

VIRGINIA'S MEDICAID PROGRAM



2021



LANGUAGE & DISABILITY ACCESS PLAN

Virginia Department of Medical Assistance Services



Table of Contents

1: Introduction	5
2: Our Commitment to the LEP and Disabled Community: Language and Disability Access Resources	6
3: Purpose	10
4: DMAS Language and Disability Access Plan Coordinator	11
5: Scope.....	12
5.1 Title VI of the Civil Rights Act of 1964.....	12
5.2 Americans with Disabilities Act (ADA), Title II	12
5.3 Section 1557 of the Patient Protection and Affordable Care Act, May 18, 2016.....	13
5.4 Executive Order 12250, Leadership and Coordination of Nondiscrimination Laws, issued November 2, 1980	13
5.5 Executive Order 13166, <i>Improving Access to Services For Persons with LEP</i> , issued August 11, 2000	13
5.6 State – Governor Northam’s Executive Directive Five: <i>Access to Affordable, Quality Health Care Coverage</i> , issued October 15, 2019	13
6: Dissemination	13
7: Revisions	14
8: Four-Factor Analysis and DMAS Needs Assessment	14
9: DMAS Needs Assessment Research Results.....	16
9.1 Factor One: Demographics - LEP and Disabled Populations to be Served or Encountered – Identifying language trends.....	16
9.1.1 LEP Population	16
9.1.2 People with Disabilities.....	18
9.2 Factor Two: Frequency of Contact with LEP Individuals and Individuals with Disabilities	19
9.2.1 Phone Communications.....	19
9.2.2 Written Communications.....	20
9.2.3 Digital Communications.....	21
9.3 Outreach to LEP Individuals and Individuals with Disabilities	21
9.4 Factor Three: Nature and Importance of the Program, Activity, or Service	23

9.5 Factor Four: Resources Available and Costs	24
9.5.1 Verbal interpretations and Written Translations	24
9.5.2 Spanish Bilingual Staff.....	25
9.5.3 Auxiliary Aids.....	26
9.5.4 Closed Captioning	26
10: DMAS Language and Disability Access Compliance Standards	27
10.1 Oral Interpretations	27
10.1.2 Phone Interpreting Services.....	27
10.1.2 On-site Interpreting Services	28
10.2 Written Translations	28
10.3 Auxiliary Aids and Accessibility Requirements	29
10.4 Notice Requirements	30
10.5 Grievance Policies and Procedures.....	31
11: Language Access Standards for Contractors, Sister Agencies, and Providers	32
12: Five Current Strategic Initiatives for Language and Disability Access Plan	33
12.1 Language and Disability Access Training	33
12.1.1 Objective	33
12.1.2 Implementation Strategy.....	33
12.1.3 Outcome Measures.....	34
12.1.4 Implementation Timeline	34
12.2 Accessibility, Quality Control and Technology.....	35
12.2.1 Objective	35
12.2.2 Implementation Strategy.....	35
12.2.3 Outcome Measures.....	35
12.2.4 Implementation Timeline	35
12.3 Plan Dissemination to Internal Staff and External Stakeholders.....	36
12.3.1 Objective	36
12.3.2 Implementation Strategy.....	36
12.3.3 Outcome Measures.....	36
12.3.4 Implementation Timeline	36
12.4 Monitoring Trends in the Need of Language Access	37

12.4.1 Objective	37
12.4.2 Implementation Strategy	37
12.4.3 Outcome Measures.....	37
12.4.4 Implementation Timeline	37
12.5 Stakeholder Consultation	38
12.5.1 Objective	38
12.5.2 Implementation Strategy.....	38
12.5.3 Outcome Measures.....	38
12.5.4 Implementation Timeline	38
13: Conclusion.....	39
Appendix A: Acts, Acronyms, and Definitions	40
Appendix B: DMAS Policy and Procedure for Civil Rights Grievances	44
Appendix C: DMAS Non-Discrimination Statement.....	51
Appendix D: DMAS Language Taglines	52
Appendix E: Language Access Guidance for Providers	54
Sources.....	73



The Virginia Department of Medical Assistance Services agency complies with all applicable Federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The mission statement of the Department of Medical Assistance Services is “to improve the health and well-being of Virginians through access to high quality health care coverage.” This Language and Disability Access Plan will ensure that the mission can be met for all Virginians, including those with limited English proficiency (LEP) and individuals with disabilities.

The two main overarching principles in the plan are:

(1) that LEP individuals and individuals with disabilities be made aware that certain language assistance services and auxiliary aids are available free of charge and

(2) that the services and aids be provided in a timely manner.

Both of these factors must be met in order for DMAS to properly serve the LEP population and those members of the public with disabilities.

This Language and Disability Access Plan identifies the measures DMAS will take to ensure meaningful access to language and disability assistance services throughout the entire Medicaid process, including accessing information about the Medicaid program, completion of an application, obtaining medical services, and participation in the appeals process.



1: INTRODUCTION

The Virginia Department of Medical Assistance Services (DMAS or the Agency) has prepared this Language and Disability Access Plan (the Plan), which defines the actions that will be taken and monitored on an ongoing basis by DMAS to ensure meaningful access to all of the Agency’s programs, services, and activities for LEP individuals and individuals with disabilities. DMAS is the single state agency responsible for the administration of Virginia’s Medicaid program under Title XIX of the Social Security Act¹ and the Family Access to Medical Insurance Security (FAMIS) program, which is the State Children’s Health Insurance Program (CHIP) under Title XXI. Medicaid and CHIP are administered at the federal level by the United States Department of Health & Human Services (HHS), whose goal is to protect the health of all Americans and provide essential human services.²

The DMAS mission statement is “to improve the health and well-being of Virginians through access to high quality health care coverage,” and, accordingly the Agency provides health insurance to eligible adults, children, pregnant women, elderly adults, and individuals with disabilities.

2: OUR COMMITMENT TO THE LEP AND DISABLED COMMUNITY: LANGUAGE AND DISABILITY ACCESS RESOURCES

DMAS is committed to providing language access services and reasonable accommodations to Medicaid applicants and members with disabilities and those with LEP. This includes the availability of language assistance services and auxiliary aids throughout the entire Medicaid process, including accessing information about the Medicaid program, completion of an application, obtaining medical services, and the appeals process.

DMAS will make every effort to ensure individuals who need services will receive them from qualified interpreters, translators, and auxiliary aids suppliers in order to access in a meaningful way programs and services that they qualify for, in accordance with federal and state laws, as well as Executive Order 13166, Improving Access to Services for Persons with LEP, issued August 11, 2000,³ and Governor Northam's Executive Directive Five: Access to Affordable, Quality Health Care Coverage, issued October 15, 2019.⁴ Meaningful access is defined as language assistance and auxiliary aids services that result in accurate, timely, and effective communication with the LEP individual and individuals with disabilities.

The following is a list of DMAS' guaranteed language and disability access services:

- **An Agency-wide written language and disability access plan with written standard policies and procedures.**
- **Timely⁵ and qualified language access services for LEP individuals and auxiliary aids for individuals with disabilities, all provided at no cost.**
- **An in-house Coordinator to manage language services.**
- **A record of the LEP member's preferred written and spoken language during Medicaid enrollment and ongoing case management captured in the Virginia Case Management System (VaCMS).**
- **Brochures, flyers, and vital documents available for translation upon request**
- **LEP individuals are informed about their right to free language services at any point of contact with DMAS:**
 - Language taglines included with vital member communications, web pages, and the DMAS reception area.
 - Language Access Posters and "Point to Your Language"⁶ cards available at the DMAS Reception area.

- **DMAS and DMAS subcontractors’ websites and digital applications largely available in Spanish and in other languages.**
- **DMAS and DMAS subcontractor’s call centers equipped to:**
 - Assist callers who are deaf or hard of hearing
 - Assist LEP individuals with language access services

Contact information for DMAS and DMAS main subcontractors

Agency/Contractor	Contact Number	TDD/TTY Number	Website
DMAS:			
Department of Medical Assistance Services (DMAS) General Information	804-786-7933	TDD: 1-800-343-0634	http://www.DMAS.Virginia.gov
DMAS main subcontractors:			
Cover Virginia Information about Virginia’s Medicaid and FAMIS programs for children, pregnant women and adults. Information about health insurance options available through the Federal Marketplace. Apply for Medicaid online, telephonically, by paper. Cover VA includes a search function to search for application assisters.	1-855-242-8282	TDD: 1-888-221-1590	www.CoverVA.org www.CubreVA.org
Medallion 4.0 Information related to Medallion Managed Care Organization	1-800-643-2273	TTY: 1-800-817-6608	www.virginiamanagedcare.com
Commonwealth Coordinated Care Plus (CCC+) Information related to CCC+ Managed Care Organization	1-844-374-9159	TTY: 1-800-817-6608	www.cccplusva.com

Agency/Contractor	Contact Number	TDD/TTY Number	Website
ModivCare Solutions LLC (ModivCare) Medicaid transportation	800-486-7647	TTY: 711	www.ModivCare.com
Keystone Peer Review Organization (KEPRO) Service Authorization (fee-for-service members)	888-827-2884 or 804-622-8900	TTY: 711	www.dmas.virginia.gov/#/serviceauth
Aetna Better Health of Virginia	800-385-4104	TTY: 711	https://www.aetnabetterhealth.com/virginia
United Healthcare Community Plan	* Virginia Medicaid CCC: 1-866-622-7982 * Virginia TANF/Medicaid Expansion: 1-844-752-9434 * Virginia FAMIS: 1-844-752-9434	TTY: 711	https://www.uhcommunityplan.com/va
Anthem	*Medallion Medicaid, FAMIS: 1-800-901-0020 * CCC Plus: 1-855-323-4687	TTY: 711	www.anthem.com
Magellan Complete Care	* CCC Plus: 1-800-424-4524 *Medallion 4.0: 1-800-424-4518	TTY: 711	www.mccofva.com
Magellan Behavioral Health	1-800-424-4046	TTY: 711	www.MagellanofVirginia.com
Optima Health	1-855-687-6260	TTY: 711	www.optimahealth.com
Virginia Premier	*Medallion 4.0: 1-800-727-7536 *Virginia Premier/Kaiser Permanente Elite Individual Plan: 1-855-249-5025 * CCC Plus (Elite Plus): 1-833-672-8075	TTY: 711	www.virginiapremier.com/

Agency/Contractor	Contact Number	TDD/TTY Number	Website
DentaQuest	*General Member Services: 888-278-7310	* Hearing Impaired Line: 800-466-7566	www.DentaQuest.com

- Fee-for-service members can search for providers that speak other prevalent non-English languages at www.viriniamedicaid.dmas.virginia.gov/wps/portal/SearchForProviders
- Managed Care Organization (MCO) members can find providers by language as follows:

MCO Plan	Provider directory with the option to search providers by spoken language	
	Online	Over the phone
United Healthcare Community Plan	https://connect.werally.com/medical/Provider/root	1-866-622-7982
Anthem	https://mss.anthem.com/va/care/find-a-doctor.html	1-800-901-0020
MAGELLAN Complete Care	https://www.mccofva.com/mcc-of-va-spn/magellan-complete-care-of-virginia/	* CCC Plus: 1-800-424-4524 * Medallion 4.0: 1-800-424-4518
Virginia Premier	https://www.findadoctor.viriniapremier.com/	* CCC Plus: 1-877-719-7358 * Medallion 4.0: 1-800-727-7536
Optima Health	https://optimahealth.prismisp.com/?icon-find-doctors=true	1-800-648-8420
Aetna Better Health	https://www.aetnabetterhealth.com/Virginia/find-provider	*CCC Plus: 1-855-652-8249 *Medallion: 1-800-279-1878



3: PURPOSE

The goal of the Plan is to ensure that the Agency provides services effectively to those with LEP and individuals with disabilities in accordance with applicable federal and state laws, as well as Executive Order 13166, Improving Access to Services For Persons With LEP, issued August 11, 2000,⁷ and Governor Northam's Executive Directive Five: Access to Affordable, Quality Health Care Coverage, issued October 15, 2019.⁸

First, the Plan will help Agency management and staff understand their roles and responsibilities with respect to overcoming barriers to Agency services for LEP individuals and individuals with disabilities. The Plan is a management document that outlines how the Agency has language assistance tasks, with deadlines and priorities, and how it will allocate the resources necessary to maintain compliance with language and disability access requirements under federal and state law. It describes how the Agency will implement the service delivery standards delineated in the policy directives, including the manner by which it will address the language service and resource needs identified in the DMAS needs assessment evaluation.⁹

Second, the Plan will set forth standards, operating principles, and guidelines that govern the delivery of language access services. The Plan is made available to the public so that LEP individuals and individuals with disabilities will understand that language assistance and auxiliary aids are available free of charge.

Finally, the Plan will provide the "how to" for staff and stakeholders, and will specify the steps to follow to provide language services, gather data, and deliver services to LEP individuals and individuals with disabilities. Procedures will be set forth as internal guides for DMAS staff to follow and will be shared internally by Agency e-mail and SharePoint.

4: DMAS LANGUAGE AND DISABILITY ACCESS PLAN COORDINATOR

The DMAS Civil Rights Coordinator is the designated employee that leads the development, implementation, and monitoring of the DMAS Plan and its elements. Comments and/or questions regarding the Plan may be directed to:



Montserrat Serra

DMAS Civil Rights Coordinator
VA Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219
Phone: (804) 482-7269 (direct)
Montserrat.Serra@DMAS.Virginia.Gov
CivilRightsCoordinator@DMAS.Virginia.Gov



5: SCOPE

The main framework for this Plan is based on the following federal and state laws that prohibit discrimination in HHS funded health programs or activities:

 <p>Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of national origin</p>	 <p>Executive Orders <i>Federal-13166</i> Recipients of federal funding must take reasonable steps to provide access to LEP populations. <i>State – EO 5 (10/15/19)</i> Access to affordable, quality health care coverage</p>	 <p>ADA Title II Regulations require state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities</p>	 <p>Affordable Care Act Section 1557 Covered entities shall take reasonable steps to ensure meaningful access to its programs or activities by limited English proficient individuals. 45 CFR 92.101</p>
---	--	--	--

5.1 Title VI of the Civil Rights Act of 1964¹⁰

Prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. Failure by a program recipient to provide meaningful access to LEP persons can constitute national origin discrimination. 45 C.F.R. § 80.3(a) provides that, “[n]o person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies.”

5.2 Americans with Disabilities Act (ADA), Title II¹¹

Requires state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities.

5.3 Section 1557 of the Patient Protection and Affordable Care Act, May 18, 2016¹²

Covered entities shall take reasonable steps to ensure meaningful access to its programs or activities by limited English proficient individuals. 45 CFR 92.101.

5.4 Executive Order 12250, Leadership and Coordination of Nondiscrimination Laws, issued November 2, 1980¹³

Requires that federal agencies and entities that receive federal funding to coordinate their Title VI enforcement efforts under the guidance of the Federal Coordination and Compliance Section of the Department of Justice Civil Rights Division.

5.5 Executive Order 13166, *Improving Access to Services For Persons with LEP*, issued August 11, 2000¹⁴

Requires federal agencies and entities that receive federal funding to examine the services they provide, identify any need for services to those with LEP, and develop and implement a system to provide those services so LEP persons can have meaningful access to them. Also requires that federal agencies work to ensure recipients of federal financial assistance provide meaningful access to their LEP applicants and beneficiaries. Meaningful access is defined as language assistance services that result in accurate, timely, and effective communication with the LEP individual.

5.6 State – Governor Northam’s Executive Directive Five: *Access to Affordable, Quality Health Care Coverage*, issued October 15, 2019¹⁵

Requires Virginia agencies to develop a publicly available Language Access Plan to regularly assess compliance with accessibility and usability of services, regardless of reading level, LEP, or disability.

