The Department of Health and Human Services (“DHHS” or “the Department”) has adopted the following internal grievance procedures to provide for the prompt and equitable resolution of complaints against a division within DHHS alleging an action prohibited by Title II of the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973 (RA). Implementing regulations for the ADA can be found at 28 CFR 35 and implementing regulations for the RA can be found at 45 CFR 84.

The Department’s administrative rules relating to ADA Grievance Procedures and RA Grievance Procedures are codified at 10A NCAC 01E .0101 et seq.

This document sets out the procedures for filing and processing complaints.

I. How to File a Complaint with the Department of Health and Human Services:

You must file your complaint in writing within sixty (60) days of the date you become aware of the alleged violation. The complaint must contain the name and address of the person filing it, the name of the DHHS Division involved, the date(s) of the alleged violation, and a brief description of the alleged violation. If, due to a disability, you require assistance to prepare a complaint, the Department or Division ADA/RA coordinator shall provide such assistance upon request. The Department’s Interim Compliance Attorney is Julie Cronin, Deputy General Counsel, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, (919)855-4800.

The form for filing a complaint is attached to the end of this document. Additionally, the form can be requested from the Department’s Compliance Attorney and is available online at: https://files.nc.gov/ncdhhs/NC%20DHHS%20ADA%20Grievance%20Procedure.pdf.

To file a complaint, completed forms must be mailed to:

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

The following is a list of ADA/RA coordinators for each Division and Office of DHHS, with contact information:
<table>
<thead>
<tr>
<th>DHHS Division or Office</th>
<th>Division/Office ADA/RA Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Mental Health, Developmental Disabilities and Substance Abuse (DMH/DD/SA)</td>
<td>Glenda Stokes&lt;br&gt;919-715-3197&lt;br&gt;<a href="mailto:glenda.stokes@dhhs.nc.gov">glenda.stokes@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Division of Health Benefits (DHB)</td>
<td>Tichina Hamer&lt;br&gt;Work Cell: 984.275.9839&lt;br&gt;<a href="mailto:Tichina.Hamer@dhhs.nc.gov">Tichina.Hamer@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Division of Vocational Rehabilitation Services (DVR)</td>
<td>Phil Protz&lt;br&gt;919-855-3567&lt;br&gt;<a href="mailto:phil.protz@dhhs.nc.gov">phil.protz@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Division of State Operated Healthcare Facilities (DSOHF)</td>
<td>Virginia Maisch&lt;br&gt;919-855-4714&lt;br&gt;<a href="mailto:virginia.maisch@dhhs.nc.gov">virginia.maisch@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Division of Public Health (DPH)</td>
<td>Virginia Niehaus&lt;br&gt;919-707-5006&lt;br&gt;<a href="mailto:virginia.niehaus@dhhs.nc.gov">virginia.niehaus@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Division of Services for the Blind (DSB)</td>
<td>Stephanie Johnson&lt;br&gt;919-527-6719&lt;br&gt;<a href="mailto:stephanie.johnson@dhhs.nc.gov">stephanie.johnson@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Disability Determination Services (DDS)</td>
<td>Clothilda Brown&lt;br&gt;919-814-3065&lt;br&gt;<a href="mailto:Clothilda.brown@ssa.gov">Clothilda.brown@ssa.gov</a></td>
</tr>
<tr>
<td>Division of Child Care Development and Early Education (DCDEE)</td>
<td>Anna Carter&lt;br&gt;919-527-6530&lt;br&gt;<a href="mailto:anna.carter@dhhs.nc.gov">anna.carter@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Division of Services for the Deaf and Hard of Hearing (DSDHH)</td>
<td>Jeff Mobley&lt;br&gt;919-874-2212&lt;br&gt;<a href="mailto:jeff.mobley@dhhs.nc.gov">jeff.mobley@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Division of Aging and Adult Services (DAAS)</td>
<td>John Bowers&lt;br&gt;919-855-3436&lt;br&gt;<a href="mailto:john.bowers@dhhs.nc.gov">john.bowers@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Division of Social Services (DSS)</td>
<td>Carlotta Dixon&lt;br&gt;919-527-6421&lt;br&gt;<a href="mailto:carlotta.dixon@dhhs.nc.gov">carlotta.dixon@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Division of Health Service Regulation (DHSR)</td>
<td>Amy Sawyer&lt;br&gt;919-855-3750&lt;br&gt;<a href="mailto:amy.sawyer@dhhs.nc.gov">amy.sawyer@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Office of Rural Health</td>
<td>Corey Alford&lt;br&gt;919-527-6487&lt;br&gt;<a href="mailto:corey.alford@dhhs.nc.gov">corey.alford@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>Office of the Secretary</td>
<td>Interim Julie Cronin&lt;br&gt;919-855-4800&lt;br&gt;<a href="mailto:Julie.cronin@dhhs.nc.gov">Julie.cronin@dhhs.nc.gov</a></td>
</tr>
</tbody>
</table>
For any Division or Office which does not list an ADA/RA Coordinator, contact the Department’s Interim Compliance Attorney, Julie Cronin, Deputy General Counsel, 919-855-4800.

