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Introduction and Guide to State-Funded Services

Cardinal Innovations Healthcare manages state-funded services for people who live in our coverage area. This guide contains information to help you access state-funded services for mental health, intellectual and developmental disabilities and substance use disorder service needs. If you are not eligible for Medicaid, you may be eligible for state-funded services. If you have Medicaid, you may be eligible for services not covered by Medicaid when there is not a comparable Medicaid-funded service available.

Getting Services

To get services, first make an appointment for an evaluation or assessment by calling our Crisis and Referral Line at 1.800.939.5911 or by dialing **ASK (2-7-5) from a cellular phone. Access Center staff answers calls 24 hours a day, 7 days a week, 365 days a year at 1.800.939.5911. Call this number for community resource information, referral to a provider or for crisis care.

When you call the 24-hour, toll-free number, you will speak with a qualified professional or licensed clinician who can assist you with community resource information, provider referrals and appointments, and help with a crisis. Call this number for a copy of this guide or other member packet materials. Enrollee packet materials are also online at cardinalinnovations.org.
Benefit Plans

Formerly referred to as target populations, Benefits Plans are designed to identify people with the most severe mental illness and emotional disturbances, substance use disorders, or intellectual/disability needs to prioritize who receives state-funded services. People who meet Benefit Plan criteria are identified through a review of information gathered by screening, triage and referral or other clinical assessments.

Do I have to pay for services I receive?

Members who receive state-funded outpatient services are subject to a sliding fee scale, meaning you may be responsible for part of the cost. If you have questions about eligibility, call the 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911 or by dialing **ASK (2-7-5) from a cellular phone. We publish an annual sliding fee scale based on 138 percent of the Federal Poverty Level. Providers assess your income and family size, and use the sliding fee scale to determine how much each you must pay.

If you are at 100 percent ability to pay for your state-funded outpatient services according to the sliding fee scale, or if you have insurance coverage that pays 100 percent of your services, you will not be enrolled in our system. You may still receive and pay for services yourself, without Cardinal Innovations’ involvement.

The Crisis and Referral Line and Mobile Crisis services are available to any individual regardless of their ability to pay.
What are the available services?

The current state-funded services are based on the service array from the North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS).

If you have questions about services or eligibility, call our Crisis and Referral Line. Due to limited funding, Cardinal Innovations cannot offer all state-funded services in all areas. However, if a service is not available in a particular area, we will review the need to determine if the service can be approved on an individual basis.

Services are offered at both basic and enhanced levels. The services that you may be eligible for are based on your needs, treatment history, and the state of North Carolina’s definition of medical necessity.

Because state services depend on available funds, there may be a waitlist for these services. A waitlist may be necessary when the demand for services is greater than available resources (non-Medicaid funds only) or when service capacity is reached and there are no available providers for the service. Cardinal Innovations’ Clinical Operations Department keeps the waitlist for all services meeting the service capacity or funding limitations.
Description of Services

State-Funded Services for People Meeting Eligibility Criteria:

General Services that may apply to multiple disability groups:

- Assessment Services – Comprehensive Clinical Assessments (CCA)
- Psychological testing
- Outpatient therapy services – including individual, family and group
- Psychiatric Services
- Mobile Crisis
- Inpatient Hospitalization
- Professional Treatment Services in Facility-Based Crisis Program

Intellectual and Developmental Disability (IDD) Services

- State Residential Services- Group Living
- Supported Employment
- Day Programming (based on availability)
Mental Health Services

- Assertive Community Treatment Team (ACTT)
- Community Support Team (CST)
- Peer Support Services
- Psychosocial Rehabilitation (PSR)
- State Residential Services
- Individual Support and Placement- Supported Employment (IPS-SE)
- Transition Management Services

Substance Use Disorder Services

- Opioid Treatment
- Substance Abuse Intensive Outpatient Program (SAIOP)
- Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)
- Substance Abuse Medically Monitored Community Residential Treatment
- Substance Abuse Non-Medical Community Residential Treatment
- Substance Abuse Halfway House
- Medical Detoxification services, including Alcohol and Drug Abuse Treatment Centers (ADATC)
What is Medical Necessity?