6: DISSEMINATION

A copy of the Plan will be posted on the Department’s primary websites (www.dmas.virginia.gov and www.coverva.org), as well as the internal staff SharePoint page. Copies in alternative format (large print, braille, audio, accessible electronic format and other formats) will be provided upon request. The Plan will be maintained by the DMAS Civil Rights Coordinator, and copies will be distributed upon request to individuals or organizations serving persons with disabilities or who are LEP.

7: REVISIONS

The Plan will be monitored and updated on an ongoing basis, but at least annually, by June 30th each year. If federal or state government releases new demographic data for the Commonwealth of Virginia, DMAS will review the data and update the Plan accordingly, and report changes and updates annually to the executive leadership team. Staff shall be notified of all changes/updates to departmental operating procedures for language and disability access within 30 days of such changes.

8: FOUR-FACTOR ANALYSIS AND DMAS NEEDS ASSESSMENT

Executive Order 13166 requires federally funded organizations to assess the services they offer, determine which of those services may be needed by LEP persons, and then develop a system to provide “meaningful access” without unduly burdening the agency. As a starting point, the U.S. Department of Justice’s “four-factor analysis”¹⁶ provides a self-assessment structure based on:

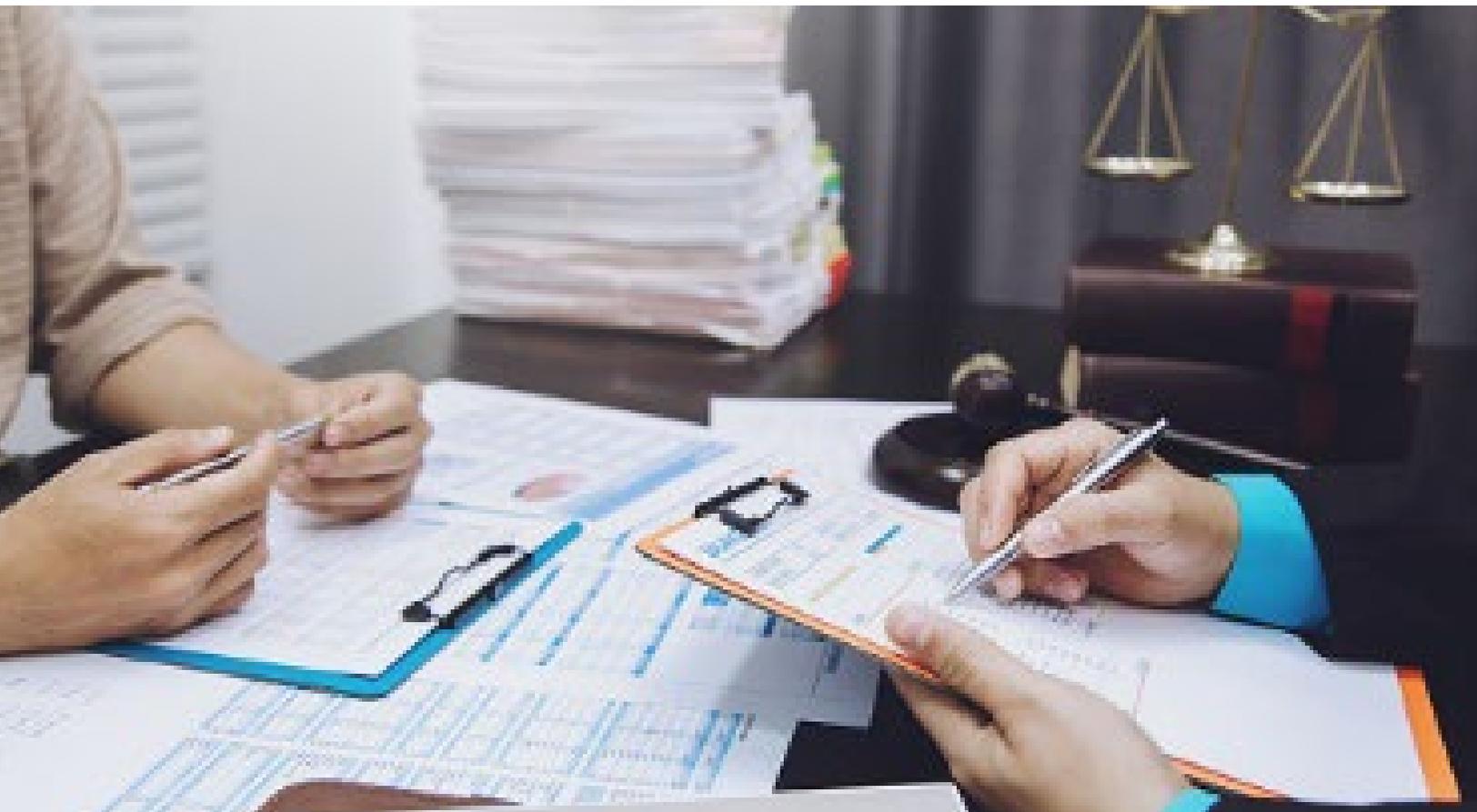
- **Demographics:** The number or proportion of the LEP population eligible to be served or likely to be encountered;
- **Frequency of Contact:** The regularity with which LEP individuals interact with the organization/program;
- **Nature:** The importance of the program/service/activity to peoples’ lives;
- **Availability of resources and costs:** The balance between achieving meaningful access without creating excessive financial burdens on the organization.

In order to assess if the Agency and its stakeholders communicate effectively with LEP individuals and individuals with disabilities, and in order to determine if there are any further initiatives to be implemented to improve program access, the DMAS Civil Rights Coordinator conducted an Agency-wide needs assessment following federal guidance.¹⁷ The self-assessment evaluation was performed in late 2019 and early 2020 by conducting one-on-one meetings with DMAS division directors to research all language and disability access initiatives at that time and to collect all feedback necessary to document and implement the Plan.

The main areas addressed during those meetings were:

- **Areas of interaction and identification of external stakeholders needed to identify the main public touchpoints with DMAS and its Medicaid program:** (1) Application & correspondence, (2) Eligibility policies & procedures, (3) Access to & receipt of services, (4) Member appeals, and (5) Identify the Agency's stakeholders and those that provide services on behalf of the Medicaid program.
- **Types of Interaction:** (1) in person, (2) phone, (3) digital [Web, email], (4) print [outreach materials, correspondence and member handbooks/guidance], and (5) public service messages in the media.
- **Identification & Assessment of the LEP and disabled community.**
- **Language assistance (LA) and auxiliary aids services resources.**
- **Availability of training of Staff on Policies and Procedures.**
- **Availability of notifications of free LA Services & auxiliary aids.**
- **Monitoring of Language Assistance & Auxiliary Aids Usage.**

 **Note for DMAS staff only: Appendix K: Needs Assessment Questionnaire**



9: DMAS NEEDS ASSESSMENT RESEARCH RESULTS

The results of the DMAS Needs Assessment evaluation are as follows:

9.1 Factor One: Demographics - LEP and Disabled Populations to be Served or Encountered – Identifying language trends

9.1.1 LEP Population

According to an HHS language report released in August 2016, the top 15 languages spoken in Virginia by prevalence order are: **1. Spanish, 2. Korean, 3. Vietnamese, 4. Chinese, 5. Arabic, 6. Tagalog, 7. Farsi, 8. Amharic, 9. Urdu, 10. French, 11. Russian, 12. Hindi, 13. German, 14. Bengali, 15. Bassa, Ibo, Yoruba.**¹⁸

Table 1 HHS top 15 language spoken in VA

HHS DATA			
Frequency Count	Language	VA Population	% of VA Population
217,843	Spanish	8,518,000	2.56
30,193	Korean	8,518,000	0.35
25,813	Vietnamese	8,518,000	0.3
23,706	Chinese	8,518,000	0.28
13,844	Arabic	8,518,000	0.16
12,976	Tagalog	8,518,000	0.15
9,316	Persian (Farsi)	8,518,000	0.11
8,550	Amharic	8,518,000	0.1
8,094	Urdu	8,518,000	0.1
6,755	French	8,518,000	0.08
5,332	Russian	8,518,000	0.06
4,552	Hindi	8,518,000	0.05
4,056	German	8,518,000	0.05
4,000	Bengali	8,518,000	0.05
3,805	Kru (Bassa)	8,518,000	0.04
	Ibo	8,518,000	
	Yoruba	8,518,000	

Within the Medicaid population, and according to a DMAS Medicaid member language count report performed in June 2020, there were **1,607,088** Virginians enrolled in Medicaid and **5.0%** of its Medicaid enrollees (**80,846** members) had **self-declared** themselves as speakers of other languages. The top five predominant non English languages among Medicaid enrollees is comprised of members who speak **(1) Spanish**, with **62,749** Medicaid members, **(2) Arabic**, with **3,465** members, **(3) Vietnamese** with **2,650** members, **(4) Urdu** with **1,189** members, **(5) Amharic** with **1,104** members. From that same report, the counted number of members that use Sign Language was **154**.



i **Note for DMAS staff only: See Appendix J: Medicaid Members Language Count**

Table 2 - Top 5 spoken languages among Virginia Medicaid members. Data pulled 3/8/21.

TOP 5 VIRGINIA MEDICAID MEMBER LANGUAGE COUNT		
Language Name	YR 2020 COUNT	2020 Percent
English	1,764,267	95%
Spanish	71,406	4%
Arabic	3,826	0.2%
Vietnamese	3,151	0.1%
Urdu	1,366	0.07%
Amharic	1,350	0.07%
Other	11,317	0.61%
Total Member Count	1,856,683	100.00%

The language self-declaration is initiated during the Medicaid application process where all applicants voluntarily report their preferred spoken and written language, if different than English. Once that language information is reported at the time of application or during any other case management period, it is captured in VaCMS which allows DMAS to identify all languages (including sign language) spoken by its members. Because the Virginia Medicaid Member Language Count report originates from member’s self-declaration of their preferred spoken language, DMAS recognizes certain limitations to the current language capturing method. When LEP members do not specify their preferred non-English

spoken language, then the VaCMS defaults to English, which might result in lower counts of non-English languages spoken among its members.

DMAS member counts reports show that the LEP population within the Medicaid members is increasing: there were **71,340** self-declared LEP members in 2015 compared to **92,416** self-declared LEP members in June 2020 (**29.54% increase**), and it is likely to continue to go up in numbers. DMAS is taking into consideration this LEP member population increase and is addressing language access needs in a proactive manner.

9.1.2 People with Disabilities

According to a 2015 study based on data released by the U.S. Bureau of Labor,¹⁹ **11.5%** of Virginians (**935,187** people) reported a disability (5.9% had an ambulatory difficulty, 4.3% had a cognitive difficulty, 4.2% had an independent living difficulty, 3.2% had a hearing difficulty, 2.3% had a self-care difficulty and 2.0% had a vision difficulty). Respondents of the study who reported having any one of the six disability types are considered to have a disability, but because some may report more than one disability type, the individual figures sum up greater than the total.



9.2 Factor Two: Frequency of Contact with LEP Individuals and Individuals with Disabilities

In addition to member contact directly with DMAS, other member and public interactions are handled through Agency contractors and partner agencies such as Virginia Department of Social Services (VDSS), Virginia Department of Behavioral Health and Developmental Services, Virginia Department of Health (VDH), Cover VA, and the managed care organizations that administer the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) managed care programs, to name a few.

9.2.1 Phone Communications

DMAS' main contracted call centers are Cover VA and Maximus.²⁰ Both call centers are equipped to handle calls from LEP individuals through phone interpreting services or through Spanish-speaking bilingual representatives. Upon request, both call centers also provide free written translation services in any of the top 15 spoken languages in VA for Medicaid notices that applicants or members might request to have translated into their language.

In **2020**, the Cover VA call center took a total of **104,025** calls that needed language assistance services (**40,735** calls taken through phone interpreting service, and **63,290** calls taken by Spanish-speaking bilingual staff); and the Maximus call center took a total of **5,323** LEP calls from Medallion 4.0 members and **515 total** calls from LEP CCC Plus members.

 **Note for DMAS staff only: See Appendix L: Phone Language Access Services Report**





In addition, when individuals call the main DMAS Agency phone number, they can choose through automated prompts to be helped in English or Spanish. The DMAS main phone menu has an option to dial for Spanish-speaking callers, and those calls are rerouted to a bilingual Spanish customer service representative who handles on average **160 Spanish-speaking** calls per month. The DMAS receptionist also has access to a language line service for non-English calls, as well as other DMAS divisions. During the year 2020 DMAS took a total of **637** calls with phone interpreting services. The receptionist is also equipped to handle calls through TDD system.

9.2.2 Written Communications

DMAS interacts largely with its member population in writing to inform its clients about program and services eligibility or if there are any changes or updates in their coverage. In 2019, the Agency started an initiative to enhance member communications and to improve outreach and enrollment with the LEP population. Part of that initiative was to implement language access services in order to communicate effectively with the LEP population and those with disabilities. The Agency developed a plan of action to rewrite Medicaid eligibility notices generated by VaCMS to improve readability, include a non-discrimination statement (See Appendix C: DMAS Non-Discrimination Statement) and language taglines (**See Appendix D: DMAS Language Taglines**), and improve member understanding of information requests and eligibility determinations. The plan of action also emphasized the need to provide member letter communications in Spanish, and in the top spoken languages in Virginia.

9.2.3 Digital Communications

DMAS handles digital communications with members and potential enrollees through its own Agency website www.dmas.virginia.gov and its contractors' websites and digital applications. All digital websites and portals have information available in English, and, at a minimum, in Spanish, since that is the most frequently encountered non-English language among Medicaid members. (See Table 2 Top 5 spoken languages among Virginia Medicaid members as of June 2020.)²¹ In October 2019, the CoverVA website was launched in its entirety in Spanish under the Spanish website version named CubreVA. In addition, all DMAS digital websites and portals include language taglines that indicate the availability of language assistance services free of charge for individuals that speak other languages in the Commonwealth as required under 42 CFR § 435.905 (b)(3).²² In addition, all DMAS digital communications are 508 compliant as per the ADA.²³

Google analytics language reports showed that during the first quarter in 2020, **0.18%** of the DMAS website (www.dmas.virginia.gov) viewers accessed its content information in a non-English language. Spanish averaged **40%** of the LEP monthly average usage, Korean represented **17%** and Vietnamese **2.39%**.

9.3 Outreach to LEP Individuals and Individuals with Disabilities

DMAS regularly hosts local community outreach events throughout the Commonwealth of Virginia to allow the local community, in particular the LEP population, to learn more about Medicaid benefits and services in person, email, social media, radio, and television. DMAS outreach efforts are mainly conducted by the DMAS Outreach team, which has a Spanish bilingual outreach worker who collaborates with community organizations, and engages in person with community individuals and families. In addition, the Agency formed the DMAS STARs group, which is an employee driven program formed by DMAS employees who are committed to providing outreach and assistance to the community.



The following is a partial list of organizations DMAS collaborates with throughout Virginia:

Northern VA region

- Paragon Autism Services
- CASA (Woodbridge location)
- Greater Prince William Community Health Center
- Catholic Charities
- Casa Chirilagua
- Culmore Clinic
- Neighborhood Health
- Lorton Community Action Center
- United Community
- Northern Virginia Family Services
- Various Spanish churches

Central VA Region

- Richmond City Public School Welcome Center for Immigrant Communities
- Richmond City Office of Multicultural Affairs
- Virginia Community Health Worker Association & Advisory Group
- Resource Mothers
- Goodwill Workforce
- Southside Community Development & Housing Corporation (SCDHC) Resource Center
- Family Lifeline
- South Wood and Broad Rock Community Center
- Citizen Information and Resource Department Chesterfield
- RADIO PODER WBTK 1380AM
- Women, Infants, and Children (WIC)
- Chester YMCA
- City of Richmond Head Start
- Chesterfield County Head Start

Roanoke Region

- Casa Latina
- Blue Ridge Literacy
- Commonwealth Catholic Charities
- Latinx Job Fair
- “I’m Determined” Summit
- Smart Beginnings Greater Roanoke
- Department of Health’s Early Intervention Program

At these sites, DMAS, community partners and outreach workers provide Medicaid program information, application assistance, and inform individuals of the language assistance services that are available free of charge to LEP families and individuals. The outreach team provides presentations to Spanish-speaking Head Start families and coordinates community events through partnerships with stores, churches, restaurants and other large non-English community based places such as nurseries, tree farms, and employers with non-English-speaking employees.

