



Florida Agency for Health Care Administration Discrimination Grievance Procedure

I. Responsible Employee

The Agency's designated Civil Rights Compliance Coordinator Responsible Employee¹ (hereafter "CRCC") is:

Civil Rights Compliance Coordinator
2727 Mahan Drive, Mail Stop #3
Tallahassee, FL 32308
Telephone: (850) 412-3661
TTY: (800) 955-8771

The CRCC's primary function is to coordinate the Agency's efforts to receive and investigate discrimination complaints alleging non-compliance by the Agency or its contractors with the requirements of Section 504 of the Rehabilitation Act of 1973, Section 508 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act (ADA) of 1990, Section 1557 of the Affordable Care Act, and federal regulations implementing same (collectively, "Discrimination Complaints").

In addition to serving as the main point of contact for the receipt of Discrimination Complaints and related Civil Rights questions, the CRCC coordinates the Agency's compliance efforts. These efforts include the investigation of, as appropriate, and response to any Discrimination Complaint communicated to the Agency.

¹ The Agency is required to designate a Responsible Employee pursuant to Part 35 of Title 28, Code of Federal Regulations, titled "Nondiscrimination on the Basis of Disability in State and Local Government Services" (see 28 C.F.R. § 35.107), Part 84 of Title 45, Code of Federal Regulations, titled "Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance" (see 45 C.F.R. § 84.7), and Part 45 of Title 92, Code of Federal Regulations, titled "Nondiscrimination on the Basis of Race, Color, National Origin, Sex, Age, or Disability in Health Programs or Activities Receiving Federal Financial Assistance and Health Programs or Activities Administered by the Department of Health and Human Services or Entities Established under Title I of the Patient Protection and Affordable Care Act" (see 45 C.F.R. § 92.7).



II. Who Can Make a Discrimination Complaint

An individual who believes that he or she has been subjected to discrimination on the basis of: race, color, national origin, sex, age, or disability by the Agency or a Medicaid managed care plan may, by himself or herself or by an authorized representative, file a complaint.² A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.³ The complainant or his or her authorized representative may choose between two complaint resolution processes described below to submit their Discrimination Complaint.

III. How to Make a Discrimination Complaint

Option 1: Medicaid Complaints

In order to receive the fastest possible response, Florida Medicaid recipients who have a Discrimination Complaint concerning the manner in which a Florida Medicaid funded service was provided, or not provided, are encouraged to complete the online complaint form available on the Florida Medicaid Complaint Operations Center website at:

<https://ahca.myflorida.com/Medicaid/complaints/>

A complaint to the Agency should be filed as soon as possible but no later than 180 calendar days after the date you become aware of the alleged discrimination. Filing your complaint with any federal agency will also satisfy the requirement for timely filing. When filling out your complaint, please be sure to indicate that you are filing a Discrimination Complaint so that your complaint is forwarded to the CRCC for coordination.

² See 28 C.F.R. § 35.170, 45 C.F.R. § 84.7, 45 C.F.R. § 92.7.

³ See 28 C.F.R. § 35.104.



Option 2: ADA Grievance Procedure

Medicaid recipients may, if they choose, make their complaints directly to the CRCC as described below. The complaint should be in writing⁴ and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date and description of the problem. To ensure that all necessary information is captured, an optional complaint form has been provided for this purpose. Alternative means of filing complaints will be made available when necessary to accommodate persons, upon request.

The CRCC or delegate will provide a response, and where appropriate, in a format accessible to the complainant within 30 business days.

If the complainant provides contact information and indicates that he or she desires to be informed of the outcome of the Agency's investigation of the complaint, the CRCC or delegate will provide notice of the outcome of the Agency's investigation and the action taken, if any, to resolve the complaint.

If the complainant's authorized representative submits a discrimination complaint on behalf of a complainant and indicates that he or she wishes to be notified as to the outcome of the complaint investigation, the authorized representative must obtain a signed HIPAA authorization release form from the complainant. This document can be found at:

<http://ahca.myflorida.com/hipaa/pdf/HIPAAAuthorization.pdf>

If the complainant believes the response does not satisfactorily resolve the issue due to a factual error or omission, the complainant and/or authorized representative may request an appeal in writing, within 15 calendar days after receipt of the response to the CRCC. Within 30 business days after receipt of the appeal, the CRCC or delegate will issue a final resolution in writing, and where appropriate, in a format accessible to the complainant.

⁴ Alternative means of filing complaints will be made available for persons with disabilities upon request.



All written complaints and appeals received by the CRCC or delegate and responses from this office will be retained by the Agency for at least three years.

IV. Additional Resources

Discrimination Complaints may also be made to the U.S. Department of Health and Human Services,⁵ Office for Civil Rights (OCR) by “[a]n individual who believes that he or she or a specific class of individuals has been subjected to discrimination [...] by a public entity . . . , by himself or herself or by an authorized representative”⁶ A description of your rights, the process to file a complaint with OCR, applicable federal regulations, and other resources are available at OCR’s website:

<http://www.hhs.gov/ocr/civilrights/complaints/index.html>

⁵ 28 C.F.R. § 35.190(b)(3) (“The Federal agencies listed in paragraph (b) (1) through (8) of this section shall have responsibility for the implementation of subpart F of this part for components of State and local governments that exercise responsibilities, regulate, or administer services, programs, or activities in the following functional areas: Department of Health and Human Services: All programs, services, and regulatory activities relating to the provision of health care and social services, including schools of medicine, dentistry, nursing, and other health-related schools, the operation of health care and social service providers and institutions, including “grass-roots” and community services organizations and programs, and preschool and daycare programs.”).

⁶ 28 C.F.R. § 35.170(a), 45 C.F.R. § 84.6, 45 C.F.R. § 92, Appendix C.