Notifying the Public of Rights under Title VI

Willow Health Care, Inc. posts Title VI notices on our agency's website, in public areas of our agency, in our board room, and on our buses and/or paratransit vehicles.

Willow Health Care Inc. operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

If you believe you have been discriminated against on the basis of race, color, or national origin by Willow Health Care, Inc., you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

To obtain additional information about your rights under Title VI, contact Willow Health Care, Inc.

How to file a Title VI complaint with Willow Health Care, Inc.:

1. Requests for Complaint Forms can be requested by writing to the WHCI corporate office-WHCI P.O. Box 309 Willow Springs, MO 65793.

2. In addition to the complaint process at Willow Health Care, Inc., complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region _7_, FTA Region 7 Office, 901 Locust St. Suite 404 Kansas City, MO 64106.

3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.

4. The form must be signed and dated, and include your contact information.

If information is needed in another language, contact [417-469-0204].

POLICY AND PROCEDURES FOR COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY

POLICY:

Willow Health Care, Inc. will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of Willow Health Care, Inc. to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff (when available), contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Ozark Riverview Manor will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

PROCEDURES:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

Willow Health Care, Inc. will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card or poster to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTEPRETER

Willow Health Care, Inc. is contracted with LanguageLine Solutions for over the phone language interpreter services to meet the needs of

providing appropriate and effective communication with any LEP person requiring such for effective communication.

The Administrator of each entity is responsible for insuring that all staff are adequately trained to appropriately manage determining the need for and following through with putting in place interpreter services for any LEP person requiring such assistance, if there is not a qualified staff member to provide effective and accurate assistance. Willow Health Care, Inc. will make available a LanguageLine dual handset phone which will enable the staff members and LEP person to have direct communication with a LanguageLine interpreter in the appropriate language needed, allowing them to communicate without barrier with such individuals. These services are available 24 hours a day, 7 days a week.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an over the phone interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person as described above.

Children and other clients/patients/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING WRITTEN TRANSLATIONS

(a) When translation of vital documents is needed, each unit in Willow Health Care, Inc. will submit documents for translation into frequently-encountered languages to the Administrator. This translation will also be managed by LanguageLine Solutions. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

(b) Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

(c) Willow Health Care, Inc. will set benchmarks for translation of vital documents into additional languages over time.

4. PROVIDING NOTICE TO LEP PERSONS

Willow Health Care, Inc. will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, Willow Health Care, Inc. will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, Willow Health Care, Inc. will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc

6. USDA DISCRIMINATION COMPLAINT FILING

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provided in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(a) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C.
20250-9410;

(b) fax: (202) 690-7442; or

(c) email: program.intake@usda.gov.

“This institution is an equal opportunity provider.”

Europe

Albanian — Shqip
Tregoni me gisht gjuhën tuaj. Do të thërrasim një përkthyes. Përkthyesi ofrohet falas për ju.

Armenian — Հայերէն
Նշեք, թե որ լեզվով եք խոսում: Թարգմանիչ կկանչենք: Թարգմանչի ծառայությունները տրամադրվում են անվճար:

Basque — Euskara
Zure hizkuntza aukeratu. Jarraian interprete bati deituko diogu. Zerbitzu hau doakoa da.

Bosnian — Bosanski
Pokažite svoj jezik. Pozvat ćemo tumača. Usluge tumača su besplatne za vas.

Bulgarian — Български
Посочете вашия език. Ще бъде извикан преводач. Преводачът е осигурен безплатно за вас.

Croatian — Hrvatski
Pokažite svoj jezik. Prevoditelj će biti pozvan. Prevoditelja ćete dobiti besplatno.

Czech — Čeština
Ukažte na váš jazyk. Bude zavolán tlumočník. Tlumočení je pro vás bezplatné.

Danish — Dansk
Peg på dit sprog. En tolk vil blive tilkaldt. Tolken tilbydes uden omkostninger for dig.