Other outreach initiatives specifically catered to people with disabilities include:

- Annual services fair provided by the special education staff and parents for children with disabilities
- Ongoing meetings with Goodwill Valleys, Career Works, DSS, Community Services Board staff representing disabled adults seeking employment
- Outreach with adult daycare centers, programs serving kids and adults with autism
- Ongoing meetings and outreach with the Agency on Aging and other senior programs serving individuals with disabilities
- Quarterly Partnership for Access To Healthcare (PATH) meetings with health and human service providers
- Outreach to Radford University Center For Accessibility Services
- Community Housing, subsidized housing outreach, events for disabled residents including requests to include FAMIS and Medicaid information in newsletters
- Outreach to agencies providing mental health and substance abuse treatment

9.4 Factor Three: Nature and Importance of the Program, Activity, or Service

Medicaid covers a broad array of health services such as primary care, acute care, long term services & supports, behavioral health, addiction and recovery treatment services, and limited dental care.

Medicaid also administers certain benefits through innovative programs through approved waivers of certain federal law provisions, which help the Commonwealth to implement the programs and provide additional services that may not normally be available under the traditional Medicaid program.

The vast majority of Medicaid enrollees in Virginia lack access to other affordable health insurance, and that is why DMAS recognizes the importance of providing necessary services through the Medicaid program for all Virginians.

Governor Northam's Executive Directive Five (2019), *Access to Affordable, Quality Health Care Coverage*,²⁴ also highlights the importance of overcoming language and disability access

barriers for those Virginians seeking health care. As stated in the Executive Directive “when individuals and families have quality meaningful coverage, they can access critical services to treat medical and behavioral conditions before symptoms hinder physical, social, and emotional wellbeing. Individuals and families with a stable source of health coverage are more likely to obtain and maintain employment, complete educational goals, and report a higher overall satisfaction and quality of life.”

9.5 Factor Four: Resources Available and Costs

9.5.1 Verbal interpretations and Written Translations

DMAS uses state contract #E194-76604 procured by the Department of General Services, Division of Purchases and Supplies (DGS/DPS), for translation and interpreting services in any language. DMAS has selected two vendors to provide comprehensive interpretation and language services. The DMAS Civil Rights Coordinator serves as the administrator for both contracts.



- **Lionbridge:**

- Provides phone interpretation and translation services for all DMAS divisions. Each division has its own phone interpreting services PIN#.
- Provides document translations in any available language. Service requests processed by DMAS Civil Rights Coordinator at CivilRightsCoordinator@DMAS.Virginia.Gov.



Note for DMAS staff only: See Appendix M: Lionbridge’s list of phone interpreting Pin# for DMAS divisions

- **Propio LS LLC**

- Provides in-person interpretation (including sign language Service requests) processed by DMAS Civil Rights Coordinator at CivilRightsCoordinator@DMAS.Virginia.Gov.

The average Agency **monthly telephonic interpretation costs** during year 2020 was close to **\$427**; this is expected to increase as the LEP population grows in Virginia.

The average **outsourced monthly translation costs** during year 2020 was **\$1012**.



Note for DMAS staff only: See Appendix O: Language Access Costs



9.5.2 Spanish Bilingual Staff

Although the language line service mentioned above is the DMAS preferred language resource to use when communicating with Spanish-speaking individuals, due to the high frequency of interactions with Spanish speakers, the Agency has also identified a list of competent and qualified Spanish bilingual staff whom are able to handle calls in Spanish, as well as provide written translations at the discretion and approval of their supervisors. All DMAS Spanish bilingual staff that perform interpreting and translating functions must be trained and assessed for their language competency level and must meet the following ability requirements:

- Demonstrate proficiency in and ability to communicate information accurately in both English and in Spanish and identify and employ the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization, or sight translation);
- Have knowledge in both languages of specialized terms or concepts related to the Medicaid program and its services, or any particular vocabulary and phraseology used by the LEP individual;
- Understand and follow confidentiality and impartiality rules to the same extent the Department's employee for whom they are interpreting and/or to the extent their position requires;
- Understand and adhere to their role as interpreters without deviating into role as counselor, legal advisor, or other roles;
- Follow the standards of etiquette when communicating with clients who are LEP by demonstrating respect for clients and co-workers and maintaining ethical business practices;
- Be able to show sensitivity to the individual's culture; and
- Avoid any conflict with the roles of an interpreter, and be able to identify those situations when a certified interpreter/translator needs to be used instead.

The DMAS Civil Rights Coordinator maintains a list of DMAS bilingual staff who have been approved to perform interpreting and translation functions in Spanish. If assistance is needed in any other languages, DMAS utilizes the language line service referenced above.

9.5.3 Auxiliary Aids

The DMAS Civil Rights Coordinator serves as the monitor for the auxiliary aids contract with Access-USA who provides alternate forms of communication requested by the hearing and vision impaired.

- **Access-USA:**

- Provides braille, large format, audio tapes, and other accessibility services.
- Service requests processed by the DMAS Civil Rights Coordinator at CivilRightsCoordinator@DMAS.Virginia.Gov

9.5.4 Closed Captioning

DMAS uses Virginia Relay Remote Conference Captioning (RCC) services on all public facing webinars and includes automated closed captioning on all its YouTube videos. DMAS staff can book any of these services through the DMAS Civil Rights Coordinator.



10: DMAS LANGUAGE AND DISABILITY ACCESS COMPLIANCE STANDARDS

DMAS meets federal and state laws and regulations with the following standard performance in accordance with Title VI of the Civil Rights Act of 1964,²⁵ Section 1557 of the Affordable Care Act (ACA),²⁶ the Americans with Disabilities Act (ADA),²⁷ and Section 508 of the Rehabilitation Act of 1973.²⁸ The specific written policies to meet the requirements of federal and state laws and regulations are set forth in the appendix to this Plan.

Note for DMAS staff only: See Appendix B: DMAS Policy and Procedure for Providing Language Assistance Services to the Limited English Proficient (LEP) and the Deaf and Hard of Hearing and Appendix G: Policy and Procedure for Providing Auxiliary Aids and Services for Persons with Disabilities. For quick reference on the standard procedures, please see Appendix H: Language and Disability Access Quick Reference Guide (QRG).

10.1 Oral Interpretations

All DMAS staff are required to make verbal interpretation services available to the LEP population in all languages by phone or in person, and in a timely manner. All DMAS divisions have immediate access to Lionbridge’s phone interpreting services in any language, and they can schedule an in-person qualified interpreting service (including sign language) with the DMAS Civil Rights Coordinator, who will forward the request to Propio interpreting services. In-person interpreting requests need to be submitted to the DMAS Civil Rights Coordinator at least five business days from the face-to-face scheduled appointment.



Figure 1- Point to your language card

10.1.2 Phone Interpreting Services

For walk-ins and calls from LEP individuals, DMAS staff will identify first the non-English language being spoken (for walk-ins, DMAS staff will show a “Point to Your Language Card”

to the LEP individual and will ask them to identify the language they speak).²⁹ Once the non-English language has been identified, the staff person will call the **Lionbridge** phone interpreting services line and will initiate a three-way call with the LEP individual and the Lionbridge interpreter on the line. DMAS staff will provide their own division's PIN# when requesting the interpreting service. DMAS staff can find a list of all DMAS Division's PIN# on the K-Drive under the Civil Rights Coordinator folder.

10.1.2 On-site Interpreting Services

For face-to-face encounters with an LEP or deaf/hard of hearing person that have formally arranged an appointment, staff will contact the DMAS Civil Rights Coordinator at least five business days prior to the encounter to schedule an on-site interpreter. The request can be placed via email at CivilRightsCoordinator@DMAS.Virginia.gov, and included in the email will be the appointment date/time for when the interpreter will be needed, and the language requested, **including sign language.**



10.2 Written Translations

DMAS staff is also required to make written translations of vital documents (website content, provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, among others) available in other languages upon request, if the language group exceeds the 5% or 1,000 mark (see HHS Guidance³⁰) when doing so is a reasonable step to providing meaningful access to health care coverage for an LEP individual.

It is Time to Renew Your Health Coverage from Virginia Medicaid.
Completing your renewal online (www.commonhelp.virginia.gov) or by phone (1-855-242-8282) can be faster and easier! See below for more information.

Please complete Your renewal by: June 11, 2020

If you do not complete your renewal, you will lose your Medicaid health coverage.

Renew your Medicaid in any one of these ways:

- Online:**
 - Go to CommonHelp.Virginia.gov.
 - Click on "Renew My Benefits."
- By phone:**
 - Call 1-855-242-8282/TTY: 221-3590; this call is free.
- By mail or fax:**
 - Charlotteville City (540) PO Box 911 CHARLOTTEVILLE, VA 22902 Fax: (434) 970-3555
- In Person:**
 - Bring the completed form to: Charlottesville City (540) 120 SEVENTH STREET, NE CHARLOTTEVILLE, VA 22902

To create an account:

- Go to CommonHelp.Virginia.gov
- Click "Check My Benefits."
- To link your case to your CommonHelp account using the information below, log in and select "Manage My Account."

Case Number: 114296483
Client ID: 2106123499

TRANSLATE

Complete su Renovación antes del: 11 de julio de 2020

Completar su renovación en línea (www.commonhelp.virginia.gov) o por teléfono (1-855-242-8282) puede ser más rápido y sencillo. Averigüe a continuación para obtener más información.

Si no completa su renovación, perderá su cobertura de salud de Medicaid.

Renueve su Medicaid de cualquiera de estas formas.

- En línea:**
 - Ingrese a CommonHelp.Virginia.gov.
 - Haga clic en "Renovar mis Beneficios."
- Por teléfono:**
 - Lláme al 1-855-242-8282/TTY: 1-888-221-1590; esta llamada es gratuita.
- Por correo o fax:**
 - Charlotteville City (540) PO Box 911 CHARLOTTEVILLE, VA 22902 Fax: (434) 970-3555
- En persona:**
 - Presente el formulario completo en: Charlottesville City (540) 120 SEVENTH STREET, NE CHARLOTTEVILLE, VA 22902

Para crear una cuenta:

- Ingrese a CommonHelp.Virginia.gov
- Haga clic en "Revisar mis Beneficios."
- Para vincular su caso con la cuenta de CommonHelp utilizando la información que aparece a continuación, inicie sesión y seleccione "Gestionar mi Cuenta."

Because Spanish is the most common non-English language spoken in the State of Virginia and among Medicaid individuals, DMAS has determined as part of this Plan and according to HHS Guidance,³¹ that it will routinely translate into Spanish any vital written materials (provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, among others).

As part of this Plan, DMAS has set benchmarks in the Strategic Initiatives section in this Plan for continued translations into the remaining languages over time. To ensure meaningful access with those that speak other languages, DMAS written communications include a non-discrimination statement and language taglines informing individuals where to call to receive free language assistance and free alternate methods of communication. **See Appendix D: DMAS Language Taglines.**

Figure 1- Example of Language Taglines

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call 804-786-7933 (TTY:1-800-343-0634).

Español (Spanish)
 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 804-786-7933 (TTY: 1-800-343-0634).

한국어 (Korean)
 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 804-786-7933 (TTY:1-800-343-0634)번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)
 CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 804-786-7933 (TTY:1-800-343-0634).

繁體中文 (Chinese)
 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 804-786-7933 (TTY:1-800-343-0634) 。

العربية (Arabic)
 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 804-786-7933 (رقم هاتف الصم والبكم: 1-800-343-0634).

Tagalog (Tagalog – Filipino)
 PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 804-786-7933 (TTY:1-800-343-0634).

10.3 Auxiliary Aids and Accessibility Requirements

DMAS staff must provide auxiliary aids and services to the deaf or hard of hearing, and those who are blind and visually impaired at no cost, and in a timely manner, including, but not limited to qualified sign language interpreters, closed captioning, text telephone (TTYs), and information in alternative formats (large print, braille, audio, accessible electronic format and other formats), when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities.



Large print is defined as eighteen (18) point font.³² DMAS also provides production and distribution of materials (including website content) in other media formats and accessible by both the hearing and vision impaired. Printed materials are oriented to the target population, written in plain language, and are clearly legible with a minimum font size of twelve (12) point, unless otherwise approved by the Department. Written material uses easily understood language and format, and is available in alternative formats, and in an appropriate manner, that takes into consideration those with special needs.



All DMAS websites and digital portals are ADA Section 508 compliant,³³ which is the accessibility standard that is also supported by CMS³⁴ and VITA.³⁵ This includes video captioning for any videos posted on the DMAS website or portal. Requests for video captioning needs are fulfilled internally by the DMAS IT department who will add them during the video post-production phase. For live closed captioning needs for Webinars, DMAS is able to provide that service through Virginia Relay. Closed captioning requests can be sent to CivilRightsCoordinator@DMAS.Virginia.gov.

 **Note for DMAS staff only: See Appendix G: Policy and Procedure for Providing Auxiliary Aids and Services for Persons with Disabilities.**

10.4 Notice Requirements

DMAS recognizes the importance to communicate to beneficiaries, applicants, and members of the public that free language assistance and alternate forms of communications will be provided when needed, and that the Agency does not discriminate on the basis of race, color, [national origin](#), sex, [age](#), or [disability](#) in its health programs and activities.



DMAS staff must convey that information in a non-discrimination statement and language taglines written in the top 15 spoken languages in the Commonwealth of Virginia on all vital written notifications to the members and potential enrollees. The name, telephone number, and TDD number to contact the DMAS Civil Rights Coordinator is also included in addition to instructions on how to file a complaint.

See Appendix C: Non-Discrimination Statement and Appendix D: DMAS Language Taglines

10.5 Grievance Policies and Procedures

DMAS has designated the DMAS Civil Rights Coordinator as the neutral administrator of the Virginia Medicaid grievance process to ensure that DMAS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DMAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. DMAS takes seriously any complaints or allegations that an individual(s) has been discriminated against in the attempt to receive healthcare benefits on the basis of race, color, national origin, age, disability, or sex, or any other classification protected by federal and state civil rights laws.

DMAS has established a grievance procedure to provide a means through which Medicaid applicants and beneficiaries can raise allegations or complaints of discrimination and receive prompt attention and resolution. In addition, the procedures highlight the steps taken to review and resolve these kinds of complaints in a timely manner and in accordance with applicable federal and state civil rights laws and regulations, DMAS policies and procedures and client contract requirements.

See Appendix B: DMAS Policy and Procedure for Civil Rights Grievances



“No person shall, on the grounds 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 assistance.”

—Civil Rights Act of 1964

11: LANGUAGE ACCESS STANDARDS FOR CONTRACTORS, SISTER AGENCIES, AND PROVIDERS

DMAS will require its contractors and collaborating agencies to adhere to language access standards consistent with this Plan. These language access standards will be set forth in inter-agency agreements (IAG) and/or memorandums of understanding (MOU) with collaborating agencies serving similar LEP populations as DMAS. These IAGs and MOUs will include provisions to share best practices to enhance language access services across agencies.