Cardinal Innovations uses medical necessity criteria when determining services for people needing state-funded services, as well as for Medicaid recipients.

**Medically necessary treatments:**

- Are needed and fitting to prevent, diagnosis, and/or treat a mental health or substance use disorder
- Follow one of these:
  - Medicaid policies and national or evidence-based standards;
  - N.C. Department of Health and Human Services (DHHS) defined standards; or
  - Independent clinical expert advice at the time the procedures, products and services are provided
- Provide the lowest cost, least restrictive setting that follows good clinical care standards
- Are not provided solely for the ease of the member, member’s family, custodian, or provider
- Are not for experimental, probing, unproven, or optional purposes
- Supplied by, or under the supervision of, providers licensed under state law to provide the service needed and in line with federal and state laws
- Are provided in sufficient amount, time and scope to achieve their goal
- Related to the diagnosis for which they are prescribed regarding type, intensity, time of service and setting of treatment
Facility-Based Crisis Services

Adults (18 and older) may be admitted for inpatient mental health crisis and/or alcohol/drug treatment in a safe environment at any Cardinal Innovations facility-based service provider.

You should go to a facility-based crisis center if you are experiencing a behavioral health problem and you

- Have a documented history of mental illness
- Are threatening others or feeling suicidal
- Are hearing voices
- Are intoxicated but able to walk and speak, and/or are depressed
Waitlist

If non-Medicaid funding is not available or if a provider is not available to offer the requested services, a waitlist may be necessary.

The Clinical Operations team keeps a waitlist for services in which there is limited availability and funding.

When a provider reports a state-funded opening(s), Cardinal Innovations reviews the waitlist to find an eligible individual who needs services. The following factors are considered for state-funded services:

- Services are medically necessary
- Diagnosis and qualification for a state benefit plan (formerly referred to as target populations)
- Risk factors such as health and/or safety issues
- Risk of hospitalization or need for a higher level of care
- Other funding sources available to meet the needs

If the state-funded opening(s) is confirmed by Cardinal Innovations, the provider is given a list of eligible individuals. All individuals are screened by Cardinal Innovations and the provider based on the factors listed above.

Those referred from state facilities are given equal consideration for community-based services. Getting members back to the community is a high priority for Cardinal Innovations.
Individuals are considered without regard to race, gender, ethnicity, religion or sexual orientation.

For information on how to apply for services, visit https://www.cardinalinnovations.org. For specific questions related to the state-funded waitlist(s), contact Clinical Support at: ClinicalSupport@cardinalinnovations.org.
Member Rights and Responsibilities

If you are enrolled in one of Cardinal Innovations Healthcare’s non-Medicaid funded benefit plans, you have certain rights and responsibilities for your care.

Your Rights

Every member has the right to:

• Receive information about Cardinal Innovations Healthcare’s structure and operations, its services, its providers and practitioners, and have member rights and responsibilities presented in a manner you can understand

• Be treated with respect and with consideration for your dignity and privacy

• Receive information on available treatment options and alternatives in a manner you can understand

• Receive information about changes in benefits, services or providers; Cardinal Innovations will notify members in writing of any significant changes to programs or services

• Receive information in culturally and linguistically appropriate formats

• Make suggestions about Cardinal Innovations’ member rights and responsibilities policy

• Make suggestions to us about our policies and services by calling the 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911
(for deaf or hard of hearing, dial 711 for NC Relay) and requesting to speak to a Member Engagement Specialist. You also may call our toll-free Anonymous Concern Line at 1.888.213.9687.

If you would prefer to email your suggestions, they can be sent to the Member Engagement department at memberquestions@cardinalinnovations.org or to our Quality Management Department at QMEmail@cardinalinnovations.org. If you prefer to contact someone other than Cardinal Innovations, you may contact the NC Department of Health and Human Services (NC DHHS) Customer Service Center at 1.800.662.7030

• Participate with providers and practitioners in making decisions about health care, including the right to refuse treatment

• Prepare Advance Directives. These are instructions for your care if, in the future, you are unable to make decisions about your care

• An open discussion with service providers or practitioners on appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage. You may need to decide among relevant treatment options, risks, benefits and consequences, including your right to refuse treatment and to express your preferences about future treatment decisions regardless of benefit coverage limitations