Dutch — Nederlands
Wijs uw taal aan. Er zal contact worden opgenomen met een tolk. De service van de tolk is geheel gratis.

Estonian — Eesti keel
Osutage oma keelel. Vastava tõlgiga võetakse ühendust. Tõlketeenus on teie jaoks tasuta.

Finnish — Suomi
Osoita maasi kieltä. Kutsumme tulkin paikalle. Tulkin käyttö on sinulle ilmaista.

French — Français
Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.

German — Deutsch
Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird angefordert. Der Dolmetscher ist für Sie kostenlos.

Greek — Ελληνικά
Δείξτε τη γλώσσα σας και θα καλέσουμε ένα διερμηνέα. Ο διερμηνέας σας παρέχεται δωρεάν.

Hungarian — Magyar
Válassza ki a nyelvet. Tolmácsot fogunk hívni. A tolmács az Ön számára díjtalan.

Europe - continued

Icelandic — Íslenska
Bentu á þitt tungumál. Það verður hringt í túlk. Túlkurinn er þér að kostnaðarlausu.

Italian — Italiano
Indicare la propia lingua. Un interprete sarà chiamato. Il servizio è gratuito.

Lithuanian — Lietuvių
Nurodykite savo kalbą. Bus pakviestas vertėjas. Vertėjas jums bus suteiktas nemokamai.

Macedonian — Македонски
Покажете на јазикот на кој зборувате. Ќе повикаме преведувач. Услугите на преведувачот се бесплатни.

Norwegian — Norsk
Pek på språket dit. En tolk vil bli tilkalt. Tolken tilbys kostnadsfritt for deg.

Polish — Polski
Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.

Portuguese — Português
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.

Romanian — Română
Indicați limba pe care o vorbiți. Vi se va face legătura cu un interpret caare vă este asigurat gratuit.

Russian — Русский
Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

Serbian — Српски
Покажите свој језик. Преводилац ће бити позван. Преводилац је за вас обезбеђен бесплатно.

Slovak — Slovenčina
Ukážte na svoj jazyk. Zavoláme tlmočníka. Tlmočenie je pre vás bezplatné.

Spanish — Español
Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.

Swedish — Svenska
Peka på ditt språk. En tolk kommer att tillkallas. Tolken erbjuds utan kostnad för dig.

Ukranian — Українська
Вкажіть вашу мову. Вам викличуть перекладача. Послуги перекладача надаються безкоштовно.

Yiddish — יידיש
ווייזט אָן אויף אייער שפראַך און מען וועט רופן אַן איבערזעצער.
איר דאַרפט גאָרניט באַצאָלן פאַר דער איבערזעצונג.

Pacific Islands

Fijian — Vosa Vakaviti
Dusia na nomu vosa. Ni na Vakarautaki mai e dua na dau vakadewa vosa. Na dau vakadewa vosa e sega ni saumi.

Ilocano — Ilokano
Itudo yo ti sao yo. Ag awag da ti maysa nga mangipatpatarus nga tumulong kadakayo nga awan ti bayad na.

Indonesian — Bahasa Indonesia
Tunjukkan bahasa Anda. Penerjemah akan dihubungi. Penerjemah disediakan gratis tanpa dikenakan biaya.

Malay — Bahasa Melayu
Tunjukkan bahasa anda. Jurubahasa akan dihubungi. Jurubahasa akan disediakan tanpa anda dikenakan bayaran.

Marshallese — Kajin Majōl
Kelet kajin eo am. Im renaaj kúr juón am Ri-Ukok. Ri-Ukok eo enaaj jibañ eok ilo ejjelok wōneen.

Samoan — Fa'asamoa
Fa`asino lau gagana. Ole a vala`au se fa`amatala`upu. Ua saunia se fa`amatala`upu e aunoa ma se tau e te totogiina.

Tagalog — Tagalog
Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.