Contracts between DMAS and its contracting entities include language access standards and monitoring provisions to ensure compliance. The managed care contracts with both Medallion 4.0 and CCC Plus include policies of nondiscrimination for its contracted entities and communication standards for individuals with LEP.



i **Note for DMAS staff only: See Appendix N: Sample of standard verbiage to be used in contracts/agreements with language and disability access requirements and Appendix E: Language Access Guidance for Providers.**

12: FIVE CURRENT STRATEGIC INITIATIVES FOR LANGUAGE AND DISABILITY ACCESS PLAN

Ensuring language and disability access is integral to the DMAS core values of Service, Collaboration, Trust, Adaptability and Problem Solving. This Plan will be evaluated each year to determine what strategic initiatives can further DMAS’ commitment to serving the LEP and disabled populations. Below are the current five concrete strategic initiatives. In addition to monitoring this Plan and investigating grievance complaints, these initiatives will be overseen by the DMAS Civil Rights Coordinator. These initiatives will ensure that no one is denied access to or meaningful participation in the Medicaid program because of language or disability.

12.1 Language and Disability Access Training

12.1.1 Objective

To develop language and disability access related training, as well as linguistic and cultural competency training, for Agency staff to ensure effective communication with LEP individuals and individuals with disabilities. DMAS qualified bilingual staff that currently provide language assistance services for the Agency will be also trained on translation and interpretation best practices.



12.1.2 Implementation Strategy

In collaboration with the DMAS training unit, the DMAS Civil Rights Coordinator will develop training courses to cover staff training regarding language and disability access policies and procedures. All current and future DMAS staff will be trained on their obligation to provide meaningful access to information and services for LEP individuals and individuals with disabilities. Training will seek to make staff aware of the following:

- DMAS’ obligation to provide meaningful access to LEP individuals and individuals with disabilities;
- Cultural competency and non-discrimination;
- Language and disability access policies, procedures, and protocol in responding to LEP

individuals and individuals with disabilities contacting the Agency via telephone, written communications, and in-person contact that would include:

- The Agency's civil rights obligations to individuals with LEP and people with disabilities;
- The Agency's policies and procedures for ensuring effective communication with individuals with LEP and disabilities;
- Using DMAS telephonic interpretation services;
- Requesting an in-person interpreter, a document translation or auxiliary aids;
- Working with interpreters;
- How to communicate effectively and respectfully with LEP individuals and individuals with disabilities;
- How staff track and record language preference information;
- How staff inform LEP individuals and individuals with disabilities about available language and auxiliary aids assistance;
- How staff will identify the language needs of LEP individuals and individuals with disabilities;
- How to use bilingual staff for LEP services and which staff are authorized to provide in-language service; and
- How staff will process language access complaints and grievances.

Training materials will be shared with new employees as part of the orientation process and will be available to current employees that will be required to take the training. The training materials will be posted on the DMAS Civil Rights SharePoint page and will be disseminated electronically (e.g. via an e-mail from DMAS Executive Leadership) at least annually to all DMAS staff. The training materials will be reviewed biannually by the Civil Rights Coordinator to determine if they are up to date for current federal and state regulations and population trends.

12.1.3 Outcome Measures

- Report on DMAS staff completed training.
- List of training events and presentations by date, format, and number of participants.
- Training content updates report with content implementation details and dates.
- Track the number of discrimination complaints related to language and disability access services and provide training revisions and adjustments to improve effectiveness and respect in communications with LEP individuals and individuals with disabilities.

12.1.4 Implementation Timeline

- February 2021, develop training courses
- March 2021, implement all training courses
- December 2022, complete training content biennial review
- December 2024, complete training content biennial review

12.2 Accessibility, Quality Control and Technology

12.2.1 Objective

DMAS will institute procedures to assess the accessibility, accountability, quality of language assistance activities, and adoption of new technology to improve language and disability access.



12.2.2 Implementation Strategy

DMAS will create a quality control plan to include:

- Quality service assessments of translation and interpretation services from external vendors
 - Review call drop percentages from phone interpreting services
 - Timely availability of phone interpreters
 - Accuracy of document translations
- Quality service assessments of translation and interpretation services from internal bilingual staff
 - Ensure that language skills from bilingual staff meet the quality standard
 - Promote and recommend hiring for more Spanish-speaking staff
- Ensure all DMAS written and digital content materials adhere to language and disability access standards and regulations. Make changes to the Plan and its procedures on annual basis and report annually to the DMAS Executive Leadership Team.
- Develop a Question/Comment/Complaint survey to address language and disability access quality of services. Place the survey on DMAS website and DMAS reception area and distribute among Agency staff.
- Stay informed on the latest technologies used to improve language and disability access

12.2.3 Outcome Measures

- Language services usage report (verbal interpretation/written translations)
- Bilingual staff assessment report
- Develop a feedback summary report with implemented actions on comments received related to language and disability access quality of service
- List of major DMAS translation initiatives with estimated completion dates and translation and language resource costs
 - MES portal
 - VaCMS notices
 - Appeals portal
- Track the dates on the annual updates to the Plan and to its policies and procedures.

12.2.4 Implementation Timeline

- September 2020, document the quality control plan
- September 2020, perform language skills assessment to all Spanish bilingual staff
- March 2021, distribute language and disability access survey
- April 2021, provide estimated costs and resources to current DMAS major translation initiatives

12.3 Plan Dissemination to Internal Staff and External Stakeholders

12.3.1 Objective

Establish methods for communicating to employees, external stakeholders, Medicaid members and potential enrollees the availability of the Language and Disability Access Plan, its policies and procedures and related LEP and disability population trends.



12.3.2 Implementation Strategy

DMAS will develop a comprehensive communication plan that will include:

- Strategy for the LEP and disabled community:
 - Include the Plan and its policies and procedures on the DMAS internet website
 - Promote language access among Medicaid members and potential enrollees by developing a Civil Rights Brochure
 - Share member language counts on a DMAS website dashboard
- Strategy for DMAS internal staff:
 - Notify when the Plan has been signed
 - Disseminate the Plan to DMAS employees utilizing electronic mail and publishing the Plan under the DMAS Civil Rights internal SharePoint page
 - Provide annual notification to DMAS staff of updates made to the Plan

12.3.3 Outcome Measures

- DMAS Civil Rights website page traffic statistics
- Track and publish the number of Plan and Civil Rights brochure distributions
- Track and publish SharePoint Civil Rights' page number of visits

12.3.4 Implementation Timeline

- February 2021, Document the Communication Plan
- April 2021, distribute the Plan to DMAS staff by email
- October 2021, print copies of the Plan
- October 2020, develop SharePoint Civil Rights Page
- April 2021, translate the Plan into Spanish
- April 2021, upload the Plan and its policies and procedures to DMAS website
- August 2021, develop Civil Rights brochure
- December 2021, translate Civil Rights brochure to top 15 languages in VA.

12.4 Monitoring Trends in the Need of Language Access

12.4.1 Objective

To collect and update data by “language spoken/used,” and disability, in order to assess the effectiveness of the Medicaid program and services for LEP and disabled populations served. Collected data will be used for planning, budgeting, and implementation purposes of current and future Plans when providing language assistance and disability accommodations, as well as for adjustment purposes at the end of each fiscal year.



12.4.2 Implementation Strategy

DMAS will continue to utilize the VaCMS system to track the languages spoken by LEP individuals. Quarterly member languages reports will continue to be pulled from the MMIS system, until the transition to the new MES portal is fully implemented.

To ensure the best accuracy on the languages spoken among the Medicaid members, the DMAS Civil Rights Coordinator will work with the DMAS Office of Data Analytics to establish guidelines on best practices when pulling member language count reports to ensure data accuracy.

The DMAS Civil Rights Coordinator will assess the Agency’s contracts/agreements with its contractors and partnered agencies to ensure subcontractors’ compliance with providing services to persons with disabilities and persons who are LEP.

The data monitoring will critically assess progress and adjust the language and disability access plan on a continuing basis.

12.4.3 Outcome Measures

- DMAS Quarterly member language reports
- Main DMAS contractors/agencies language usage reports
- Tracking the number of contracts and Agency agreements that have incorporated the standard verbiage for language and disability access compliance

12.4.4 Implementation Timeline

- March 2021, document the standard requirements for member language counts to ensure data accuracy (to include language counts within the 5 and older population)
- May 2021, implement the standard requirements for member language counts to ensure data accuracy (to include language counts within the 5 and older population)

12.5 Stakeholder Consultation

12.5.1 Objective

DMAS will consult with partners and stakeholders in identifying LEP and disabled population needs in order to assess and develop strategies on an ongoing basis to enhance language and disability access to Medicaid programs and services.



12.5.2 Implementation Strategy

DMAS will form a Language and Disability Access Community Focus Group that will be represented by the LEP and disabled communities, advocacy organizations, refugee resettlement organizations, and other state agencies with overlapping LEP clients and customers with disabilities.

DMAS will also use studies, reports or other relevant material produced by stakeholders as forms of stakeholders input.

DMAS will create and conduct outreach to engage with stakeholders and develop an effective system to gather feedback on language and access services by implementing mechanisms that record stakeholder input regarding meaningful access to DMAS programs and services.

DMAS will share its Plan with stakeholders on an annual basis to receive input regarding meaningful access to DMAS' programs and activities.

12.5.3 Outcome Measures

- Compile a library of studies and reports produced by stakeholders that will be stored at the Civil Rights SharePoint page
- Develop a feedback summary report with implemented actions on comments received from stakeholders related to language and disability access quality of service
- Develop a community stakeholder calendar that will contain the dates of stakeholder's interactions with DMAS (such as focus group meetings, webinars and presentations)

12.5.4 Implementation Timeline

- March 2021, Document the Community Partners Focus Group strategy and format
- April 2021, Focus Group implementation

13: CONCLUSION

This Language and Disability Access Plan shows our commitment to improve the health and well-being of Virginians by removing any communication barriers among the LEP and the disabled communities. This Plan is also our Agency guidance to meet legal Federal and state requirements that prohibit discrimination on the basis of race, color national origin, sex, age, disability, religion, and it will be reviewed annually to ensure we are consistently in compliance with those regulations.

The Virginia population is changing, and the number of LEP individuals and people with disabilities keeps increasing at a substantial rate. At DMAS, we know how critical language and auxiliary aids services are for the LEP and the disabled communities, and we want to make certain that these communities are offered equitable opportunities to access Medicaid.

DMAS welcomes feedback to strengthen this Plan. Comments can be submitted to the DMAS Civil Rights Coordinator via e-mail at CivilRightsCoordinator@DMAS.Virginia.Gov or by mail at Department of Medical Assistance Services, Attn: Civil Rights Coordinator, 600 E. Broad Street, Richmond, VA 23219.

APPENDIX A: ACTS, ACRONYMS, AND DEFINITIONS

Americans with Disabilities Act (ADA)

Requires state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities (Title II).

Auxiliary Aids and Services

Is making orally delivered materials available to individuals who are Deaf and Hard of Hearing and includes; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual limitations; acquisition or modification of equipment or devices; and other similar services and actions. These auxiliary aids and services will enable clients to fully benefit from and participate in Departmental programs and services. See 45 C.F.R. § 84.52(d) (3); 28 C.F.R. § 35.104; and P.L.110-325, the ADA Amendments Act of 2008.

Closed Captioning

Closed captioning is the process of displaying text on a television, video screen, or other visual display to provide additional or interpretive information

Certified Interpreter

A person who is certified by the National Registry of Interpreters for the Deaf (RID) or other national or state interpreter assessment and certification program.

CHIP (Children's Health Insurance Program)

Health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

Civil Rights Act

Comprehensive U.S. legislation intended to end discrimination based on race, color, religion, or national origin. It assures nondiscrimination in the distribution of funds under federally assisted programs (Title VI).

Client

As used in this plan, this term includes anyone applying for or participating in the services provided by the Department, its Contracted Client Services Providers and their subcontractors. It includes persons making general inquiries or in any way seeking access to or receiving information from the Agency. This may also be referred to as “customer or customers”.

CMS (Center for Medicare and Medicaid Services)

Federal agency within the U.S. Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.

Consecutive interpretation

The interpreter converts the words into the target language after the speaker delivers one or two sentences.

Disability

A condition that substantially limits a major life activity, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working.

Discrimination

The failure to treat persons equally because of their race, sex, color, age, religion, marital status, national origin, political beliefs, or disability.

DMAS Civil Rights Coordinator

This is an individual charged with implementing the requirements of Titles I and II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act; ensuring the provision of auxiliary aids and services for customers with disabilities, requiring auxiliary aids and services to ensure effective access to services offered by the Department.

FAMIS (Family Access to Medical Insurance Security)

Is a comprehensive health insurance program for uninsured children from birth through age 18. FAMIS is administered by the Virginia Department of Medical Assistant Services (DMAS) and is funded by the state and federal government.

Language Assistance Services

(1) Interpretation. Interpretation is an oral language assistance service. Oral language assistance service may come in the form of “in-language” communication (a demonstrably qualified staff member

communicating directly in an LEP person’s language) or interpreting. (2) Translation. Translation is a written communication service. Translators convert written materials from one language into another. They must have excellent writing and analytical ability, and because the translations that they produce must be accurate, they also need good editing skills.

Limited English Proficient (LEP)

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.

MCO (Managed Care Organization)

A health plan contracted to provide medical services and coordinate health care services through a network of providers.

Patient Protection and Affordable Care Act

Provides numerous rights and protections that make health coverage more fair and easy to understand, along with subsidies (through “premium tax credits” and “cost-sharing reductions”) to make it more affordable.

Sight translation

Refers to the process of reading a document or piece of writing in the original language, and translating it out loud in the target language.

Sign language

A system of communication using visual gestures and signs, as used by deaf people.

Simultaneous interpretation

An interpreter translates the message from the source of language to the target language in real-time.

Summarization interpretation

Involves listening/watching/reading a message (oral, signed or written) and then interpreting the essence or summary of that message.

Social Security Act (Title XIX)

Enacted in 1965, Title XIX of the Social Security Act established regulations for the Medicaid program, which provides funding for medical and health-related services for persons with limited income; mainly covering pregnant women, adults with dependents, people with disabilities and the elderly.

TTY/TDD. TTY (Teletypewriter) or TDD (Telecommunications Device for Deaf)

Devices that are used with a telephone to communicate with persons who are Deaf and Hard of Hearing or who have speech limitations by typing and reading communications.

US Department of Health and Human Services (HHS) – Office for Civil Rights.

The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI of the Civil Rights Act of 1964, as amended, Title IX, Section 504, the Age Discrimination Act of 1978, and the Omnibus Budget Reconciliation Action of 1981, as amended.

US Department of Justice (DOJ) – Office for Civil Rights.

The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency - Executive Order 13166, 28 CFR 42.104 (b) (2).

APPENDIX B:

DMAS POLICY AND PROCEDURE FOR CIVIL RIGHTS GRIEVANCES

PURPOSE

This policy establishes a framework to ensure that complaints of discrimination related to the provision of and/or access to Virginia Medicaid programs and services are reported and investigated by DMAS in accordance with the requirements of all applicable federal and state civil rights laws, including Section 1557 of the Affordable Care Act.

DEFINITIONS

- **Complainant** means the person who filed a complaint of alleged discrimination. The Complainant can be an individual, individual's authorized representative, the parent or legal guardian of a minor child, or a Medicaid provider.
- **Complaint** means an allegation that discrimination has occurred.
- **Civil Rights Coordinator** means the person designated by DMAS to receive and process complaints or allegations of discrimination.
- **DMAS** means the Department of Medical Assistance Services, including any of its contractors
- **Impacted Party** means the individual who was affected by the alleged act of discrimination.

POLICY

DMAS complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DMAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. DMAS takes seriously any complaint or allegation that an individual(s) has been discriminated against in the attempt to receive healthcare benefits on the basis of race, color, national origin, age, disability, or sex, or any other classification protected by federal and state civil rights laws. To ensure that allegations or complaints of discrimination receive prompt attention, DMAS has established a procedure to review and resolve discrimination complaints in a timely manner and in accordance with applicable federal and state civil rights laws and regulations, as well as other DMAS policies, procedures, and contract requirements.

