



June 28, 2022

David L. McGuffey
Elder Law
P.O. Box 2023
Dalton, GA 30722

Re: Report of Different Treatment Case Number: [REDACTED]

Dear David L. McGuffey,

On June 28, 2022, the Division of TennCare's ("TennCare") Office of Civil Rights Compliance ("OCRC") received the disability discrimination complaint that you submitted as part of your client's, [REDACTED]'s, TennCare eligibility appeal. In the complaint, you reported that TennCare violated the Americans with Disabilities Act and amendments ("ADA") and Section 504 of the Rehabilitation Act of 1973 ("Section 504") as it pertains to events that happened during the processing of your client's eligibility application.

In the complaint, you reported that while processing your client's application, TennCare had knowledge that your client lacked mental capacity to make decisions and was in the process of establishing a conservatorship. You alleged that TennCare failed to follow its eligibility policies regarding a person's mental impairment at the time of application during the processing of your client's application. Additionally, you reported that during the application process, TennCare failed to assist your client with completing the application and failed to provide your client with a reasonable accommodation in the form of an auxiliary aid or service.

Based on our review of your claims, OCRC will accept your client's case for investigation for disability discrimination.¹ When a person files a complaint, they should tell us more about their claims of discrimination and send us any information that supports those claims. This information would be things like medical records to support a disability diagnosis, proof of conservatorship, and emails or letters that relate to your claims listed in your complaint.

It would be helpful to know more about which TennCare eligibility group(s) that your client meets the technical and financial eligibility requirements for coverage in the TennCare program. And what

¹ Different treatment due to a person's disability status is not allowed by these laws: Americans with Disabilities Act and amendments; Section 504 of the Rehabilitation Act of 1973; and Section 1557 of the Affordable Care Act.

happened to cause you to believe TennCare found that your client did not meet the eligibility requirements because of an intent to discriminate against the applicant.

Under the law, TennCare is a Medicaid program. TennCare can have eligibility requirements. A person can be denied TennCare if they do not meet the eligibility requirements. This is not unlawful or a form of discrimination. Please, be aware that TennCare has several eligibility groups and the qualifications for the program groups can be found at:

<https://www.tn.gov/tenncare/members-applicants/eligibility/categories.html>

You can send us more information about your complaint by secure drop box, secure e-mail, or mail to:

Talley Olson, Office of Civil Rights Compliance
310 Great Circle Road; Floor 3W • Nashville, TN 37243
615-507-6474 or for free at 855-857-1673 (TRS 711)
HCFA.fairtreatment@tn.gov

Please, send any information you would like us to consider by **July 29, 2022**. If you need access to a secure on-line drop box to send us any electronic information, please, email us and we will email you a link to our secure drop box.

This letter contains an Agreement to Release Information form. To investigate this report, OCRC may need to tell other persons or agencies important to this complaint your client's name or other information.

Your client/Conservator or you, acting on behalf of your client, does not have to sign the Release or agree to release your client's name or other information. It is not always needed to investigate a report. If the Release is not signed, we will still try to investigate the report. But, if you don't agree to let us use your client's name or other details, it may limit or stop the investigation of the report. And, we may have to close the report. However, if you do not sign the Release and that causes us to stop the investigation and close the report, we may contact you to find out if you want to sign a Release so the investigation can continue.

If you decide to sign the Release, please mail the Release to us by July 29, 2022. Our contact information is listed above.

Sincerely,

Talley A. Olson, Esq.



TennCare Agreement to Release Information

To investigate your complaint, TennCare may need to tell other persons or organizations important to this complaint your name or other information about you.

To speed up the investigation of your complaint, read, sign, and mail one copy of this Agreement to Release Information with your complaint. Please keep one copy for yourself.

- I understand that during the investigation of my complaint TennCare may need to share my name, date of birth, claims information, health information, or other information about me to other persons or organizations. And TennCare may need to gather this information about you from persons or organizations. For example, if I report that my doctor treated me in a different way because of my color, TennCare may need to talk to my doctor and gather my medical records.
- You do not have to agree to release your name or other information. It is not always needed to investigate your complaint. If you do not sign the release, we will still try to investigate your complaint. If you don't agree to let us use your name or other details, it may limit or stop the investigation of your complaint. We may have to close your case. Before we close your case because you did not sign the release, we may contact you to find out if you want to sign a release so the investigation can continue.

If you are filing this complaint for someone else, we need that person to sign the Agreement to Release Information. Are you signing this as an Authorized Representative? Then you must also give us a copy of the documents appointing you as the Authorized Representative.

By signing this Agreement to Release Information, I agree that I have read and understand my rights written above. I agree to TennCare sharing my name or other information about me to other persons or organizations important to this complaint during the investigation and outcome.

This Agreement to Release Information is in place until the final outcome of your complaint. You may cancel your agreement at any time by calling or writing to TennCare without canceling your complaint. If you cancel your agreement, information already shared cannot be made unknown.

Signature: _____ Date: _____

Name (Please print): _____

Address: _____

Telephone: _____

Want to report a complaint? Please mail a completed, **signed Complaint and a signed Agreement to Release Information** form to:

TennCare OCRC
310 Great Circle Road, 3W
Nashville, TN 37243

Phone: 1-615-507-6474 or for free at 1-855-857-1673 (TRS 711)
Email: HCFA.fairtreatment@tn.gov

Do you need free help with this letter?	
If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.	
Spanish:	Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-259-0701 (TTY: 1-800-848-0298).
Kurdish:	کوردی ناگاداری: نهگهر به زمانی کوردی قهسه دهکههیت، خزمهتگوزاریهکانی یارممتی زمان، بهخوڕایی، بو تو بهر دهسته. پههيو مندی بهه TTY (1-800-848-0298) 1- 855-259-0701
Arabic:	العربية ملحوظة: إذا كنت تتحدث اذکر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0701-259-855-1 (رقم هاتف الصم والبكم: 1-800-848-0298).
Chinese:	繁體中文 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 1-855-259-0701 (TTY 1-800-848-0298)。
Vietnamese:	Tiếng Việt CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-259-0701 (TTY: 1-800-848-0298).
Korean:	한국어 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-259-0701 (TTY: 1-800-848-0298)번으로 전화해 주십시오.
French:	Français ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-259-0701 (ATS : 1-800-848-0298).
Amharic:	አማርኛ ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-259-0701 (መስማት ለተሳናቸው: 1-800-848-0298)።
Gujarati:	ગુજરાતી સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-259-0701 (TTY: 1-800-848-0298).
Laotian:	ພາສາລາວ ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-259-0701 (TTY: 1-800-848-0298).

German:	Deutsch
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-259-0701 (TTY: 1-800-848-0298).	
Tagalog:	Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-259-0701 (TTY: 1-800-848-0298).	
Hindi:	हिंदी
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-259-0701 (TTY: 1-800-848-0298) पर कॉल करें।	
Serbo-Croatian:	Srpsko-hrvatski
OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-259-0701 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1- 800-848-0298).	
Russian:	Русский
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-259-0701 (телетайп: 1-800-848-0298).	
Nepali:	नेपाली
ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-259-0701 (टिटिवाइ: 1-800-848-0298) ।	
Persian:	
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم میباشد. 1-855-259-0701 (TTY: 1-800-848-0298) تماس بگیرید.	

- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

**Call us for free at 1-855-259-0701. We can connect you with the free help or service you need.
(For TTY call: 1-800-848-0298)**