Tongan — Lea Faka-Tonga
Tuhu`I mai ho`o lea fakafonua. `E ui ha fakatonulea. `Oki ta`etotongi kia `a e fakatonulea.

North America, South America, and Caribbean

French — Français
Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.

Haitian Creole — Kreyòl
Lonje dwèt ou sou lang ou pale a epi nap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.

Navajo — Diné k'ehjí
Nizaad biká'ígíí bich'į' dah diilníih. Ata' halne'é ła' hágo bi'di'dooniił. Ata' halne'é éí doo haida yit'éego bik'é ni'diiléeł da. T'áájíík'e ná ata' hodoolnih.

Portuguese — Português
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.

Spanish — Español
Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.

LanguageLine Solutions℠

Language Identification Card

As a LanguageLine Solutions℠ client you have access to over-the-phone interpreting 24 hours a day, 7 days a week. Offer this card in face-to-face situations to determine which language a person speaks. The most frequently encountered languages in North America are grouped by the geographical region where they are commonly spoken.

- Locate the geographical region where you believe the speaker may be from. (Pacific Islands, Europe, etc.)
- Show the person the languages listed for that region. Underneath each language is the translation of the statement below:

English — English
Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

- We offer interpreting from English into more than 200 languages. If you are unable to identify the language, our representative will help you with your call.
- To access an interpreter:

For more information about our services call 1-800-752-6096.

Interpreting

Translation

Testing and Training

© 2013 LanguageLine Solutions / 1-800-752-6096 / www.LanguageLine.com

India, Pakistan, and Southwest Asia

Bengali বাংলা
আপনার ভাষার দিকে নির্দেশ করুন। একজন দোভাষীকে ডাকা হবে। দোভাষী আপনি নিখরচায় পাবেন।

Gujarati ગુજરાતી
તમારી ભાષાનો ઉલ્લેખ કરો. દુભાષિયાને બોલાવી શકાશે. દુભાષિયાને બોલવવામાં તમારે ખર્ચ આપવો નહિ પડે

Hindi हिंदी
अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।

Malayalam മലയാളം
നിങ്ങളുടെ ഭാഷയിലേക്ക് ചൂണ്ടുക. ഒരു വ്യാഖ്യാതാവിന്റെ സേവനം ലഭ്യമാക്കും. ഈ വ്യാഖ്യാതാവിന്റെ സേവനം നിങ്ങൾക്ക് സൗജന്യമായാണ് നൽകുന്നത്.

Nepali नेपाली
आफ्नो भाषातर्फ औंल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ। तपाईंको निम्ति कुनै खर्च बिना, एकजना दोभाषे उपलब्ध गराइनेछ।

Punjabi ਪੰਜਾਬੀ
ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਭਾਸ਼ੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਦੁਭਾਸ਼ੀਆ ਦੀ ਮੁਫ਼ਤ ਇੰਤਜ਼ਾਮ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।

Sinhalese සිංහල
ඔබේ භාෂාව පෙන්වන්න. භාෂා පරිවර්තකයෙකු කැඳවනු ඇත. භාෂා පරිවර්තකයා ඔබ වෙත නොමිලේ සැපයෙනු ඇත.

Tamil தமிழ்
உங்கள் மொழியைச் சுட்டிக்காட்டுங்கள். மொழிபெயர்ப்பாளர் ஒருவர் அழைக்கப்படுவார். மொழிபெயர்ப்பாளருக்காக நீங்கள் செலவு செய்யத்தேவையில்லை.

Telugu తెలుగు
మీ భాషను గుర్తించండి. మీ భాషానువాదకులను పిలువబడును. మీకు ఎటువంటి ఖర్చు లేకుండా భాషానువాదకులను సమకూర్చబడును.

Urdu اُردو
اپنی زبان پر اشارہ کریں۔ ایک ترجمان کو بلاجائے گا۔
ترجمان کا انتظام آپ پر بغیر کسی خرچ کے کیا جائے گا۔

Africa

Acholi Acoli
Siem thok ma iyae. Ja loko ibiro luongi.
Jaloko no ochiuni ma onge chudo.

Amharic አማርኛ
ቋንቋዎትን ያመልክቱ። አስተርጓሚ ይጠራል።
አስተርጓሚው በነጻ ይቀርብልዎለታል።

Arabic عربي
أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما
سيتم إحضار المترجم الفوري مجانًا.

Africa - continued

Dinka Thok monyjang
Weet ten thoungdie. Raan weetgeryic a col.
Agerwelyic ku a cin aroop biyik yen.

French Français
Indiquez votre langue et nous appellerons un interprète.
Le service est gratuit.

Hausa Hausa
Nuna zuwa ga yarenka. Za a kira tafinta. An samar maka da tafintan ne ba tare da sai an biya kudi ba.

Italian Italiano
Indicare la propia lingua. Un interprete sarà chiamato.
Il servizio è gratuito.

Nuer Mägäcä luqäddä
Ku tïlmään luqäddäädä. Turjubään äyää looyëërï-doonää.
Turjubäänkä lägugu yëëräyo wää bïläash.

Oromo Oromo
Gara afaan keetti eeri. Turjumaanni ni waamama.
Turjumaanni beesee takka malee siif qophaawa.

Portuguese Português
Indique o seu idioma. Um intérprete será chamado.
A interpretação é fornecida sem qualquer custo para você.

Portuguese Creole Crioulo Portugues
Nho pontâ pa lingu qui nho ta papiâ. No ta arranja um interprete pa nho. No ta rranja um interprete e nho ca ta pagâ nada pa el.

Somali Af-Soomaali
Farta ku fiiqluqadaada… Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.

Swahili Kiswahili
Onyesha lugha yako. Mkalimani ataitwa.
Utapewa mkalimani bila gharama yoyote.

Tigrinya ትግርኛ
ቋንቋኹም ኣመልክቱ:: ኣተርጓሚ ክጽዋእ ይኽእል እዩ::
ንኣተርጓሚ እትከፍልዎ ዝኾነ ክፍሊት የለን::

Wolof Wolof
Taannal sa lakk ngir fiou bolela ak kou degg sa lakk mou dimbeuli leu. Ndimbeul bi do ci fey dara.

Yoruba Yorùbá
Tọ́ka sí èdè rẹ. A ó pe ògbùfọ̀ kan.
Ọ̀fẹ́ ni a ó pe ògbùfọ̀ yìí fún ọ.

LanguageLine Solutions also offers LanguageU[c] (VRI), Video Remote Interpreting for American Sign Language and spoken languages. For more information contact 1-888-763-3364 or LanguageUc@languageline.com or visit www.LanguageLine.com

Middle East

Arabic عربي
أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما
سيتم إحضار المترجم الفوري مجانًا.

Armenian Հայերեն
Նշեք, թե որ լեզվով եք խոսում: Թարգմանիչ կկանչենք:
Թարգմանչի ծառայությունները տրամադրվում են անվճար:

Azerbaijani Azərbaycan dili
Danışdığınız dili bildirin. Sizin üçün tərcüməçi dəvət olunacaq.Tərcümə xidməti üçün ödəniş tələb olunmur.

Dari دری
زبان مود نظر را نشانی کنید. یک ترجمان فراخوانده خو
اهد شد. این برای شما کدام هزینه در پی نخواهد داشت.

Farsi فارسي
زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست
خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.

Hebrew עברית
הצבע לעבר השפה שלך, ואנחנו נתקשר למתורגמן.
שירותו של המתורגמן ניתן ללא תשלום.

Kurdish کوردی
ئاماژە بە زمانەکەتان. وەرگێڕێک بانگ دەکرێت.
بۆ ئامادەکردنی وەرگێڕ هیچ پارەیەک لە تۆ وەرناگیردرێت.