Non-Retaliation: In accordance with the applicable federal and state civil rights laws, no DMAS employee, or other contractor or other person will intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured under those federal and state regulations, or because such person has made a Complaint, testified, assisted, or participated in any manner in an investigation under these policies and procedures.

Confidentiality of Information: The existence of a Complaint and identity of Complainants is kept confidential except to the extent necessary to carry out the Complaint investigation or to respond to requests from federal or state agencies authorized to receive such information. Likewise, the result of the investigation and decision on the grievance is confidential and will only be disseminated if required by law.

REFERENCES

- Civil Rights Act of 1964, Title VI (42 U.S.C. §§2000d - 2000d-7)
- Rehabilitation Act of 1973, Section 504 (29 U.S.C. §701 et seq.)
- Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.)
- Patient Protection and Affordable Care Act, Section 1557 (42 U.S.C. §18116)
- Age Discrimination Act of 1975 (42 U.S.C. §§6101-6107)

PROCEDURE

I. Filing a Discrimination Complaint

A. Filing a Complaint. A Complainant may file a Complaint with the DMAS Civil Rights Coordinator by any of the following:

- *Mail:* Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219
- *E-mail:* CivilRightsCoordinator@DMAS.Virginia.Gov
- *Telephone:* (804) 786-7933 (TTY: 1-800-343-0634)
- *Fax:* (804) 452-5454

The Complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. Complainants may receive assistance from DMAS with filing a discrimination Complaint alleging that he/she may have been discriminated against on the basis of disability, age, race, color, religion, sex, national origin, or any other protected status.

DMAS will provide, at no cost, translation or alternative communication services to any Complainant who requires communication assistance to file a discrimination Complaint due to a disability or limited English proficiency.

Complainants may also directly file a Complaint with the U.S. Department of Health and Human Services (HHS), Office of Civil Rights (OCR):

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>;
- Mail: U.S. Department of Health and Human Services, Hubert H. Humphry Building 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201
- Telephone: 1-800-368-1019 (TDD: 800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Complaints filed with OCR are investigated by OCR, not DMAS. OCR has its own policies and procedures.

B. Recording the Complaint. The DMAS Civil Rights Coordinator will log the information related to the Complaint, including:

1. The identity of the party filing the Complaint, including first name, last name, mailing address, phone number, and e-mail address (if known);
2. The Impacted Party (if different than the Complainant);
3. The Complainant's/Impacted Party's relationship to DMAS;
4. The alleged actor of the discriminatory treatment;
5. The circumstances of the Complaint;
6. The date the Complaint was filed;
7. The assigned grievance reference number; and
8. DMAS's suggested resolution, when reached.

C. Timely Filing. A Complaint must be filed with DMAS within 60 calendar days of the date of the alleged discrimination. The Complaint is deemed "filed" when it is received by DMAS, whether submitted by mail or electronic means. If a Complainant shows good cause, DMAS may extend the timeframe for filing a Complaint.

1. If the appeal is filed outside of the 60-day time period and a reason was not given in the Complaint for the untimely filing, the Civil Rights Coordinator will request in writing that the Complainant explain the circumstances for the late filing. The Complainant will have 14 calendar days from the date the DMAS letter is sent in order to file a reply. If the Complainant does not reply in that period, the Complaint will be closed as not timely filed. If the Complainant replies in that period, the Civil Rights Coordinator will make a determination on whether good cause existed.
2. Good cause includes, but is not limited to:
 - a. The Complainant or Impacted Party was seriously ill, which prevented a timely filing;
 - b. There was a death or serious illness in the Complainant or Impacted Party's immediate family;
 - c. An accident caused important records to be destroyed;
 - d. Documentation was difficult to locate within the time limits;
 - e. An attempt was made to resolve the dispute before filing a Complaint; or
 - f. The Impacted Party or the Complainant lacked capacity to understand the timeframe for filing a Complaint.
3. Any non-timely Complaint that is accepted due to meeting good cause will be documented in the case file stating the reason that the Complaint was accepted beyond the required filing timeline. If a request for good cause was made by DMAS,

the period that the Complainant took to file the good cause response will not be counted in the total number of days DMAS has to make a decision on the Complaint.

4. If a good cause response is received, but the Civil Rights Coordinator finds that it does not meet the standard for good cause, then the Complainant will be notified in writing that the Complaint is closed and the reason for the closure.

D. Record Retention. All discrimination complaints received by DMAS are logged by the Civil Rights Coordinator and records are maintained for three (3) years.

II. Review and Determination

A. Initial Review. The initial review of a Complaint will determine whether the Complaint should be investigated further; closed; or referred elsewhere.

1. The DMAS Civil Rights Coordinator will perform an initial complaint review and will assess the following points to determine if the Complaint is valid and needs further investigation:
 - a. Was the Complaint filed in a timely manner or is there good cause for the late filing?
 - b. Is the Complainant's issue within DMAS's legal, contractual, and/or authority to review?
 - c. Is it a civil rights claim?
2. A Complaint would be invalid if:
 - a. DMAS does not have legal authority to investigate the Complaint;
 - b. The Complaint fails to state a violation of civil rights laws or regulations;
 - c. The Complaint was not filed timely and good cause did not exist to accept the grievance;
 - d. The Complaint is speculative, conclusory, or incoherent, or lacks sufficient detail to infer discrimination and the Complainant does not provide the information that DMAS Civil Rights Coordinator requests within 14 calendar days of the request, unless the Complainant requests additional time to provide the requested information. The time period that the Complainant took to file the response will not be counted in the total number of days DMAS has to make a decision on the Complaint;
 - e. The Complaint has been investigated by another federal, state, or local civil rights agency or through other internal grievance procedures, including due process proceedings, and there was a comparable resolution process pursuant to legal standards that are acceptable to DMAS or, if still pending, DMAS anticipates that there will be a comparable resolution process pursuant to legal standards that are acceptable to DMAS. DMAS will advise the Complainant that he or she may re-file within 60 days of the completion of the other entity's action;

- f. The same or similar allegations based on the same operative facts have been filed by the Complainant against the same recipient in state or Federal court. DMAS will advise the Complainant that he or she may re-file within 60 days of the termination of the court proceeding if there has been no decision on the merits of the case or settlement of the court complaint;
3. Within five business days of the Complaint being filed, the DMAS Civil Rights Coordinator will notify the Complainant in writing whether: (i) good cause is needed due to untimely filing; (ii) additional information is needed to process the Complaint; (iii) the Complaint is invalid and the reason why; or (iv) the Complaint will be investigated.
- B. Investigation.** All Complaints that are not dismissed as invalid will be investigated. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the Complaint. DMAS will request that a written response be made to the Civil Rights Coordinator by the individual/entity who was alleged to have engaged in discrimination. The Civil Rights Coordinator will provide that individual/entity a copy of the Complaint and any other documents submitted by the Complainant. The individual/entity shall have up to 14 calendar days to file the response with DMAS unless an extension is granted by the Civil Rights Coordinator. Following receipt of the response, the Civil Rights Coordinator may need to contact other individuals in order to gather all of the necessary facts to complete a full investigation.
- C. Written Decision.** All Complaints that are not dismissed as invalid during the initial review will receive a written decision.
1. **Timeline to Make a Decision:** Within 30 calendar days of the Complaint being filed with DMAS, the Civil Rights Coordinator will issue a written decision to the Complainant and the individual/entity who was alleged to have engaged in discrimination. The 30-day period will be extended if good cause or additional information was requested by DMAS. The calculation for that extension is performed by adding to the 30-day deadline the number of days it took the Complainant to file a response to the DMAS request (e.g. if DMAS requested good cause and the Complainant replied 7 days after the request was made, the decision deadline would be 37 days from when the Complaint was received). Additionally, in complex matters, the DMAS Civil Rights Coordinator may extend the time period to make a decision up to an additional 60 calendar days if agreed to in writing by the Complainant prior to the expiration of the initial 30-day period.
 2. **Standard of Review:** The Civil Rights Coordinator will use the preponderance of the evidence standard when making a determination on whether or not discrimination has occurred. A preponderance of the evidence exists if it is more likely than not that discrimination occurred.

3. Content of Final Decision: The Civil Rights Coordinator will fully explain the rationale for the decision and include:
 - a. DMAS' jurisdiction to make a decision on the Complaint;
 - b. An identification of all relevant parties to the Complaint;
 - c. A summary of the alleged discriminatory action(s);
 - d. A summary of the response received from the individual/entity alleged to have engaged in discrimination;
 - e. A summary of any other information gathered by the Civil Rights Coordinator during the course of the investigation;
 - f. An explanation of whether there are sufficient facts to conclude by a preponderance of the evidence that discrimination occurred.
 - g. If discrimination was found, what the next steps are to remedy the discrimination.

The decision will also inform the Complainant that if they are not satisfied with the DMAS determination, then the Complainant has the right to pursue further administrative or legal remedies. The decision will include the contact information for the federal Office of Civil Rights.

As needed or required, the Impacted Individual will be informed of the Complaint and will be provided a copy of DMAS' final decision.

III. Implementation of Corrective Action Plans to Resolve Discrimination Complaints

A. Corrective Action Plan Where an investigation finds that discrimination occurred, the Civil Rights Coordinator will work with the appropriate DMAS Division to develop a corrective action plan.

1. *Employees*: Where the Complaint involves a DMAS employee, volunteer, or contract employee, the Civil Rights Coordinator will refer the investigation findings and corrective action plan to the employee's Division Director and DMAS' Human Resources Department.
2. *Providers*: Where the Complaint involves a DMAS provider or provider's employees, the Civil Rights Coordinator will refer the investigation findings and corrective action plan to DMAS' Program Operations Division.
3. *Vendors/Subcontractors/State Agencies*: Where the Complaint involves a DMAS vendor, subcontractor, or other Virginia State Agency, the Civil Rights Coordinator will refer the investigation findings and corrective action plan to DMAS' Procurement and Contract Management Division, as well as the applicable DMAS Contract Monitor.

If the Complaint involves a privacy violation, such as not complying with the Health Insurance Portability and Accountability Act, the Civil Rights Coordinator will also consult DMAS' Office of Compliance and Security to develop the corrective action plan.

B. Training Approval. A discrimination Complaint resolution corrective action plan may consist of approved nondiscrimination training on relevant discrimination topics. Prior to use, the nondiscrimination training material shall be reviewed and approved by the DMAS Civil Rights Coordinator.

C. Implementation Timeline. Time periods for the implementation of the corrective action plan and nondiscrimination training shall be designated by the DMAS Civil Rights Coordinator.

D. Complaint Resolution. DMAS, in its sole discretion, shall determine when a satisfactory discrimination complaint resolution has been reached.

Effective Date: May 1, 2020

DMAS Civil Rights Coordinator

APPENDIX C: DMAS NON-DISCRIMINATION STATEMENT

It is important we treat you fairly.

We will keep your information secure and private.

This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This agency 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). If you need these services, call us at (XXX) XXX-XXXX (TTY: X-XXX-XXX-XXXX). This agency also 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, call us at (XXX) XXX-XXXX (TTY: X-XXX-XXX-XXXX).

If you believe that this agency 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 in person, by mail, or by phone at: Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219, Telephone: (804) 786-7933 (TTY: 1-800-343-0634).

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically 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; 1-800-368-1019 (TTY 800-537-7697). Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.

APPENDIX D: DMAS LANGUAGE TAGLINES

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. X-XXX-XXX-XXXX (TTY:X-XXX-XXX-XXXX) 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số X-XXX-XXX-XXXX(TTY:X-XXX-XXX-XXXX).

繁體中文 (Chinese)

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 1-855-242-8282 (TTY:X-XXX-XXX-XXXX)。

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم X-XXX-XXX-XXXX (رقم هاتف الصم والبكم: X-XXX-XXX-XXXX).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa X-XXX-XXX-XXXX (TTY:X-XXX-XXX-XXXX).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با X-XXX-XXX-XXXX تماس بگیرید.

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ X-XXX-XXX-XXXX (መስማት ለተሳናቸው: X-XXX-XXX-XXXX).

اردو Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (телетайп: X-XXX-XXX-XXXX).

हिंदी (Hindi)

नोट: यदि आप हिंदी बोलते हैं, तो भाषा समर्थन सेवाएं आपको मुफ्त में उपलब्ध हैं। कॉल X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX)।

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

বাংলা (Bengali)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX)।

Bàsɔ̀̀-wùdù-po-nyò (Bassa)

Dè dɛ nià kɛ dyédé gbo: ɔ̃ jũ ké m̃ [Bàsɔ̀̀-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò béin m̃ gbo kpáa. Đá X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX)

N'ihì na (Ibo)

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

èdè Yorùbá (Yoruba)

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

APPENDIX E: LANGUAGE ACCESS

GUIDANCE FOR PROVIDERS

Purpose

DMAS (Medicaid) members who are limited English proficient (LEP) and/or deaf or hard of hearing are entitled to language access services. This includes the availability of language assistance services (as well as sign language) throughout the entire Medicaid process, including accessing information about the Medicaid program, completion of an application, obtaining medical services, and the appeals process.

DMAS is committed to ensure providers are responsible for providing free language access services to its patient population with competent interpreters/translators.

Note: This guidance is based on the Health and Human Services (HHS) *“Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons”*. For more details, please visit <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>.

Target Audience

DMAS providers.

Contents

- [I. Background and Legal History](#) 55
- [II. Who Is Covered?](#) 56
- [III. Who Is a Limited English Proficient Individual?](#) 57
- [IV. How Does a Recipient Determine the Extent of Its Obligation To Provide Language Access Services?](#) 57
- [V. Selecting Language Assistance Services](#) 57
 - [A. Considerations Relating to Competency of Interpreters and Translators](#) 57
 - [B. Oral Language Services \(Interpretation\)](#) 59
 - [C. Written Language Services \(Translation\)](#) 61

<u>VI. Elements of Effective Plan on Language Assistance for LEP Persons</u>	63
<u>VII. Voluntary Compliance Effort</u>	66
<u>VIII. Other Training Resources</u>	67
1. <u>Improving Cultural Competency for Behavioral Health Professionals (E-learning Program)</u>	67
2. <u>A Physician’s Practical Guide to Culturally Competent Care (E-learning program)</u>	68
3. <u>Using language access services (Video)</u>	69
4. <u>Working with an interpreter</u>	70
5. <u>Reference materials for various sign language interpreting practices, the use of sign language interpreter services and communication access for persons who are deaf or hard of hearing.</u>	71
6. <u>Fact Sheet about Title VI Discrimination - PDF - 2013</u>	71
<u>IX. Language Access Vendor Resource Library</u>	72
<u>Telephone/Video Interpretation Companies</u>	72
<u>Translation Companies</u>	72
<u>Sign Language Interpretation Vendors</u>	72
<u>X. DMAS Language and Disability Access Plan Coordinator</u>	72

I. Background and Legal History

Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, provides that no person shall "on the ground 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." Section 602 authorizes and directs federal agencies that are empowered to extend federal financial assistance to any program or activity "to effectuate the provisions of [section 601] * * * by issuing rules, regulations, or orders of general applicability." 42 U.S.C. 2000d-1.

Department of Health and Human Services regulations promulgated pursuant to section 602 forbid recipients from "utiliz[ing] criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin, or have the effect of

defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color, or national origin." 45 CFR 80.3(b)(2).

On August 11, 2000, Executive Order 13166 was issued. "Improving Access to Services for Persons with Limited English Proficiency," 65 FR 50121 (August 16, 2000). Under that order, every federal agency that provides financial assistance to non-federal entities must publish guidance on how their recipients can provide meaningful access to LEP persons and thus comply with Title VI regulations forbidding funding recipients from "restrict[ing] an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program" or from "utiliz[ing] criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program as respects individuals of a particular race, color, or national origin."

Americans with Disabilities Act (ADA), Title II regulations require state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities.

II. Who Is Covered?

Department of Health and Human Services regulations, 45 CFR 80.3(b)(2), require all recipients of federal financial assistance from HHS to provide meaningful access to LEP persons.⁽³⁾ Federal financial assistance includes grants, training, use of equipment, donations of surplus property, and other assistance.

Recipients of HHS assistance may include, for example:

- Hospitals, nursing homes, home health agencies, and managed care organizations.
- Universities and other entities with health or social service research programs.
- State, county, and local health agencies.
- State Medicaid agencies.
- State, county and local welfare agencies.
- Programs for families, youth, and children.
- Head Start programs.
- Public and private contractors, subcontractors and vendors.
- Physicians and other providers who receive Federal financial assistance from HHS.
- Recipients of HHS assistance do not include, for example, providers who only receive Medicare Part B payments.

Subrecipients likewise are covered when federal funds are passed through from one recipient to a subrecipient.

III. Who Is a Limited English Proficient Individual?

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be limited English proficient, or "LEP," and may be eligible to receive language assistance with respect to a particular type of service, benefit, or encounter.

Examples of populations likely to include LEP persons who are encountered and/or served by HHS recipients and should be considered when planning language services may include such as those:

- Persons seeking Temporary Assistance for Needy Families (TANF), and other social services.
- Persons seeking health and health-related services.
- Community members seeking to participate in health promotion or awareness activities.
- Persons who encounter the public health system.
- Parents and legal guardians of minors eligible for coverage concerning such programs.

IV. How Does a Recipient Determine the Extent of Its Obligation To Provide Language Access Services?

Recipients are required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. While designed to be a flexible and fact-dependent standard, the starting point is an individualized assessment that balances the following four factors: **(1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people's lives; and (4) the resources available to the grantee/recipient and costs.** As indicated above, the intent of this guidance is to suggest a balance that ensures meaningful access by LEP persons to critical services while not imposing undue burdens on small business, small local governments, or small nonprofits.

V. Selecting Language Assistance Services

Recipients have two main ways to provide language services: oral and written language services (interpretation and translation, respectively). Regardless of the type of language service provided, quality and accuracy of those services is critical to avoid serious consequences to the LEP person and to the recipient. Recipients have substantial flexibility in determining the appropriate mix.

A. Considerations Relating to Competency of Interpreters and Translators

Competence of Interpreters. Recipients should be aware that competency requires more than self-identification as bilingual. Some bilingual staff and community volunteers, for instance, may be able to communicate effectively in a different language when communicating information directly in that language, but not be competent to interpret in and out of English. Likewise, they may not be able to perform written translations.

Competency to interpret, however, does not necessarily mean formal certification as an interpreter, although certification is helpful. When using interpreters, recipients should take reasonable steps, given the circumstances, to assess whether the interpreters:

- Demonstrate proficiency in and ability to communicate information accurately in both English and in the other language and identify and employ the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization, or sight translation);
- To the extent necessary for communication between the recipient or its staff and the LEP person, have knowledge in both languages of any specialized terms or concepts peculiar to the recipient's program or activity and of any particularized vocabulary and phraseology used by the LEP person.
- Understand and follow confidentiality and impartiality rules to the same extent as the recipient employee for whom they are interpreting and/or to the extent their position requires;
- Understand and adhere to their role as interpreters without deviating into other roles--such as counselor or legal advisor--where such deviation would be inappropriate (particularly in administrative hearings contexts).

Some recipients, such as some state agencies, may have additional self-imposed requirements for interpreters. Where individual rights depend on precise, complete, and accurate interpretation or translations, particularly in the context of administrative proceedings, the use of certified interpreters is strongly encouraged.

Finally, when interpretation is needed and is reasonable, it should be provided in a timely manner. To be meaningfully effective, language assistance should be timely. While there is no single definition for "timely" applicable to all types of interactions at all times by all types of recipients, one clear guide is that the language assistance should be provided at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP person. When the timeliness of services is important, and delay would result in the effective denial of a benefit, service, or right, language assistance likely cannot be unduly delayed. Conversely, where access to or exercise of a service, benefit, or right is not effectively precluded by a reasonable delay, language assistance can likely be delayed for a reasonable period.

For example, language assistance could likely not be delayed in a medical emergency, or when the time period in which an individual has to exercise certain rights is shortly to expire. On the other hand, when an LEP person is seeking a routine medical examination or seeks to apply for certain benefits and has an ample period of time to apply for those benefits, a recipient could likely delay the provision of language services by requesting the LEP person to schedule an appointment at a time during which the recipient would be able to have an appropriate interpreter available.

Competence of Translators. As with oral interpreters, translators of written documents should be competent. Many of the same considerations apply. However, the skill of translating is very different from the skill of interpreting; a person who is a competent interpreter may or may not be competent to translate.

Particularly where legal or other vital documents are being translated, competence can often be achieved by use of certified translators. As noted above, certification or accreditation may not always be possible or necessary. Competence can often be ensured by having a second, independent translator "check" the work of the primary translator. Alternatively, one translator can translate the document,

and a second, independent translator could translate it back into English to check that the appropriate meaning has been conveyed. This is called "back translation."

Translators should understand the expected reading level of the audience and, where appropriate, have fundamental knowledge about the target language group's vocabulary and phraseology. Sometimes direct translation of materials results in a translation that is written at a much more difficult level than the English language version or has no relevant equivalent meaning.

While quality and accuracy of translation services is critical, the quality and accuracy of translation services is nonetheless part of the appropriate mix of LEP services required. For instance, to translate nonvital documents that have no legal or other consequence for LEP persons who rely on them, a recipient may use translators that are less skilled than the translators it uses to translate vital documents with legal or other information upon which reliance has important consequences. The permanent nature of written translations, however, imposes additional responsibility on the recipient to take reasonable steps to determine that the quality and accuracy of the translations permit meaningful access by LEP persons.

B. Oral Language Services (Interpretation)

Interpretation is the act of listening to something in one language (source language) and orally translating it into another language (target language). Where interpretation is needed and is reasonable, recipients should consider some or all of the following options for providing competent interpreters in a timely manner:

Hiring Bilingual Staff. When particular languages are encountered often, hiring bilingual staff offers one of the best, and often most economical, options. Recipients can, for example, fill public contact positions, such as social service eligibility workers or hospital emergency room receptionists/workers, with staff who are bilingual and competent to communicate directly with LEP persons in their language. If bilingual staff are also used to interpret between English speakers and LEP persons, or to orally interpret written documents from English into another language, they should be competent in the skill of interpreting. In addition, there may be times when the role of the bilingual employee may conflict with the role of an interpreter (for instance, a bilingual law clerk would probably not be able to perform effectively the role of a child support administrative hearing interpreter and law clerk at the same time, even if the law clerk were a qualified interpreter). Effective management strategies, including any appropriate adjustments in assignments and protocols for using bilingual staff, can ensure that bilingual staff are fully and appropriately utilized. When bilingual staff cannot meet all of the language service obligations of the recipient, the recipient should turn to other options.

Hiring Staff Interpreters. Hiring interpreters may be most helpful where there is a frequent need for interpreting services in one or more languages. Depending on the facts, sometimes it may be necessary and reasonable to provide on-site interpreters to provide accurate and meaningful communication with an LEP person.

Contracting for Interpreters. Contract interpreters may be a cost-effective option when there is no regular need for a particular language skill. In addition to commercial and other private providers, many community-based organizations and mutual assistance associations provide interpretation services for

particular languages. Contracting with and providing training regarding the recipient's programs and processes to these organizations can be a cost-effective option for providing language services to LEP persons from those language groups.

Using Telephone Interpreter Lines. Telephone interpreter service lines often offer speedy interpreting assistance in many different languages. While telephone interpreters can be used in numerous situations, they may be particularly appropriate where the mode of communicating with an English proficient person would also be over the phone. Although telephonic interpretation services are useful in many situations, it is important to ensure that, when using such services, the interpreters used are competent to interpret any technical or legal terms specific to a particular program that may be important parts of the conversation. Nuances in language and non-verbal communication can often assist an interpreter and cannot be recognized over the phone. Video teleconferencing, if available, may sometimes help to resolve this issue where necessary. In addition, where documents are being discussed, it may be important to give telephonic interpreters adequate opportunity to review the document prior to the discussion and any logistical problems should be addressed.

Using Community Volunteers. In addition to consideration of bilingual staff, staff interpreters, or contract interpreters (either in-person or by telephone) as options to ensure meaningful access by LEP persons, use of recipient-coordinated community volunteers, working with, for instance, community-based organizations may provide a cost-effective supplemental language assistance strategy under appropriate circumstances. Because such volunteers may have other demands on their time, they may be more useful in providing language access for a recipient's less critical programs and activities where the provision of language services can reasonably be delayed. To the extent the recipient relies on community volunteers, it is often best to use volunteers who are trained in the information or services of the program and can communicate directly with LEP persons in their language. Just as with all interpreters, community volunteers used to interpret between English speakers and LEP persons, or to orally translate documents, should be competent in the skill of interpreting and knowledgeable about applicable confidentiality and impartiality rules. Recipients should consider formal arrangements with community-based organizations that provide volunteers to address these concerns and to help ensure that services are available more regularly.

Use of Family Members or Friends as Interpreters. Some LEP or deaf/hard of hearing persons may feel more comfortable when a trusted family member or friend acts as an interpreter. However, when a recipient encounters an LEP or deaf/hard of hearing person attempting to access its services, the recipient should make them aware that he or she has the option of having the recipient provide an interpreter for him/her without charge, or of using his/her own interpreter. Although recipients should not plan to rely on an LEP or deaf/hard of hearing person's family members, friends, or other informal interpreters to provide meaningful access to important programs and activities, the recipient should, except as noted below, respect an LEP or deaf/hard of hearing person's desire to use an interpreter of his or her own choosing (whether a professional interpreter, family member, or friend) in place of the free language services expressly offered by the recipient. However, a recipient may not require an LEP or deaf/hard of hearing person to use a family member or friend as an interpreter.

In addition, in emergency circumstances that are not reasonably foreseeable, a recipient may not be able to offer free language services, and temporary use of family members or friends as interpreters may be necessary.

However, with proper planning and implementation, recipients should be able to avoid most such situations.

In some circumstances, family members (especially children) or friends may not be competent to provide quality and accurate interpretations. Issues of confidentiality, privacy, or conflict of interest may also arise.

C. Written Language Services (Translation)

Translation is the replacement of a written text from one language (source language) into an equivalent written text in another language (target language).

What Documents Should be Translated? After applying the four-factor analysis, a recipient may determine that an effective LEP plan for its particular program or activity includes the translation of vital written materials into the language of each frequently-encountered LEP group eligible to be served and/or likely to be affected by the recipient's program.

Whether or not a document (or the information it solicits) is "vital" may depend upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information in question is not provided accurately or in a timely manner. Where appropriate, recipients are encouraged to create a plan for consistently determining, over time and across their various activities, what documents are "vital" to the meaningful access of the LEP populations they serve.

Classifying a document as vital or non-vital is sometimes difficult, especially in the case of outreach materials like brochures or other information on rights and services. Awareness of rights or services is an important part of "meaningful access." Lack of awareness that a particular program, right, or service exists may effectively deny LEP individuals meaningful access. Thus, where a recipient is engaged in community outreach activities in furtherance of its activities, it should regularly assess the needs of the populations frequently encountered or affected by the program or activity to determine whether certain critical outreach materials should be translated. In determining what outreach materials may be most useful to translate, such recipients may want to consider consulting with appropriate community organizations.

Sometimes a document includes both vital and non-vital information. This may be the case when the document is very large. It may also be the case when the title and a phone number for obtaining more information on the contents of the document in frequently-encountered languages other than English is critical, but the document is sent out to the general public and cannot reasonably be translated into many languages. Thus, vital information may include, for instance, the provision of information in appropriate languages other than English regarding where a LEP person might obtain an interpretation or translation of the document.

Given the foregoing considerations, vital written materials could include, for example:

- Consent and complaint forms.
- Intake forms with the potential for important consequences.
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services, actions affecting parental custody or child support, and other hearings.
- Notices advising LEP persons of free language assistance.
- Written tests that do not assess English language competency, but test competency for a particular license, job, or skill for which knowing English is not required.
- Applications to participate in a recipient's program or activity or to receive recipient benefits or services.

Non-vital written materials could include:

- Hospital menus.
- Third party documents, forms, or pamphlets distributed by a recipient as a public service.
- For a non-governmental recipient, government documents and forms.
- Large documents such as enrollment handbooks (although vital information contained in large documents may need to be translated).
- General information about the program intended for informational purposes only.

Into What Languages Should Documents be Translated? The languages spoken by the LEP individuals with whom the recipient has contact determine the languages into which vital documents should be translated. A distinction should be made, however, between languages that are frequently encountered by a recipient and less commonly-encountered languages. Some recipients may serve communities in large cities or across the country. They regularly serve LEP persons who speak dozens and sometimes over 100 different languages. To translate all written materials into all of those languages is unrealistic. Although recent technological advances have made it easier for recipients to store and share translated documents, such an undertaking would incur substantial costs and require substantial resources. Nevertheless, well-substantiated claims of lack of resources to translate all vital documents into dozens of languages do not necessarily relieve the recipient of the obligation to translate those documents into at least several of the more frequently-encountered languages and to set benchmarks for continued translations into the remaining languages over time. As a result, the extent of the recipient's obligation to provide written translations of documents should be determined by the recipient on a case-by-case basis, looking at the totality of the circumstances in light of the four-factor analysis. Because translation is usually a one-time expense, consideration should be given to whether the up-front cost of translating a document (as opposed to oral interpretation) should be amortized over the likely lifespan of the document when applying this four-factor analysis.

Safe Harbor. Many recipients would like to ensure with greater certainty that they comply with their Title VI obligations to provide written translations in languages other than English. Paragraphs (a) and (b) outline the circumstances that can provide a "safe harbor" for recipients regarding the requirements

for translation of written materials. A "safe harbor" means that if a recipient provides written translations under these circumstances, such action will be considered strong evidence of compliance with the recipient's written-translation obligations.

The failure to provide written translations under the circumstances outlined in paragraphs (a) and (b) does not mean there is non-compliance. Rather, they provide a common starting point for recipients to consider whether and at what point the importance of the service, benefit, or activity involved; the nature of the information sought; and the number or proportion of LEP persons served call for written translations of commonly-used forms into frequently-encountered languages other than English. Thus, these paragraphs merely provide a guide for recipients that would like greater certainty of compliance than can be provided by a fact-intensive, four-factor analysis.

Example: Even if the safe harbors are not used, if written translation of a certain document(s) would be so burdensome as to defeat the legitimate objectives of its program, the translation of the written materials is not necessary. Other ways of providing meaningful access, such as effective oral interpretation of certain vital documents, may be acceptable under such circumstances.

Safe Harbor. The following actions will be considered strong evidence of compliance with the recipient's written-translation obligations:

(a) The HHS recipient provides written translations of vital documents for each eligible LEP language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

(b) If there are fewer than 50 persons in a language group that reaches the five percent trigger in (a), the recipient does not translate vital written materials but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

These safe harbor provisions apply to the translation of written documents only. They do not affect the requirement to provide meaningful access to LEP individuals through competent oral interpreters where an application of the four factor test leads to the determination that oral language services are needed and are reasonable. Conversely, oral interpretation of documents may not substitute for translation of vital written documents. For example, oral interpretation of the rules of a half-way house or residential treatment center may not substitute for translation of a short document containing the rules of the half-way house or residential treatment center and the consequences of violating those rules.