Please note that the Department will only process complaints involving a Division or Office of DHHS. If you have a complaint against a different state agency, please contact that agency directly.

II. Complaint Resolution by the Department

A. Complaint, Investigation and Determination

Within thirty (30) days of receipt of a complaint, the Division ADA/RA Coordinator shall send written notification to the complainant of the Department’s determination as to the validity of the complaint and a description of the resolution, if any.

To the extent practicable, the Department’s internal procedure shall consist of the following:

1. Upon receipt, a complaint will be logged into the Department’s database.

2. Within two (2) business days of receipt, the complaint will be assigned to the appropriate Division ADA/RA coordinator. The Division ADA/RA coordinator will send a letter to the complainant acknowledging receipt of the complaint. The Division ADA/RA coordinator also will send a copy of the acknowledgement to the person(s) or division at issue in the complaint. A template acknowledgement letter is appended to the end of this procedure.

3. As soon as practicable, the Division ADA/RA coordinator shall meet with the relevant Section Chief or designee to discuss the nature of the complaint. The Section Chief or designee shall investigate the complaint. The investigation shall afford all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.

4. As deemed appropriate in each case and at any point during the investigation, the Section Chief or designee may consult with the Division ADA/RA coordinator, the Office of General Counsel, the North Carolina Department of Justice and/or other knowledgeable individuals within the Department.

5. Within twenty (20) days of initial receipt of the complaint, the Section Chief or designee will send proposed findings and recommendations in writing to the Division ADA/RA Coordinator and the Office of General Counsel. The Section Chief shall not send the proposed findings and recommendations to the Division Director as the Division Director may become involved if reconsideration is requested.
6. As deemed appropriate in each case, the Division ADA/RA Coordinator and the Office of General Counsel may review and/or revise the Section Chief’s proposed findings and recommendations.

7. Within thirty (30) days of the Department’s initial receipt of a compliant, and following the steps specified above, the Division ADA/RA Coordinator shall send a determination letter to the complainant. The letter shall state the Department’s determination as to the validity of the complaint and a description of the resolution, if any. The determination letter shall be sent by trackable mail. The determination letter shall notify the complaint of the following:

   a. If the complainant has a disability that renders a different form of communication necessary (i.e., non-written communication), then upon request the Division ADA/RA coordinator shall make reasonable efforts to effectively communicate the determination to the complainant.

   b. If the complainant is dissatisfied with the Department’s determination, he/she may request reconsideration of the determination by the Division Director. A request for reconsideration shall be filed within thirty (30) days after the complainant receives the Department’s determination. The determination letter shall identify the name and contact information for the appropriate Division Director.

   c. A Reconsideration Request form shall be attached to or enclosed with the Department’s determination letter.

8. The Division ADA/RA Coordinator shall send a copy of the Department’s determination letter to the person or division that was the subject of the ADA/RA complaint. The notification shall be sent by trackable mail.

9. If warranted by extenuating circumstances or good cause, the Division or Office ADA/RA Coordinator may extend the thirty (30) day time period to send notice of the Department’s determination of the validity of the complaint and a description of the resolution, if any, provided that the Department shall send the required notice within a reasonable time as provided by federal law.

Templates for a determination letter, and a reconsideration request, are appended to the end of this procedure.

B. Reconsideration of Department’s Determination

If a complainant is dissatisfied with the Department’s determination, he/she may request a reconsideration by the Division Director. A request for reconsideration must be received by the Division Director within thirty (30) days after the complainant receives the
Department’s written determination, or within thirty (30) days after he/she receives the determination if it was communicated by other means.