Pashto پښتو
خپلې ژبې ته اشاره وکړئ. يو ژباړونکی به راوبلل شي.
ستاسو له پاره د ژباړونکي انتظام په وړيا توګه کيږي.

Turkish Türkçe
Konuştuğunuz dili gösterin. Sizin için bir çevirmen aranacaktır. Bu çevirmen size ücretsiz sağlanır.

Asia

China	請指認您的語言，以便為您提供免費的口譯服務。	请指认您的语言，以便为您提供免费的口译服务。
Cantonese	廣東話	广东话
Chaochow	潮州話	潮州话
Fukienese	福建話	福建话
Mandarin	國語	普通话
Shanghai	上海話	上海话
Taiwanese	台灣話	台湾话
Toishanese	台山話	台山话

Asia- continued

Burmese မြန်မာ
သင့်ဘာသာစကားကို ညွှန်ပြပါ။ စကားပြန် ခေါ်ပေးပါမယ်။
သင့်အတွက် စကားပြန် အခမဲ့ ပေးပါမယ်။

Hmong Hmoob
Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus.
Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.

Indonesian Bahasa Indonesia
Tunjukkan bahasa Anda. Penerjemah akan dihubungi.
Penerjemah disediakan gratis tanpa dikenakan biaya.

Japanese 日本語
あなたの話す言語を指してください。
無料で通訳サービスを提供します。

Karen ကညီကျိာ်
နဲၣ်လီၤဆူနကျိာ်.တၢ်ကကိးပှၤကျိာ်ထံတၢ်.
တၢ်ဟ့ၣ်ပှၤကျိာ်ထံတၢ်လၢတအိၣ်ဒီးအပ့ၤအကလံၤဘၣ်.

Khmer (Cambodian) ខ្មែរ (កម្ពុជា)
សូមចង្អុលភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន។
អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។

Korean 한국어
귀하께서 사용하는 언어를 지정하시면 해당
언어 통역 서비스를 무료로 제공해 드립니다.

Laotian ພາສາລາວ
ຊີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້.
ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.

Malay Bahasa Melayu
Tunjukkan bahasa anda. Jurubahasa akan dihubungi.
Jurubahasa akan disediakan tanpa anda dikenakan bayaran.

Mien Mien
Nuqv longc meih nyei waac fingx. Ninh mbuo porv waac mienh oix zuqc heuc daaih lorx meih. Ninh mbuo porv waac mienh tengx nyei jiauv louc yaac baeqc thenx maiv zuqc cuotv zinh nyaanh faan-liuc.

Mongolian Монгол
Танай хэлээ заа. Орчуулагч дуудагдана.
Орчуулагчийн тусламж танд үнэгүй байх болно.

Thai ไทย
ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน
การใช้ล่ามไม่ต้องเสียค่าใช้จ่าย

Vietnamese Tiếng Việt
Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

♻ Printed on recycled paper. 07/13

NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, and in accordance with Federal civil rights, and U.S. Department of Agriculture (USDA) civil rights, regulations and policies, Willow Health Care, Inc. (WHCI) does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs or reprisal or retaliation for prior civil rights activity, in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by WHCI directly or through a contractor or any other entity with which WHCI arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973(nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

Additionally, in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116 WHCI does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of sex (including gender identity), race, color, national origin, age, or disability in admission to, participation in, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments, whether carried out by WHCI directly or through a contractor or any other entity with which WHCI arranges to carry out its programs and activities.

WHCI will also take reasonable steps to ensure that persons with disabilities or Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of WHCI is to ensure meaningful communication with disabled and LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators, sign language interpreters and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge. If these services are needed, please see below to find contact information for the Nondiscrimination Coordinator at each individual facility operated by WHCI.