VI. Elements of Effective Plan on Language Assistance for LEP Persons

If, after completing the four-factor analysis, a recipient determines that it should provide language assistance services, a recipient may develop an implementation plan to address the identified needs of the LEP populations it serves. Such recipients have considerable flexibility in developing this plan. The development and maintenance of a periodically updated written plan on language assistance for LEP persons ("LEP plan") for use by a recipient's employees who serve or interact with the public could be an appropriate and cost-effective means of documenting compliance with Title VI and providing a

framework for the provision of timely and reasonable language assistance. Moreover, such written plans may provide additional benefits to a recipient's managers in the areas of training, administration, planning, and budgeting. These benefits may lead recipients to document in a written LEP plan their language assistance services, and how staff and LEP persons can access those services. Despite these benefits, certain HHS recipients, such as recipients serving very few LEP persons and recipients with very limited resources, may choose not to develop a written LEP plan. However, the absence of a written LEP plan does not obviate the underlying Title VI obligation to ensure meaningful access by LEP persons to a recipient's program or activities. Accordingly, in the event that a recipient elects not to develop a written plan, it may want to consider alternative and reasonable ways to articulate how it is providing meaningful access in compliance with Title VI. Entities having significant contact with LEP persons, such as schools, religious organizations, community groups, and groups working with new immigrants can be very helpful in providing important input into this planning process from the beginning.

For the recipient who decides to develop a written implementation plan, the following five steps may be helpful in designing such a plan; they are typically part of effective implementation plans.

(1) Identifying LEP Individuals Who Need Language Assistance

The first two factors in the four-factor analysis require an assessment of the number or proportion of LEP individuals eligible to be served or encountered and the frequency of encounters. Similarly, this step of an LEP implementation plan requires recipients to identify LEP persons with whom it has contact.

(2) Language Assistance Measures

An effective LEP plan would likely include information about the ways in which language assistance will be provided. For instance, recipients may want to include information on at least the following:

Types of language services available.

- How staff can obtain those services.
- How to respond to LEP callers.
- How to respond to written communications from LEP persons.
- How to respond to LEP individuals who have in-person contact with recipient staff.
- How to ensure competency of interpreters and translation services.

(3) Training Staff

An effective LEP plan would likely include a process for identifying staff who need to be trained regarding the recipient's LEP plan, a process for training them, and the identification of the outcomes of the training. Staff should know their obligations to provide meaningful access to information and services for LEP persons. An effective LEP plan may include training to ensure that:

- Staff know about LEP policies and procedures.
- Staff having contact with the public are trained to work effectively with in-person and telephone interpreters.

Recipients may want to include this training as part of the orientation for new employees. It may be important to take reasonable steps to see to it that all employees in public contact positions are properly trained. Recipients have flexibility in deciding the manner in which the training is provided. The more frequent the contact with LEP persons, the greater the need will be for in-depth training. Staff with little or no contact with LEP persons may only have to be aware of an LEP plan. However, management staff, even if they do not interact regularly with LEP persons, should be fully aware of and understand the plan so they can reinforce its importance and ensure its implementation by staff.

(4) Providing Notice to LEP Persons

An effective LEP plan would likely include a description of the process by which to provide notice of the services that are available to the LEP persons it serves or, to the extent that a service area exists, that reside in its service area and are eligible for services. Once a recipient has decided, based on the four factors, that it will provide language services, it may be important for the recipient to let LEP persons know that those services are available and that they are free of charge. Recipients should provide this notice in a language LEP persons will understand. Examples of notification that recipients may want to consider include:

- Posting signs in intake areas and other entry points. When language assistance is needed to ensure meaningful access to information and services, it is important to provide notice in appropriate languages in intake areas or initial points of contact so that LEP persons can learn how to access those language services. This is particularly true in areas with high volumes of LEP persons seeking access to certain health, safety, or public benefits and services, or activities run by HHS recipients. For instance, signs in intake offices could state that free language assistance is available. The signs should be translated into the most common languages encountered. They should explain how to get the language help.

The Social Security Administration has made such signs available at <http://www.ssa.gov/multilanguage/langlist1.htm>, which also can be accessed at <http://www.lep.gov>. These signs could, for example, be modified for recipient use.

- Stating in outreach documents that language services are available from the recipient. Announcements could be in, for instance, brochures, booklets, and in outreach and recruitment information. These statements should be translated into the most common languages and could be "tagged" onto the front of common documents.
- Working with community-based organizations and other stakeholders to inform LEP individuals of the recipients' services, including the availability of language assistance services.
- Using a telephone voice mail menu. The menu could be in the most common languages encountered, and provide information about available language assistance services and how to get them.
- Including notices in local newspapers in languages other than English.

- Providing notices on non-English-language radio and television stations about the available language assistance services and how to get them.
- Presentations and/or notices at schools and religious organizations.

(5) Monitoring and Updating the LEP Plan

An effective LEP plan would likely include a process for a recipient to monitor its implementation of its plan and for updating its plan as necessary. For example, determining, on an ongoing basis, whether new documents, programs, services, and activities need to be made accessible for LEP individuals may be appropriate, and recipients may want to provide notice of any changes in services to the LEP public and to employees. In addition, changes in demographics, types of services, or other needs may require annual reevaluation of an LEP plan. Less frequent reevaluation may be more appropriate where demographics, services, and needs are more static. One good way to evaluate the LEP plan may be to seek feedback from the community.

In their reviews, recipients may want to consider assessing changes in:

- Current LEP populations in service area or population affected or encountered.
- Frequency of encounters with LEP language groups.
- Nature and importance of activities to LEP persons.
- Availability of resources, including technological advances and sources of additional resources, and the costs imposed.
- Whether existing assistance is meeting the needs of LEP persons.
- Whether staff knows and understands the LEP plan and how to implement it.
- Whether identified sources for assistance are still available and viable.

In addition to these five elements, effective plans set clear goals and establish management accountability. Some recipients may also want to consider whether they should provide opportunities for community input and planning throughout the process.

VII. Voluntary Compliance Effort

The goal for Title VI and Title VI regulatory enforcement is to achieve voluntary compliance. The requirement to provide meaningful access to LEP persons is enforced and implemented by the HHS Office for Civil Rights through the procedures identified in the Title VI regulations. These procedures include complaint investigations, compliance reviews, efforts to secure voluntary compliance, and technical assistance.

The Office for Civil Rights, and the entire Department, are committed to assisting recipients of HHS financial assistance in complying with their obligations under Title VI of the Civil Rights Act of 1964. HHS believes that, on the whole, its recipients genuinely desire to comply with their obligations, but that some may lack knowledge of what is required of them or information concerning the resources that are available to them that would assist in meeting their Title VI obligations. Accordingly, HHS is committed

to engaging in outreach to its recipients and to being responsive to inquiries from its recipients. Through its Administration on Children and Families, Administration on Health Care Quality and Research, Administration on Aging, Centers for Medicare and Medicaid Services, Health Resources Services Administration, Office for Civil Rights, and Office of Minority Health, HHS provides a variety of practical technical assistance to recipients to assist them in serving LEP persons. This technical assistance includes translated forms and vital documents; training and information about best practices; and grants and model demonstration funds for LEP services. HHS also provides a variety of services for LEP persons who come in contact with the Department. These services include oral language assistance services such as language lines and interpreters, translation of written materials, and foreign language Web sites.

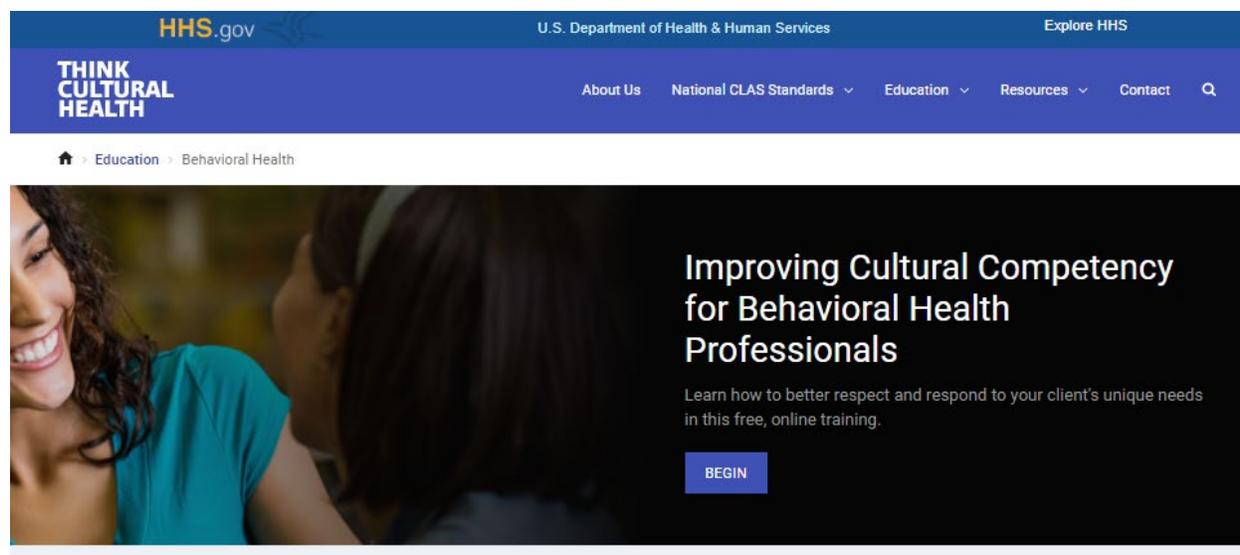
The HHS Office for Civil Rights, in conjunction with other HHS components, through direct contact and its Web site at <http://www.hhs.gov/ocr>, will continue to provide technical assistance that assists HHS recipients in understanding and complying with their obligations under Title VI, and assists recipients and the public by identifying resources offered by the Office for Civil Rights and other HHS components that facilitate compliance with Title VI, with respect to LEP persons. This and other helpful information may also be accessed at <http://www.lep.gov>.

VIII. Other Training Resources

1. *Improving Cultural Competency for Behavioral Health Professionals (E-learning Program)*

The program is available via the Office of Minority Health (OMH)'s Think Cultural Health website, and is designed to develop behavioral health providers' knowledge and skills related to culturally and linguistically appropriate services (CLAS).

<https://thinkculturalhealth.hhs.gov/education/behavioral-health>

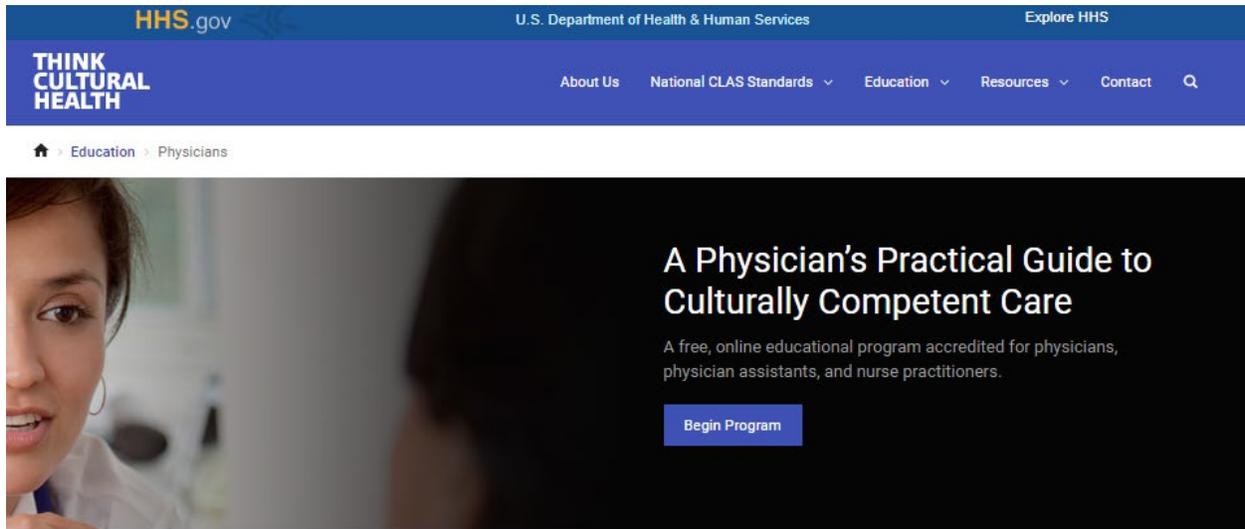


The screenshot displays the Think Cultural Health website interface. At the top, there is a navigation bar with the HHS.gov logo, the text 'U.S. Department of Health & Human Services', and 'Explore HHS'. Below this is a dark blue header with the 'THINK CULTURAL HEALTH' logo on the left and navigation links for 'About Us', 'National CLAS Standards', 'Education', 'Resources', and 'Contact' on the right. A breadcrumb trail shows 'Home > Education > Behavioral Health'. The main content area features a large image of a smiling woman in a teal shirt. To the right of the image, the text reads 'Improving Cultural Competency for Behavioral Health Professionals' followed by the description 'Learn how to better respect and respond to your client's unique needs in this free, online training.' and a prominent 'BEGIN' button.

2. *A Physician's Practical Guide to Culturally Competent Care (E-learning program)*

As healthcare disparities among cultural minority groups persist in our country, culturally and linguistically appropriate services (CLAS) are increasingly recognized as an important strategy for improving quality of care to diverse populations. This e-learning program will equip you with the knowledge, skills, and awareness to best serve all patients, regardless of cultural or linguistic background.

<https://thinkculturalhealth.hhs.gov/education/physicians>

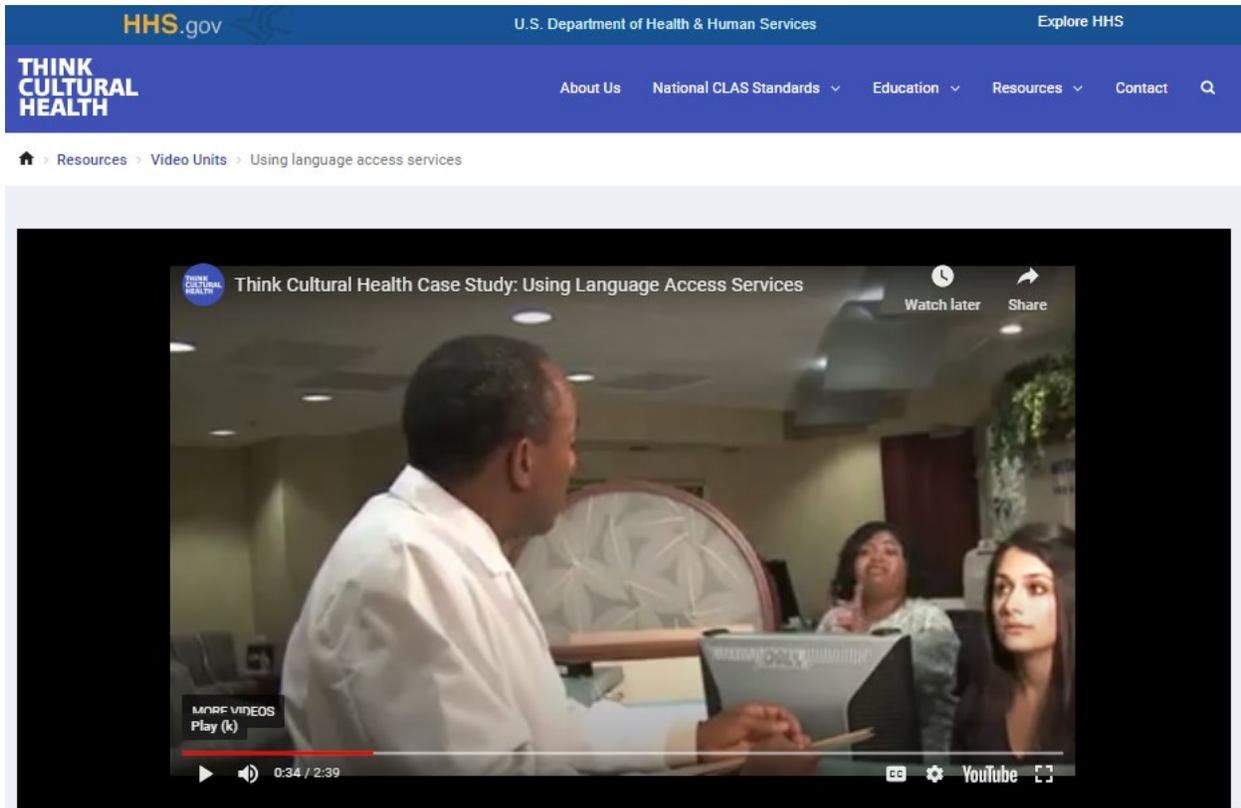


The screenshot shows the landing page for the e-learning program. At the top, there is a blue navigation bar with the HHS.gov logo, the text 'U.S. Department of Health & Human Services', and 'Explore HHS'. Below this is a dark blue header with the 'THINK CULTURAL HEALTH' logo on the left and a menu with 'About Us', 'National CLAS Standards', 'Education', 'Resources', and 'Contact' on the right. A breadcrumb trail below the header reads 'Home > Education > Physicians'. The main content area features a large image of a woman on the left and a dark background on the right with the title 'A Physician's Practical Guide to Culturally Competent Care'. Below the title is a subtitle: 'A free, online educational program accredited for physicians, physician assistants, and nurse practitioners.' A blue 'Begin Program' button is centered below the subtitle.

