

POLICY AND PROCEDURE	
Title: Adherence with Non-Discrimination Laws and Regulations	
Primary policy owner: Compliance	Policy#: CMP04
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input checked="" type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health & Social Services (BH/SS) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Case Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input type="checkbox"/> Utilization Management (UM) 20) <input type="checkbox"/> Procurement (PRM) 21) <input type="checkbox"/> Administration (SAF/BC/EM) 22) <input type="checkbox"/> Medical Management (MM)
Product Type: <input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> D-SNP	Supersedes Policy Number: N/A

I. PURPOSE

The purpose of this policy is to ensure that the San Joaquin County Health Commission, doing business as Health Plan of San Joaquin and Mountain Valley Health Plan (“Health Plan”), complies with all federal and state nondiscrimination requirements. This policy establishes Health Plan’s obligation to prevent discrimination in any program, activity, service, or benefit receiving federal financial assistance, including protections

related to race, color, ethnicity, national origin, religion, sex, age, disability, health status, medical history, genetic information, claims experience, evidence of insurability, or geographic location within the service area.

II. POLICY

- A. As a Medi-Cal Managed Care Plan (MCP) contracted with the Department of Health Care Services (DHCS), a licensed Knox-Keene health plan regulated by the Department of Managed Health Care (DMHC), and a Medicare Advantage organization offering an Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP), the Health Plan establishes, implements, and maintains policies and procedures to ensure full compliance with all applicable federal and state nondiscrimination laws and contractual requirements.
- B. Health Plan, its Workforce, Delegates, Downstream Subcontractors, and Network Providers are prohibited from discriminating against Members, Potential Members, Eligible Beneficiaries, applicants, or the public in the delivery of services, administration of benefits, or participation in programs and activities receiving federal financial assistance. This prohibition includes any differential treatment based on race, color, ethnicity, national origin, religion, sex, age, disability (mental or physical), health status, claims experience, medical history, genetic information, evidence of insurability, language, sexual orientation, gender, gender identity, marital status, or geographic location within the service area.
- C. Compliance is required with, but not limited to, the following authorities:
 1. Federal Nondiscrimination Laws - Health Plan adheres to Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Americans with Disabilities Act; Section 1557 of the Affordable Care Act; and related regulations governing federally funded programs. This includes compliance with the U.S. Department of Health and Human Services Office for Civil Rights guidance on national

origin discrimination and Limited English Proficiency (LEP) (August 2000).

2. Medicare Advantage Requirements - Under 42 CFR § 422.110, Health Plan and its Delegates does not deny, limit, or condition enrollment, benefits, or coverage based on factors related to health status, including medical condition, claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising from domestic violence), or disability.
3. DHCS MCP Contract and Centers for Medicare & Medicaid Services (CMS)/DHCS Requirements for D-SNPs - Consistent with DHCS contract and CMS regulations, Plan does not discriminate against a Member, Potential Member, Eligible Beneficiary, or individual interacting with the Plan based on race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, disability, health status, or any additional protected class under state or federal law, including those defined in Penal Code § 422.56.
4. Workforce, Delegates, and Network Provider Requirements - Health Plan's Workforce, Delegates, and Network Providers must comply with all nondiscrimination requirements when delivering care, administering benefits, or interacting with Members. These protections also apply to employment practices consistent with Health Plan HR policy Equal Employment Opportunity.
5. Oversight and Reporting – Health Plan has implemented internal controls to ensure ongoing compliance with all nondiscrimination requirements across all lines of business. This structure includes but is not limited to the following:
 - a. Health Plan provides initial and annual training to its Workforce, Delegates, Downstream Subcontractors, and Network Providers on nondiscrimination requirements, including LEP obligations, cultural and linguistic access, disability accommodations, and protected classes under federal and state law. Delegates must maintain

documentation of training completion and make such records available upon request.

- b. Operational departments, Delegates, and providers maintain processes that prevent discriminatory practices in eligibility determinations, benefit administration, utilization management, care coordination, grievances and appeals, marketing, enrollment, network access, and customer service. The Health Plan routinely reviews and updates its policies and procedures to reflect new regulatory requirements issued by DHCS, DMHC, or CMS.
- c. Health Plan conducts routine monitoring, audits, and performance evaluations of Delegates, Downstream Subcontractors, and Network Providers to ensure adherence to nondiscrimination standards.
- d. Health Plan complies with all reporting requirements to regulatory agencies, including discrimination complaints as required by regulators.
 - i. Health Plan maintains processes for receiving, documenting, investigating, and resolving complaints alleging discrimination or civil rights violations.
- e. When discriminatory practices, disparate impacts, or compliance gaps are identified, Health Plan implements corrective actions, including retraining, operational changes, remediation for affected Members, enhanced monitoring, or contractual enforcement against Delegates or providers.