A request for reconsideration shall be submitted to the appropriate Division Director using the Reconsideration Request form that will be enclosed with the written determination. A form for submitting a reconsideration request is attached to the end of this Grievance Procedure. Additionally, the form is available on the DHHS website and from the Division ADA coordinators.

Completed requests for reconsideration should be mailed to the appropriate Division Director, as identified on the reconsideration request form. Contact information for each Division Director also can be found on the DHHS website, www.dhhs.nc.gov.

The Division Director, or a designee, shall issue a written determination to a request for reconsideration within thirty (30) days after the Department receives a timely request for reconsideration. The Division Director also shall send the determination to the person or division that was the subject of the complaint. The determination will be sent by trackable mail. The Division Director shall also forward a copy of the determination to the Division ADA Coordinator and the Office of General Counsel.

Should the complainant have a known disability that renders a different form of communication necessary, the Division Director coordinator shall make reasonable efforts to effectively communicate the determination.

C. Records

The Department will maintain records of the complaints, investigations and resolutions as required by its approved record retention schedule.

D. Revision

This ADA/RA Grievance Procedure was last revised on May 31, 2018.

E. Forms and Templates

An ADA/RA complaint form and letter templates are appended below and can be found at: https://files.nc.gov/ncdhhs/NC%20DHHS%20ADA%20Grievance%20Procedure.pdf.
INSTRUCTIONS: Please fill out (PRINT) this form completely and mail to the address listed on page 2.

NAME: ______________________________________
ADDRESS: ______________________________________
_______________________________________
_______________________________________
TELEPHONE: ______________________________________

If someone is filling out this form on your behalf, please indicate that person’s name, address and telephone number below:

NAME: ______________________________________
ADDRESS: ______________________________________
_______________________________________
_______________________________________
TELEPHONE: ______________________________________

DHHS DIVISION INVOLVED: ____________________________

DATE(s) the alleged violation(s) occurred: ______________

DESCRIPTION OF ACTIONS YOU BELIEVE ARE PROHIBITED BY SECTION 504 of the REHABILITATION ACT OR OF TITLE II OF THE AMERICAN WITH DISABILITIES ACT. (Please list names and addresses of persons who were involved and who can be contacted to provide information relevant to this complaint. You may attach additional sheets as necessary. Please attach copies of any documents or evidence you would like DHHS to consider when investigating your request.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have efforts been made to resolve this complaint through other informal means?
__ yes  ___ no.
If so, please specify those means, and provide the status. _________________________
________________________________________________________________________
________________________________________________________________________

Have you filed a complaint on this alleged violation with any federal office of civil rights,
other agency, or in a court? ___ yes ___ no.
If so, please specify, and provide the status. ________________________________
________________________________________________________________________
________________________________________________________________________

Have you previously filed a complaint on this alleged violation with any state agency?
_____ yes  _____ no.
If so, please specify, and provide the status. ________________________________
________________________________________________________________________
________________________________________________________________________

PRINTED NAME: _____________________________  DATE:  _________________

SIGNATURE:  ______________________________

Mail this form and any supporting information to:

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

If you have a disability that renders a non-written form of communication necessary, the
Department upon request shall make reasonable efforts to effectively communicate with
you. For more information, please contact the Department’s Interim Compliance Attorney,
Julie Cronin, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive,
Raleigh, NC  27603, telephone 919-855-4800.
DATE

Complainant’s name
Complainant’s address

Re: Acknowledgement of your complaint alleging violation(s) of Title II of the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act (RA)

Dear [Complainant],

This letter acknowledges that the North Carolina Department of Health and Human Services (DHHS) has received the complaint you have filed. The complaint will be assigned to a Section Chief for investigation. The name and address of that Section Chief is listed below. If you have not already submitted any relevant documents or information that you would like DHHS to consider, please send it to the Section Chief right away and no later than three (3) calendar days from the date of this letter.

Within thirty (30) days of DHHS’s initial receipt of a complaint, the Division ADA/RA Coordinator shall send written notification to the complainant of the Department’s determination as to the validity of the complaint and a description of the resolution, if any.

If you have a disability that renders a non-written form of communication necessary, the Department upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department’s Interim Compliance Attorney, Julie Cronin, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

Sincerely,

[Division ADA/RA coordinator]

cc: [Section Chief assigned to this investigation]
[Section Chief’s contact info]
DATE

Via Trackable Mail
Subject’s name
Subject’s address

Re: Complaint alleging violation(s) of Title II of the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act (RA)

Dear [Subject’s name],

The North Carolina Department of Health and Human Services (DHHS) has received a Complaint alleging violation(s) of Title II of the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act (RA). You are referenced in the complaint. A copy of the complaint is attached to this letter.

The complaint will be assigned to a Section Chief for investigation. The name and address of that Section Chief is listed below. Within thirty (30) days of DHHS’s initial receipt of a complaint, the Division ADA/RA Coordinator shall send written notification to the complainant of the Department’s determination as to the validity of the complaint and a description of the resolution, if any.

Please contact me at your earliest convenience. If you intend to submit a written response to the complaint, or if you have documents or information you would like DHHS to consider as part of its investigation, please send that information to me as soon as possible and no later than five (5) calendar days from the date of this letter.

Sincerely,

[Division ADA/RA coordinator]

cc: [Section Chief assigned to this investigation]
[Section Chief’s contact info]

Attachment: copy of complaint
DATE

Via Trackable Mail
Complainant’s name
Complainant’s address

Re: Determination of Your Complaint

Dear [Complainant],

The North Carolina Department of Health and Human Services (DHHS) has made a determination as to the validity of your ADA/RA complaint.

DHHS received your complaint on _____ [date].

[Explain and detail the investigation, facts, findings and resolution, if any]

Reconsideration: If you are dissatisfied with the Department’s determination, you may request a reconsideration by the Division Director. For the issues raised in your complaint, the Division Director is _____________ [name], Division of ____________, [address] [phone number]. Contact information for each Division Director also can be found on the DHHS website, www.ncdhhs.gov.

Your request for reconsideration must be filed within thirty (30) days after you receive the Department’s written determination, or within thirty (30) days after you receive the determination if it was communicated by other means. You must use the Reconsideration Request form that is attached to this letter. The form can also be found on the Department’s website at: https://files.nc.gov/ncdhhs/NC%20DHHS%20ADA%20Grievance%20Procedure.pdf.

The Division Director, or a designee, shall issue a written determination to a request for reconsideration within thirty (30) days after the Department receives a timely request for reconsideration.

If you have a disability that renders another form of communication necessary, the Department upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department’s Interim Compliance Attorney, Julie Cronin, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

Sincerely,

[Division ADA/RA coordinator]

cc: [person who is the subject of the complaint]
Office of General Counsel

Attachment: Reconsideration Request Form
REQUEST FOR RECONSIDERATION
OF DHHS DETERMINATION
OF SECTION 504 OR TITLE II ADA COMPLAINT

TO: __________________________________________
   Division Director
   Division of ____________________________
   ____________________________

Dear Division Director:

On ______________ (date), the Department of Health and Human Services issued its
determination of a complaint I submitted based on an alleged violation of Title II of the Americans
with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act (RA).

I am attaching a copy of the Department’s determination letter to this request.

I am dissatisfied with the Department’s determination. I hereby request that a Division Director
reconsider the Department’s decision. I hereby request a reconsideration of the written
determination as to:

   ___ the validity of the complaint; or ___ the
   resolution.

Please provide any information relating to your request for reconsideration. You may attach
additional sheets as necessary.

________________________________________________________________________  
________________________________________________________________________

INSTRUCTIONS: Mail this form and any supporting information to the appropriate Division
Director. A list of Division Directors appears on the DHHS website.

REMEMBER: A request for reconsideration must be submitted within thirty (30) days
after you have received the Department’s written determination, or within thirty (30) days
after you receive the determination if it was communicated by other means. A request for reconsideration shall be submitted to the appropriate Division Director using the Reconsideration Request form enclosed with the written determination. Please include a copy of the Department’s determination along with this request for reconsideration form.

If you have any questions about the reconsideration review process, please contact the Department’s Interim Compliance Attorney, Julie Cronin, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

If you have a disability that necessitates another form of communication, the Department upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department’s Interim Compliance Attorney, Julie Cronin, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

PRINTED NAME: _____________________________ DATE: _______________

SIGNATURE: _______________________________