3. Using language access services (Video)

Mrs. Kim and her daughter are fluent in Korean and have limited English speaking skills. Her 12 year old daughter Meghan has an appointment scheduled with Dr. Coleman where she will find out she needs surgery. Due to the limited English proficiency, Dr. Coleman is worried about communicating properly with his patients. Laura, the nurse, suggests using Language Access Services to ensure proper communication.

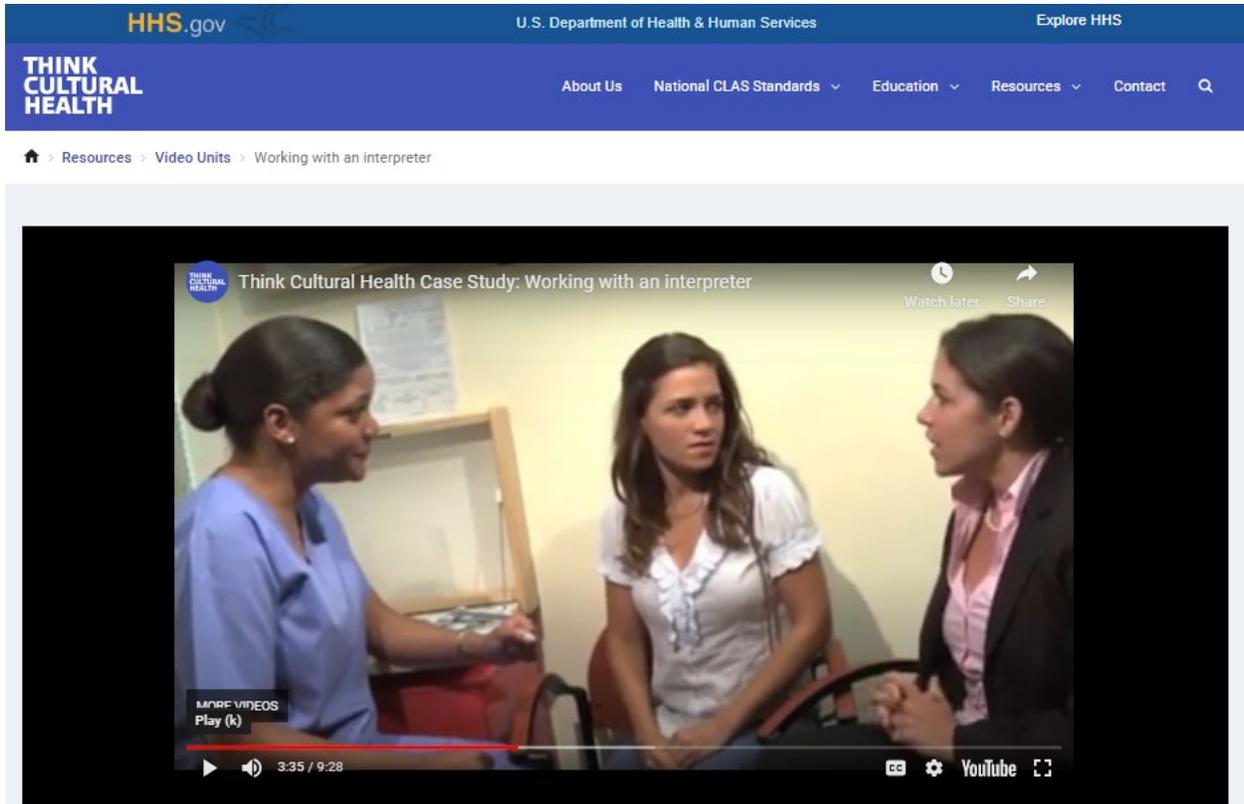
<https://thinkculturalhealth.hhs.gov/resources/videos/using-language-access-services>



4. Working with an interpreter

Elena Sanchez, a Spanish-speaking Latina woman, brings her daughter, Rosa, to see her pediatrician for her annual physical. The pediatrician speaks with Elena, through an interpreter, about his concern that Rosa is overweight for her age and the implications of this extra weight on Rosa's health. Through an interpreter, a nurse shares with Elena information about a nutrition and physical fitness program available to Elena and Rosa to help them incorporate healthy eating and exercise habits into Rosa's lifestyle.

<https://thinkculturalhealth.hhs.gov/resources/videos/working-with-an-interpreter>



5. Reference materials for various sign language interpreting practices, the use of sign language interpreter services and communication access for persons who are deaf or hard of hearing.

[Video Remote Interpreting](#) – A description and guidelines for use of Video Remote Interpreting in Health Care developed by the National Association of the Deaf (NAD).

[List of Technology Tools](#) for people who use sign language, for people who speak, listen and/or lip read, and for people who are deafblind, developed by the NAD

[Tips for Using a Sign Language Interpreter](#) – Basic information for people who do not have experience using a sign language interpreter when communicating with a person who is deaf. Developed by the National Institutes on Health.

[Resources for the Deaf, Hard of Hearing & Deafblind](#) – Developed by the Virginia Department for the Deaf and Hard of Hearing (VDDHH)

6. Fact Sheet about Title VI Discrimination - PDF - 2013



The image is a fact sheet titled "KNOW THE RIGHTS THAT PROTECT US FROM DISCRIMINATION BASED ON RACE, COLOR OR NATIONAL ORIGIN". It features the logo of the Office for Civil Rights, U.S. Department of Health and Human Services, on the left. The main text explains Title VI of the Civil Rights Act of 1964, which protects persons from discrimination based on race, color, or national origin in programs and activities that receive Federal financial assistance. It lists some of the institutions or programs that may receive Federal assistance and be covered by Title VI, including hospitals and health clinics, Medicaid and Medicare agencies, alcohol and drug treatment centers, extended care facilities, public assistance programs, nursing homes, adoption agencies, and day care, mental health and senior citizen centers.

KNOW THE RIGHTS THAT PROTECT US FROM DISCRIMINATION BASED ON RACE, COLOR OR NATIONAL ORIGIN

What is Title VI?

Title VI of the Civil Rights Act of 1964 (Title VI) is a Federal law that protects persons from discrimination based on their race, color or national origin in programs and activities that receive Federal financial assistance. For example, if you are eligible for Medicaid or other health or human services provided by agencies or organizations that receive Federal government funding, those entities cannot deny you access to their programs or activities because of your race, color or national origin.

The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) ensures that entities that receive Federal financial assistance comply with Title VI as well as other civil rights laws.

Some of the institutions or programs that may receive Federal assistance and be covered by Title VI are:

- Hospitals and health clinics
- Medicaid and Medicare agencies
- Alcohol and drug treatment centers
- Extended care facilities
- Public assistance programs
- Nursing homes
- Adoption agencies
- Day care, mental health and senior citizen centers

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW

<https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/yourrightsundertitleviofthecivilrightsact.pdf>

IX. Language Access Vendor Resource Library

This section contains third-party company information that can provide language and disability access services. DMAS provides this information as a convenience and does not endorse the companies or contents of any company. Names, descriptions, and information do not constitute endorsement of a product, service, or site. Providers must perform due diligence in selecting a vendor that will meet the needs of their practice and patient population.

Telephone/Video Interpretation Companies

Association of Language Companies - <http://www.alcus.org>

CyraCom - <http://www.cyacom.com>

Language Line Services - <http://www.language.com>

Spectra Corp - <http://www.spectracorp.com>

Telelanguage - <http://www.telelanguage.com/services>

Voiance - <http://www.voiance.com>

Lionbridge – <http://www.lionbridge.com>

Propio - <https://propio-ls.com>

Translation Companies

American Language Services, Inc. - <http://www.americanlanguageservices.us>

American Translators Association - <http://www.atanet.org>

Communicaid Language Solutions - <http://www.communicaidinc.com/industries/medical-translator.php>

Sign Language Interpretation Vendors

VDDHH list of Pre-Qualified Sign Language Interpreters -

<https://www.vadsa.org/apps/DocumentRepositoryViewer/fileviewer/2307>

X. DMAS Language and Disability Access Plan Coordinator

The DMAS Civil Rights Coordinator is the designated employee that leads the development, implementation, and monitoring of the DMAS Plan and its elements, which includes this *Language Access Guidance for DMAS Providers*. Comments and/or questions regarding this guidance document may be directed to:

Montserrat Serra

DMAS Civil Rights Coordinator

Virginia Department of Medical Assistance Services

600 East Broad Street, Suite 1300, Richmond, VA 23219

Phone: (804) 482-7269 (direct)

Montserrat.Serra@DMAS.Virginia.Gov

CivilRightsCoordinator@DMAS.Virginia.Gov

SOURCES

¹ See State Plans for Medical Assistance, Sec. 1902. [42 U.S.C. 1396a], available at: https://www.ssa.gov/OP_Home/ssact/title19/1902.htm

² See HHS Mission Statement, available at: <https://www.hhs.gov/about/strategic-plan/introduction/index.html#:~:text=The%20mission%20of%20the%20U.S.,public%20health%2C%20and%20social%20services.>

³ See Improving Access to Services for People with Limited English Proficiency (EO 13166), available at: <https://www.govinfo.gov/content/pkg/FR-2000-08-16/pdf/00-20938.pdf>

⁴ See Governor Northam's Executive Directive Five: Access to Affordable, Quality Health Care Coverage, available at: <https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/ED-5-Access-to-Affordable-Quality-Health-Care-Coverage.pdf>

⁵ According to HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>, timely means that "language assistance should be provided at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP person".

⁶ "Point to Your Language Cards" from Lionbridge interpreting services. These cards have the phrase, "Do you speak [name of language]? We will provide an interpreter for you over the phone. There is no charge for this service." in different languages, so that an individual can point and communicate to others which language he or she speaks. These cards are available to DMAS staff.

⁷ See Improving Access to Services for People with Limited English Proficiency (EO 13166), available at: <https://www.govinfo.gov/content/pkg/FR-2000-08-16/pdf/00-20938.pdf>

⁸ See Governor Northam's Executive Directive Five: Access to Affordable, Quality Health Care Coverage, available at: <https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/ED-5-Access-to-Affordable-Quality-Health-Care-Coverage.pdf>

⁹ Performing a needs assessment evaluation is a recommended action included in the Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, which is a document produced by the Civil Rights Division of the U.S. Department of Justice. This document provides guidance on conducting an organizational self-assessment, implementing language access plans, and developing language access directives, plans, and procedures. Document available at: http://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

¹⁰ See Title VI of the Civil Rights Act of 1964 available at: <https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap21-subchapV.pdf>

¹¹ See Americans with Disabilities Act (ADA), Title II, available at: https://www.ada.gov/ada_title_II.htm

¹² See Section 1557 of the Patient Protection and Affordable Care Act, available at: <https://www.govinfo.gov/content/pkg/FR-2016-05-18/pdf/2016-11458.pdf>

¹³ See Executive Order 12250, Leadership and Coordination of Nondiscrimination Laws, available at: <https://www.govinfo.gov/content/pkg/CFR-2019-title28-vol1/xml/CFR-2019-title28-vol1-part41.xml>

¹⁴ See Executive Order 13166, Improving Access to Services For Persons With LEP, available at: <https://www.govinfo.gov/content/pkg/FR-2000-08-16/pdf/00-20938.pdf>

¹⁵ See Governor Northam’s Executive Directive Five: Access to Affordable, Quality Health Care Coverage, available at: <https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/ED-5-Access-to-Affordable-Quality-Health-Care-Coverage.pdf>. In Executive Order One, Governor Northam also explained that “it is the firm and unwavering policy of the Commonwealth of Virginia to ensure equal opportunity in all facets of state government. The foundational tenet of this Executive Order is premised upon a steadfast commitment to foster a culture of inclusion, diversity, and mutual respect for all Virginians.” See <https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/eo-1-equal-opportunity.pdf>

¹⁶ See Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: https://www.ojp.gov/sites/g/files/xyckuh241/files/media/document/fr_2002-06-18.pdf

¹⁷ See Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, available at: https://www.lep.gov/sites/lep/files/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

¹⁸ See Resource for Entities Covered by Section 1557 of the Affordable Care Act Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency for the 50 States, the District of Columbia, and the U.S. Territories, available at <https://www.hhs.gov/sites/default/files/resources-for-covered-entities-top-15-languages-list.pdf>

¹⁹ See Disability dynamics in Virginia, available at: <http://statchatva.org/2016/11/17/disability-dynamics-in-virginia/>

²⁰ DMAS acknowledges that many phone contacts about applying for medical assistance services and questions about Medicaid benefits are made to the Virginia Department of Social Services (“DSS”) – both through the Enterprise Customer Service Call Center and to the DSS offices in the local counties and cities. DMAS does not currently have data on these interactions, but is working to add this information into a revised Memorandum of Understanding with DSS.

²¹ See Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>

²² See 42 CFR § 435.905 - Availability and accessibility of program information, available at: <https://www.law.cornell.edu/cfr/text/42/435.905>

²³ See Section 508 of the Rehabilitation Act of 1973, available at: <https://www.section508.gov/manage/laws-and-policies>

²⁴ See Governor Northam’s Executive Directive Five: Access to Affordable, Quality Health Care Coverage, available at: <https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/ED-5-Access-to-Affordable-Quality-Health-Care-Coverage.pdf>

²⁵ See Title VI of the Civil Rights Act of 1964 available at: <https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap21-subchapV.pdf>

²⁶ See Section 1557 of the Patient Protection and Affordable Care Act, available at: <https://www.govinfo.gov/content/pkg/FR-2016-05-18/pdf/2016-11458.pdf>

²⁷ See Americans with Disabilities Act (ADA), Title II, available at: https://www.ada.gov/ada_title_II.htm

²⁸ See section 508 Amendment to the Rehabilitation Act of 1973, available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index>

²⁹ "Point to Your Language Cards" from Lionbridge interpreting services. These cards, have the phrase "Do you speak [name of language]? We will provide an interpreter for you over the phone. There is no charge for this service" in different languages, so that an individual can point and communicate to others which language he or she speaks. For internal DMAS staff only: Cards are on the K-Drive under the Civil Rights Coordinator folder.

³⁰ See HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>

³¹ See HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>

³² See Electronic Code of Federal Regulations (e-CFR) 42 CFR § 438.10(d) - Information requirements, available at: <https://www.law.cornell.edu/cfr/text/42/438.10>

³³ See Section 508 Amendment to the Rehabilitation Act of 1973, available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index>

³⁴ See Centers for Medicare and Medicaid Services. Section 508, available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508>

³⁵ See chapter 10.3.2 VITA's authority to promulgate regulations pertaining to Section 508, available at: <https://www.vita.virginia.gov/supply-chain/scm-policies-forms/it-procurement-manual/chapter-10---general-it-procurement-policies/1032-vitas-authority-to-promulgate-regulations-pertaining-to-section-508.html>