• Voice complaints about us or the care we provide. You may voice your concerns or file a grievance by calling 1.888.213.9687 (at this number, you may leave a message to have someone return your call or you may leave an anonymous message, if you prefer)

• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

• Receive a second opinion from a qualified behavioral health professional within the Cardinal Innovations network, or one that is out of network at no cost to you;
• Request and file an appeal if Cardinal Innovations makes changes in your behavioral health services (for example, if Cardinal Innovations denies, reduces, suspends, or terminates services);

• Request and receive a copy of your medical records and to request that the medical records be amended

• Disagree with what is written in your medical records. If you disagree, you have the right to write a statement to be placed in your file. However, the original notes will also stay in the record until the time for retention ends according to the MH/DD/SAS retention schedule (11 years for adults; 12 years after a minor reaches the age of 18; 15 years for DUI records)

• Take part in creating a written, person-centered treatment plan that builds on your needs, strengths and preferences. A treatment plan must be put into action within 30 days after services start

• Participate in the creation of an Individual Support Plan (ISP) to request services specific to people with IDD

• Help create and update your treatment plan or ISP and consent to treatment goals in that plan

• Request copies of service definitions or any other criteria used to make service decisions

• Freedom of speech and freedom of religious expression

• Equal employment and educational opportunities

• Treatment in the most natural, age-appropriate and least restrictive environment possible

• Ask questions when you do not understand your care or what you are expected to do

• Have your confidential information protected as allowed by law
• Have a local appeal if a non-Medicaid funded service is denied, reduced, suspended or terminated

Rights of Minors
Under NC state law, minors have the right to treatment for the following conditions without the consent of a parent or guardian:
• Venereal diseases
• Pregnancy
• Use of controlled substances or alcohol
• Emotional disturbances

Exercising Your Rights
You are free to exercise all of these rights. Exercising these rights will not negatively affect your access to services or the way that Cardinal Innovations or our network providers treat you.

Your Responsibilities
In addition to your rights as a member of the NC MH/DD/SAS Health Plan, you can reach the best outcomes for yourself by taking on the following responsibilities:
• Supplying information (to the extent possible) that Cardinal Innovations and our providers need to provide care for you
• Following the plans and instructions for care that you have agreed to with your providers
• Understanding your health problems and taking part, to the degree possible, in creating treatment goals; telling the doctor or nurse about any changes in your health and asking questions when you do not understand your care or what you are expected to do
• Inviting people who will be helpful and supportive to you to be included in creating your treatment plan

• Respecting the rights and property of other members and of provider staff

• Respecting other members’ needs for privacy

• Working on the goals of your person-centered plan

• Keeping all the scheduled appointments that you can

• Canceling an appointment at least 24 hours in advance, if you cannot keep it

• Paying for services, if included in your established agreement

• Informing staff of any medical condition that is contagious

• Taking medications as they are prescribed for you

• Telling your doctor if you are having unpleasant side effects from your medications, or if your medications are not helping you feel better

• Telling your provider if you do not agree with their suggestions

• Telling your provider when or if you want to end treatment

• Carrying your insurance card at all times

• Cooperating with those trying to care for you

• Being considerate of other members and family members

• Seeking additional support services in your community

• Reading, or having read to you, written notices from Cardinal Innovations about changes in benefits, services or providers

• Requesting a discharge plan when you leave a provider; being sure you understand it and being committed to following it
• Contacting our toll-free Anonymous Concern Line at 1.888.213.9687 if you feel that your rights have been violated. You may also email our Quality Management Department at QMEmail@cardinalinnovations.org or our Member Engagement Department at memberquestions@cardinalinnovations.org. If you prefer to contact someone other than Cardinal Innovations, you may contact the NC DHHS Customer Service Center at 1.800.662.7030.
Grievances

A grievance is a complaint or concern about any matter other than a denial, reduction, suspension or termination of your services. You may file a grievance with Cardinal Innovations by mail, by phone, or in person. Your provider or family member also may file a grievance on your behalf.