III. PROCEDURE

- A. All Network Providers, Subcontractors, and Downstream Subcontractors contracts include a non-discrimination provision that incorporates the Civil Rights Act of 1964, the Rehabilitation Act of 1973,

the Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 1557 of the Affordable Care Act requirements.

1. Health Plan ensures that its Network Providers, Subcontractors, and Downstream Subcontractors comply with all applicable civil rights laws with disabilities and ensure accessible web and electronic content, ramps, elevators, accessible restrooms, designated parking spaces, and accessible drinking water, and other ADA-compliant accommodations.
- B. Health Plan's Evidence of Coverage and Advantage D-SNP Member Handbook includes a non-discrimination provision that incorporates the Civil Rights Act of 1964 requirements and CFR 42 § 422.110.
1. Member materials must clearly describe Member rights, available accommodation (e.g., alternative formats, interpreter services), and instructions for filing discrimination complaints with the Health Plan, DHCS, DMHC, CMS, or the Office for Civil Rights (OCR).
 2. Health Plan ensures all materials meet readability, accessibility, and language access requirements.
- C. Health Plan's Workforce adheres to federal and state nondiscrimination laws, the Health Plan Code of Conduct and Business Ethics policy, and relevant operational policies (e.g., LEP, ADA accommodations, cultural & linguistic access, grievance and appeal handling).
1. New staff receives civil rights, nondiscrimination, ADA, LEP, and cultural competence training during onboarding. Annual refresher training is required for all staff.
 2. Department leaders are responsible for ensuring that business processes within their areas do not result in discriminatory treatment or disparate impacts.
 3. Health Plan investigates internal or external complaints involving potential discriminatory conduct by staff and implement corrective action as necessary.

- D. Health Plan implements P&Ps related to non-discriminatory practices as evidence of its adherence to these laws, State and Federal regulations, and the contractual agreement with DHCS and CMS.
1. This policy is evaluated and updated when new DHCS APLs, CMS guidance, DMHC regulations, or statutory changes impose new requirements.
 2. Health Plan monitors operational adherence through audits, internal reviews, FDR oversight, and corrective action plans when deficiencies are identified.

IV. ATTACHMENT(S)

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- B. [Glossary of Terms Link](#)
- C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

- A. Age Discrimination Act of 1975
- B. DHCS APL 20-015 State Non-Discrimination and Language Assistance Requirements
- C. DHCS APL 21-004 Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services
- D. DHCS Contract Exhibit A, Attachment 9, Provision 12, Attachment 18, Provision 9.J., Exhibit E, Attachment 2, Provision 28
- E. Health Plan’s Code of Conduct and Business Ethics
- F. HR16 Equal Employment Opportunity
- G. Section 504 of the Rehabilitation Act of 1973
- H. Title VI of the Civil Rights Act of 1964
- I. Title 45 Code of Federal Regulations Parts 80, 84, and 91
- J. Senate Bill (SB) 223 (Chapter 771, Statutes of 2017) and SB 1423 (Chapter 568, Statutes of 2018)
- K. CFR 42 § 422.110
- L. Rehabilitation Act of 1973,
- M. Age Discrimination Act of 1975

- N. Americans with Disabilities Act
- O. Section 1557 of the Affordable Care Act
- P. Medicare Managed Care Manual-Chapter 4-Benefits and Beneficiary Protections
- Q. State Medicaid Agency Contract (SMAC)
- R. Health Plan Contract with Centers for Medicare & Medicaid Services (CMS)

VI. REVISION HISTORY

Version*	Revision Summary	Date
000	7/05, 3/12, 2/13, 9/16, 10/18,01/19, 2/20, 3/21, 11/22,12/22, 5/23, 10/23	N/A
001	Moved CMP04 to new template and replaced HPSJ with "Health Plan"	12/9/2023
002	Revised policy and procedure sections for clarity and to ensure compliance with CMS for addition of D-SNP LOB	11/19/2025
003		
Initial Effective Date: 2/1/1996		
Published Date: 12/22/2025		

VII. Committee Review and Approval to be Completed by Compliance

Committee Name	Version	Date
Compliance Committee (CC)	002	12/18/2025
<ul style="list-style-type: none"> • Privacy & Security Oversight Committee (PSOC) 		
<ul style="list-style-type: none"> • Program Integrity Committee (PIC) 		
<ul style="list-style-type: none"> • Audits & Oversight Committee (AOC) 		
<ul style="list-style-type: none"> • Policy Review Committee (PRC) 	001	12/20/2023

Quality Improvement Health Equity Committee (QIHEC)		
<ul style="list-style-type: none"> Quality Operations Committee (QOC) 		
<ul style="list-style-type: none"> Grievance Committee (GC) 		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	N/A	N/A	N/A
Department of Managed Care (DMHC)	N/A	N/A	N/A

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy