Four and amended its Cherokee phonetics and translation
6/24/2022	Staff Governed By This Policy	Updated the “Staff Governed By” section with the appropriate parties
6/24/2022	Policy	Amended the second “P” in “PCPs” from “Physicians” to “Providers”
6/24/2022	Policy	Identified staff as being “care management staff” when Members with disabilities can communicate effectively with them when using free aids and services
6/24/2022	Policy	Added language for assistance, service, or aids shall include, “but are not limited to”
6/24/2022	Policy	Amended the title for “DHHS NC Tribal Option Program Manager”
6/24/2022	Policy	Amended the name of the “Division of Services for the Deaf and Hard of Hearing”
6/24/2022	Definitions	Amended “Authorized Representative” and “EBCI Tribal Option Contract” definitions and added “CFR,” “Complaint,” EBCI Tribal Option,” “EBCI Tribal Option PCP Network,” “NCDHHS,” and “PCCM Entity” to the definitions list
6/24/2022	Procedure	Added that Attachment A also “informs Members about their rights of non-discrimination
6/24/2022	Procedure	Amended the titles for the “Care Coordination, AMH, and AMH+ Care Management Policy” (and deleted the word “Design), the “Member and Provider Grievance Policy,” and the “Quality Improvement Plan”
6/24/2022	Procedure	Identified the heading for How to File a Complaint as being a “Non-Discrimination” Complaint. Added EBCI Tribal Option’s “TTY 711” and website address and amended the address “241 Cherokee Hospital Loop” for where to mail a complaint and deleted “IID; IIE’ IIIB” as locations in the Contract of where to find steps for conducting an investigation
6/24/2022	Procedure	Amended the number of days from “21” to “30” for when the Member Services Manager shall complete the investigation into the complaint
6/24/2022	Procedure	Amended the second “E” in “EEOC” to “Employment”
7/25/2022	Procedure	Amended the link address to the most recent ADA grievance policy/process
7/25/2022	Procedure	Amended the mailing address for sending grievance complaints to the NCDHHS’ ADA/RA Complaints Office of General Counsel
6/24/2022	Procedure	Included the NC Medicaid Ombudsman Program phone number and the U.S. Department of Health and Human Services, Office for Civil Rights fax number and identified the phone number as belonging to the U.S. Department of

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		Health and Human Services Office for Civil Rights and amended its title from “of” to “for”
6/24/2022	Attachment A	Added “ethnicity, pregnancy, religion, National Guard or Veteran’s status, sexual orientation, culture, language, health status, need for health care services, physical or mental disability, socioeconomic status, marital status, and gender identity or expression” as items that individuals may not be treated differently or excluded because of
6/24/2022	Attachment A	Included the U.S. Department of Health and Human Services, Office for Civil Rights fax number and identified the phone number as belonging to the U.S. Department of Health and Human Services Office for Civil Rights
6/24/2022	Attachment A	Supplemented the Spanish tagline with more information and added the Mandarin tagline
6/24/2022	Policy Implementation/ Revision Information	Added policy revision information table
6/15/2023	Policy Header	Amended “Last Reviewed” date and added “Policy Owner” and identified the role
6/15/2023	Purpose	Identified “Network” as “Provider Network”
6/15/2023	Staff Governed By This Policy	Amended the “Staff Governed By” section and other applicable sections throughout the Policy with the appropriate parties
6/15/2023	Policy	Changed that EBCI Tribal Option “shall” to “must” provide free aids and services to Members with disabilities
6/15/2023	Policy	Amended the title of the “DHHS NC Tribal Option Program Manager (TOPM)” to “NC Medicaid PCCM Associate Director”
6/15/2023	Definitions	Amended definitions by supplementing additional language for “Discrimination,” “EBCI Tribal Option,” “EBCI Tribal Option Provider Network,” and “Provider Grievance”
6/15/2023	Procedure	Amended the title of the “EBCI Tribal Option, AMH, and AMH+ Care Coordination and Care Management Policy” and the title of the “EBCI Tribal Option, AMH, and AMH+ Member and Provider Grievance Policy”
6/15/2023	Procedure	Added “hand delivered” as an option for delivering a complaint to the EBCI Tribal Option
6/15/2023	Procedure	Changed Requests for Reconsideration from a letter of no findings of discrimination “shall” to “must” be made in writing, stating clearly the basis for which reconsideration should be granted
6/15/2023	Procedure	Added or “designee” to the Member Services Manager “or” Provider Services Manager or designee as those who shall conduct an investigation of the allegation once a complaint is received
6/15/2023	Procedure	Changed “Member’s provider” to “Member provider” in reference to resolving the issue between the Member provider aggrieved and the EBCI Tribal Option
6/15/2023	Procedure	Deleted the word “Program” from the NC Medicaid Ombudsman Program
6/15/2023	Procedure	Added the sentence: “Members may also access information about filing a civil rights complaint in the ‘Notice of Non-Discrimination-Other Actions’ section of the <i>Member Handbook</i> ” in reference to the EBCI Tribal Option Members or providers filing a civil rights complaint
6/15/2023	Procedure	Identified the “Grievance Tracking System” as the location that the Member Grievance Log and the Provider Grievance Log are housed
6/15/2023	Attachment A	Identified the “NCDHHS Compliance Attorney” as someone that may be contacted to obtain additional information about filing a grievance

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8/22/2023	Procedure and Attachment A	Amended the electronic address for accessing civil rights complaint forms for EBCI Tribal Option Members or providers
6/13/2024	Policy Header	Amended the "Last Reviewed" date
6/13/2024	All Sections	Checked and amended grammar and readability as needed
6/13/2024	Purpose	Amended the title of the EBCI Tribal Option Enrollment and Disenrollment Policy
6/13/2024	Policy	Rearranged the wording of 45 C.F.R § 80.3(d) to match NCDHHS' Required Notice of Non-Discrimination (full version)
6/13/2024	Policy	Deleted "and their subcontractors" from "EBCI Tribal Option and their subcontractors shall comply with all applicable federal and NC laws, regulations, guidelines, and standards..."
6/13/2024	Procedure	Amended the titles of the EBCI Tribal Option and AMH Care Coordination and Care Management Policy and the EBCI Tribal Option and AMH Member and Provider Grievance Policy to not include "AMH+" in the titles
6/13/2024	Procedure	Included the EBCI Tribal Option electronic address as an option for Member or Provider to send complaints to
6/13/2024	Procedure	Deleted the option for Members or Providers to send complaints/grievances to the U.S. Department of Health and Human Services
6/13/2024	Procedure	Amended the electronic address for filing civil rights complaint forms
6/13/2024	Procedure	Added contact information about the NC Medicaid Ombudsman
4/17/2025	Staff Governed By This Policy	Added "CIHA Patient Access staff" as another party who must train on this Policy

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