Call our toll-free Anonymous Concern Line at 1.888.213.9687, choose English or Spanish language, and leave a message for a return call if you want to file a grievance or discuss a concern before filing a grievance. Cardinal Innovations staff members check the concern line Monday through Friday. You may also file a grievance by leaving an anonymous message on the concern line. Leave your name and a phone number if you want someone to return your call.

Grievances are typically resolved within 30 calendar days of receipt. Cardinal Innovations may extend the timeframe by up to 14 calendar days if the member requests the extension, or if Cardinal Innovations documents (to the satisfaction of DHHS upon its request) that there is a need for additional information and that the delay is in the member’s interest. If Cardinal Innovations extends the timeframe without the request of the member, staff will:

- Make reasonable efforts to give the member prompt oral notice of the delay
- Give the member written notice of the reason for the decision to extend the timeframe within two calendar days
- Inform the member of the right to file a grievance if he/she disagrees with that decision
- Resolve the grievance as expeditiously as the member’s health condition requires and no later than the date the extension expires
You also may get a copy of the Grievance Form and/or Formal Level of Review Form at https://www.cardinalinnovations.org/Contact/Report-concerns. This form can be mailed to:

Cardinal Innovations Healthcare
Attn: Quality Management
550 South Caldwell Street, Suite 1500
Charlotte, NC 28202

If you are not satisfied with the resolution of a grievance, you can request a Formal Level of Review following the initial review of the grievance. The Formal Level of Review Form is sent to you with the Grievance Resolution Letter. You must complete the Formal level Review Form and return it to Cardinal Innovations within 15 business days of the date on the resolution letter.

Fraud and Abuse

It is a violation of the North Carolina False Claims Act to knowingly submit, or cause another person or entity to submit false claims for a state-funded benefit. Penalties are up to three times the cost of services claimed plus penalties of $5,500 to $11,000 per claim. In certain circumstances, criminal penalties may result in imprisonment. For more information on identifying and reporting fraud and abuse, see the Cardinal Innovations Healthcare Member and Family Handbook’s Fraud and Abuse section.
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: July 14, 2020

Purpose of privacy notice

The purpose of the “Notice of privacy practices” is to inform you about how your health information may be used within Cardinal Innovations Healthcare (Cardinal Innovations), as well as reasons why your health information may be sent to other entities.

This Notice describes your rights in regards to the protection of your health information and how you may exercise those rights. The notice also explains how to contact us should you have questions or comments about the policies and procedures Cardinal Innovations uses to protect the privacy of your health information.

Cardinal Innovations will ensure that internal mechanisms are in place to protect oral, written, and electronic protected health information (PHI) across the organization.

Electronic information shall also be protected by an automated system that allows limited access, as required by law. Cardinal Innovations protects PHI whenever records are removed from any location, or when being transported from one location to another.
Our responsibilities:

We are required by law to protect the privacy of your protected health information (PHI), and to provide you with a notice of our legal duties and privacy practices associated with your PHI. We are also required to follow the terms of this notice. We will provide you a paper copy of this notice prior to or when you become enrolled in Cardinal Innovations’ system. We reserve the right to revise or change the terms of this notice at any time and to make the new revisions effective for all health information we maintain. Whenever there are changes to this notice, we will inform you by:

- Posting the revised notice in our offices
- Making copies of the revised notice available upon request (either at our offices or through the privacy officer listed in this notice)
- Posting the revised notice on our website: www.cardinalinnovations.org

We are required by law to notify you of any breach of your unsecured PHI.

Uses and disclosures of health information

There are certain times when we may use or disclose your PHI. When we disclose your PHI, we will comply with any and all requirements surrounding the disclosures, including, but not limited to, those found in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act, (“HITECH”), 42 C.F.R. Part 2, and North Carolina General Statutes Chapter 122C.
When we must disclose your PHI

We are required to disclose health information about you, under certain circumstances:

• To you, or your authorized representative, upon request
• To the Secretary of the Department of Health and Human Services, upon request, to determine if we are complying with the privacy rule

How we may use and disclose your PHI

• For treatment purposes

We may use and disclose your PHI to coordinate, and/or manage your health care and related services. For example, we may use or disclose health information about you when you need a prescription filled, when we consult with another health care provider about your care, or to emergency treatment providers when you need emergency services. To the extent any of your PHI includes records covered under 42 C.F.R. Part 2, we will comply with the terms and conditions of those regulations regarding disclosure for treatment purposes.