Affordable Care Act Grievance Procedure – ACA Section 1557

It is the policy of WHCI not to discriminate on the basis of race, color, national origin, sex, age or disability. WHCI has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined at the business office of each individual facility operated by WHCI. Please see below to find contact information for the Nondiscrimination Coordinator at each facility who has been appointed to coordinate the efforts of that facility to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for WHCI to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

• Grievances must be submitted to the Nondiscrimination Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.

• 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 Nondiscrimination Coordinator (or her/his designee) shall 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 Nondiscrimination Coordinator will maintain the files and records of WHCI relating to such grievances. To the extent possible, and in accordance with applicable law, the Nondiscrimination 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 Nondiscrimination Coordinator will issue a written decision on the grievance, based on a preponderance of 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 of the Nondiscrimination Coordinator by writing to the CEO of Willow Health Care, Inc, within 15 days of receiving the Nondiscrimination Coordinator's decision. The CEO of Willow Health Care, Inc. shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this 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, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Toll Free: 1-800-368-1019
TTD Number: 1-800-537-7697

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. WHCI will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Nondiscrimination Coordinator will be responsible for such arrangements.

Dated: November 21, 2022

For further information please contact:

Provider Name/Nondiscrimination Coordinator/Phone Number

Westwood Rural Health Clinic -Linda Tooley --(417) 469-5124
Brooke Haven Healthcare – Holly Osgood – (417) 256-7975
Mountain View Healthcare – George Colbert – (417) 934-6818
Willow Care Nursing Home – Tashia Gehlken – (417) 469-3152
Ozark Riverview Manor – Marcella Peck – (417) 581-6025
Copper Rock Healthcare – Roy Pace- (417) 202-4606

TDD or State Relay number:

Relay Missouri 711 or
TTY/ASCII:
Voice: 1-866-735-2460
Voice Carry Over: 1-800-735-0135
Speech to Speech: 1-877-735-7877
Spanish: 1-800-520-7309
900 Service: 1-900-230-6363

Willow Health Care Inc TITLE VI COMPLAINT FORM

"No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:
Willow Health Care, Inc.
Emily Counts, CEO
P.O. Box 309
Willow Springs, MO 65793
Phone: 417-469-0204 Fax: 417-469-3443

PLEASE PRINT

1. Complainant's Name:
a. Address:
b. City: State: Zip Code:
c. Telephone (include area code): Home ( ) or Cell ( ) Work ( ) - ( ) -
d. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO
2. Accessible Format of Form Needed? ( ) YES specify:__________________________ ( ) NO
3. Are you filing this complaint on your own behalf? ( ) YES If YES, please go to question 7. ( ) NO If no, please go to question 4
4. If you answered NO to question 3 above, please provide your name and address. a. Name of Person Filing Complaint:
b. Address:
c. City: State: Zipcode:
d. Telephone (include area code): Home ( ) or Cell ( ) Work ( ) - ( ) -
e. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO
5. What is your relationship to the person for whom you are filing the complaint?
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ( ) YES, I have permission. ( ) NO, I do not have permission.
7. I believe that the discrimination I experienced was based on (check all that apply): ( ) Race ( ) Color ( ) National Origin (classes protected by Title VI) ( ) Other (please specify)

8.	Date of Alleged Discrimination (Month, Day, Year):
9.	Where did the Alleged Discrimination take place?
10.	Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*
11.	Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*
12.	What type of corrective action would you like to see taken?
13.	Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ( ) YES If yes, check all that apply. ( ) NO a. ( ) Federal Agency (List agency's name) b. ( ) Federal Court (Please provide location) c. ( ) State Court d. ( ) State Agency (Specify Agency) e. ( ) County Court (Specify Court and County) f. ( ) Local Agency (Specify Agency)
14.	If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed. Name: Title:
	Agency: Telephone: ( ) -
	Address:
	City: State: Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

________________________________ ________________________________

Signature Date

If you completed Questions 4, 5 and 6, your signature and date is required:

________________________________ ________________________________

Signature Date