• For payment purposes

We may use and disclose your PHI to pay providers for the healthcare services you receive, and determine if appropriate claims are paid. For instance, we may use or disclose health care information about you when auditing a provider’s claims to determine if the claims submitted are backed by proper documentation. To the extent any of your PHI includes records covered under 42 C.F.R. Part 2, we will comply with the terms and conditions of those regulations regarding disclosure for payment purposes.
• To perform business health care operations

We may use and disclose you PHI in performing our business activities called “healthcare operations.” These health care operations allow us to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose your PHI for internal quality improvement activities. We may also use and disclose your PHI for the health care operations of our providers. For example, we may use or disclose health information about you for internal quality improvement activities of a provider that has treated you. To the extent any of your PHI includes records covered under 42 C.F.R. Part 2, we will comply with the terms and conditions of those regulations regarding use or disclosure for health care operations purposes.

Additional use and disclosure of health information without your authorization

State and federal laws require or allow that we share your health information with others in specific situations without your consent. Prior to disclosing your health information, we will evaluate each request to ensure that only the minimum necessary information will be disclosed.

We may disclose health information about you for the following reasons. Before we make any disclosures for these reasons, we will ensure any required circumstances for disclosure are met:

• If the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law (for instance, as required under North Carolina General Statutes Chapter 122C)

• For public health activities, such as for the purpose of preventing or controlling disease
• To report child abuse or neglect to a public health authority or other appropriate government authority authorized by law to receive such reports

• For purpose of activities related to monitoring an FDA-regulated product, to a person subject to the jurisdiction of the FDA

• For health oversight activities, including, but not limited to, civil, administrative, and criminal proceedings

• In response to a court order or subpoena

• For certain law enforcement purposes, such as for the purpose of identifying or locating a suspect or fugitive

• To law enforcement, if you are believed to be the victim of a crime

• To a coroner, for purposes of identifying a deceased person, determining cause of death, or other duties required by law, or to funeral directors so they may carry out their duties

• For research purposes

• To avert a serious threat to health or safety

• To determine eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs

• For certain military, national security, and intelligence purposes

• To a correctional institution or other law enforcement official having lawful custody of an inmate

• To a relative, friend, or to any other person you identify, provided the information is directly relevant to that person’s involvement with your health care or payment for that care

• To Cardinal Innovations’ business associates to assist with administering your benefits
• For worker’s compensation purposes
• For eligibility purposes

**Certain uses and disclosures with your authorization**

We will not use or disclose psychotherapy notes without your written authorization, except as allowed or required by law.

We will not market or sell your health information without your written authorization, except as allowed or required by law.

You may revoke a written authorization provided for any of the above purposes at any time; however, the revocation will not apply to any actions we have already taken in reliance on the authorization.

We will not use or disclose your PHI without your written authorization for any purpose not identified in this notice, except as allowed.

**Your rights**

1. Your PHI will not be disclosed without your authorization, unless allowed or required by law.

2. You have the right to request, in writing, restrictions on certain uses and disclosures of your health information. We will make reasonable effort to accommodate your request; however, with limited exceptions, we are not required to agree to these restrictions.

3. If you sign a written authorization allowing us to use and disclose your PHI, you may revoke that authorization at any time. The revocation will be effective as of the date of your revocation and will not apply to any actions we have already taken in reliance on the authorization.
4. You have the right to request, in writing, to review and receive copies of your PHI. There may be a charge for making copies of your requested health information. There are circumstances where we may be unable to grant your request to review records.

5. You have the right to request, in writing, to amend existing information that is part of your protected health information. There are certain situations where we will be unable to grant your request to amend your protected health information.

6. You have the right to request, in writing, a list of certain disclosures we have made regarding your health information. This does not include disclosures we have made for treatment, payment, or health care operations purposes, and certain other purposes. Your first request will be provided to you free of charge. However, if you request a list of disclosures more than once in a 12 month period, you may be charged a reasonable fee. We will inform you of the cost incurred and you may choose to withdraw or modify your request at that time, before any costs are incurred. There are certain exceptions that apply.

7. You have a right to request, in writing, confidential communications or to be contacted at a different address or phone number, or by any other appropriate manner, about your health information.

You have the right to receive a hard copy of our Notice of Privacy Practices. You may request a copy by calling 1.800.939.5911.
How to file a complaint about our privacy practices

If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures; or if you have questions and would like additional information, you may write or call our privacy officer at:

Privacy Officer
550 South Caldwell St., Suite 1500, Charlotte, NC 28203
Phone: 1.704.939.7700

You may also file a written complaint, by mail or fax, to the Secretary of the United States Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
61 Forsyth St. SW - Suite 3B70, Atlanta, GA 30323
Phone: 1.404.562.7886
TDD: 1.404.331.2867
Fax: 1.404.562.7881

If you file a complaint, we will not take any action against you or change our management of your care in any way.
Cardinal Innovations history of notice of privacy practices:

April 14, 2003 (HIPAA)

Revised - June 23, 2005 (added updates)

Revised - August 29, 2005 (added NC-TOPPS)

Revised - May 1, 2008 (added updates per NCQA)

Revised - June 1, 2010
(Privacy Officer Change/reflect American Recovery and Reinvestment Act update to match the external web page. Content was not changed).

Revised - January 1, 2012
(Removed Financial Agreement Portion)

Revised - November 30, 2012
(Organization Name Change from PBH to Cardinal Innovations Healthcare Solutions)

Revised - September 23, 2013
(substantive revisions and clarifications regarding our uses and disclosures of PHI, and combined with web site privacy policy)

Revised – May 26, 2016
(Organization name change from Cardinal Innovations Healthcare Solutions to Cardinal Innovations Healthcare and added clarifications regarding breach notifications, uses and disclosures of PHI, and members’ rights to receive confidential communications).

Revised – July 14, 2020
(Update address for Privacy Officer)
Notice of Nondiscrimination and Accessibility Requirements

CARDINAL INNOVATIONS HEALTHCARE

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Discrimination is against the law. Cardinal Innovations Healthcare (Cardinal Innovations) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cardinal Innovations does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cardinal Innovations:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats), and

• 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 Cardinal Innovations at 1.800.939.5911. Hearing impaired resources are available through NC Relay TTD/TYY by first calling 711 or 1.800.735.2962.

If you believe that Cardinal Innovations has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by phone, mail, or in person. Instructions on filing a grievance can be found here: https://www.cardinalinnovations.org/Contact/Report-concerns.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically 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
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1.800.868.1019, 1.800.537.7697 (TDD)


ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.939.5911 (TTY: 1.800.735.2962).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.939.5911 (TTY: 1.800.735.2962).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.939.5911 (TTY: 1.800.735.2962)。


주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.939.5911 (TTY: 1.800.735.2962) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1.800.939.5911 (ATS: 1.800.735.2962).

نُصحِبُ اذِكرُ الْأَذَىَّ، نَحْنُ خِدْمَاتُ الْمُسَاعِدَةُ الْذِّيْنِ يَتوافرُ لَكَ بِالْجَمَاعَةِ. انْحَرِلُ بَرْقِمَ 1.800.939.5911 (رَمْيُ عَلَيْكَ الْبِلَامُ، الْبِلَامُ: 1.800.735.2962).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.939.5911 (телетайп: 1.800.735.2962).


注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.800.939.5911 (TTY: 1.800.735.2962) まで、お電話にてご連絡ください。
Important Telephone Numbers

24-Hour, toll-free Crisis and Referral Line
1.800.939.5911 or **ASK (2-7-5)

Toll-free Anonymous Concern Line
1.888.213.9687

Report Fraud and Abuse
1.800.357.9084

TTY Relay Calls:
Dial 711 for NC Relay. When the message “RC NBR Calling PLS GA” appears on the TTY display screen, type the area code and telephone number of the 24-hour, toll-free Access/Crisis line listed above. You will be connected to a Communications Assistant who will place your call and assist you throughout the call.

Assistance in Languages Other Than English:
The Cardinal Innovations Healthcare Access Call Center staff can connect you to an interpretation service for 150 different languages. This service is free and available on any call. You may have to wait briefly for the conference call with the interpreter to begin.