

# Legal Requirements & Promising Practices for Providing Language Services

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# Treating LEP Patients

- 80% of hospitals encounter LEP patients frequently – 63% daily/weekly; 17% monthly
- 81% of general internal physicians treat LEP patients frequently – 54% at least once a day or a few times a week; 27% a few times per month
- 84% of FQHCs provide clinical services daily to LEP patients – 45% see more than ten patients a day; 39% see from one to 10 LEP patients a day.

Source: Reports commissioned by NHeLP from AHA/HRET, ACP, NACHC; available at [www.healthlaw.org](http://www.healthlaw.org)

# Title VI of the Civil Rights Act of 1964

- “No 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 subjected to discrimination under any program or activity receiving Federal financial assistance.” 42 U.S.C. § 2000d
- “National origin” includes individuals with limited English proficiency (LEP)

# Who Is Considered “Limited English Proficient” (LEP)?

- A person who is unable to speak, read, write or understand the English language at a level that permits him/her to interact effectively with health and social service agencies and providers

# Who Is Covered by Title VI?

- All public and private entities receiving federal financial assistance, including:
  - State, county, and local health and welfare agencies
  - Hospitals, clinics, and clinicians' offices
  - Managed care organizations
  - Nursing homes
  - Mental Health Centers
  - Senior Citizen Centers
  - Other programs/activities receiving federal financial assistance inc. Title XX, AoA, Medicare, Medicaid & SCHIP

# CLAS Standards

- OMH issued Culturally and Linguistically Appropriate Services Standards (2001)
  - Standards 4-7 address language access
- Health care organizations must:
  - offer and provide language assistance services at no cost at all points of contact, in a timely manner during all hours of operations
  - provide in patients' preferred language both verbal offers and written notices of the right to receive language services
  - assure the competence of language assistance; family and friends should not be used to provide interpretation services (except on request by the patient)
  - make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

# How Does OCR Determine Compliance With Title VI?

- OCR looks at the “totality of the circumstances” – balancing 4 factors:
  - Number or proportion of LEP persons eligible to be served or likely to be encountered;
  - Frequency with which LEP individuals come in contact with the program;
  - Nature and importance of the program, activity, or service provided by the program to people's lives;
  - Resources available and costs.

# Promising Practices Reports

- Reports by NHeLP from The Commonwealth Fund
- RPT. 1 - Small Providers (released 4/05) – examined how small providers (<10 clinicians) offered language services
- RPT. 2 - State/Local Benefit Offices (forthcoming) – examined how state/local health-related benefit offices offered language services

# Measuring Nature/Frequency of Contacts

- Important to identify individuals being served and eligible to be served
  - Measuring those being served can help to ensure needed language services are available as well as planning future needs
- Determining language needs at first points of contact – notations in schedule/patient records; language notification flyers

# Identifying Language Needs

- Identification of language needs
  - “I Speak” cards/posters – patients can point to their language and office staff can note
- Recording language needs
  - L.A. Care Health Plan – color-coded stickers designate language needs
  - WA Department of Social and Health Services – requires client’s primary language in its database
  - KY Cabinet for Health and Family Services collects language information and specifics on each encounter using language services

# Arizona

- Department of Economic Security – database does not proceed past certain fields without noting the client’s language needs
  - clients are asked their primary language at initial and renewal interviews
  - includes 68 language choices plus an open-ended option

FA-001-L (3-03) ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Family Assistance Administration

### LANGUAGE NEEDS

| CASE NAME (Last, First, M.I.) | CASE NO. | DATE |
|-------------------------------|----------|------|
|-------------------------------|----------|------|

**I. YOUR RIGHT TO SERVICES IN YOUR LANGUAGE**  
You have a right to a free interpreter when you apply for or receive Cash Assistance, Food Stamps or AHCCCS Medical Assistance. You also have the right to ask DES to send forms and letters to you in your language. These services must be provided to you within a reasonable time frame.

**II. WHAT LANGUAGE DO YOU SPEAK? (Please check only one box.)**

I speak English and do not need special language services.  
 I speak the language checked below:

|  |   |                                     |   |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Albanian          | <input type="checkbox"/> Greek                  | <input type="checkbox"/> Marathi    | <input type="checkbox"/> Spanish        |
| <input type="checkbox"/> Amharic           | <input type="checkbox"/> Gujarati               | <input type="checkbox"/> Marathi    | <input type="checkbox"/> Sudanese       |
| <input type="checkbox"/> Apache            | <input type="checkbox"/> Havasupai              | <input type="checkbox"/> Maricopa   | <input type="checkbox"/> Tagalog        |
| <input type="checkbox"/> Arabic            | <input type="checkbox"/> Hindi – Indian (India) | <input type="checkbox"/> Mien       | <input type="checkbox"/> Tamil          |
| <input type="checkbox"/> Bengali           | <input type="checkbox"/> Hmong                  | <input type="checkbox"/> Mohave     | <input type="checkbox"/> Tewa           |
| <input type="checkbox"/> Bosnian           | <input type="checkbox"/> Hopi                   | <input type="checkbox"/> Mon-Khmer  | <input type="checkbox"/> Thai           |
| <input type="checkbox"/> Cambodian         | <input type="checkbox"/> Hualapai               | <input type="checkbox"/> Navajo     | <input type="checkbox"/> Thai           |
| <input type="checkbox"/> Chinese/Cantonese | <input type="checkbox"/> Hungarian              | <input type="checkbox"/> Paiute     | <input type="checkbox"/> Tolono O’Odham |
| <input type="checkbox"/> Chinese/Mandarin  | <input type="checkbox"/> Indonesian             | <input type="checkbox"/> Pima       | <input type="checkbox"/> Turkish        |
| <input type="checkbox"/> Cocopah           | <input type="checkbox"/> Italian                | <input type="checkbox"/> Polish     | <input type="checkbox"/> Urdu           |
| <input type="checkbox"/> Croatian          | <input type="checkbox"/> Japanese               | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Ute            |
| <input type="checkbox"/> Dinka             | <input type="checkbox"/> Kannada                | <input type="checkbox"/> Punjabi    | <input type="checkbox"/> Vietnamese     |
| <input type="checkbox"/> Farsi             | <input type="checkbox"/> Kashmiri               | <input type="checkbox"/> Quechen    | <input type="checkbox"/> Yaqui          |
| <input type="checkbox"/> Filipino          | <input type="checkbox"/> Khmer                  | <input type="checkbox"/> Romanian   | <input type="checkbox"/> Yavapai        |
| <input type="checkbox"/> French            | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Russian    | <input type="checkbox"/> Yiddish        |
| <input type="checkbox"/> French Creole     | <input type="checkbox"/> Laotian                | <input type="checkbox"/> Serbian    | <input type="checkbox"/> Yoruba         |
| <input type="checkbox"/> German            | <input type="checkbox"/> Lithuanian             | <input type="checkbox"/> Somali     | <input type="checkbox"/> Zuni           |

Other (Specify) \_\_\_\_\_

**III. HOW WOULD YOU LIKE FOR US TO COMMUNICATE WITH YOU? (Please check only one box.)**

I want DES to send me forms and letters in English.  
 I want DES to send me forms and letters to me in the language checked above. If DES cannot do this, I want DES to orally translate the forms and letters to me.  
 I need all forms and letters orally translated to me because I do not read well enough to understand them.

**CERTIFICATION OF LANGUAGE**

The person identified above could not complete this form on his/her own. I determined this person’s language by the following method:

Bilingual staff \_\_\_\_\_  
(Name/Worker PCN)

Interpretation line \_\_\_\_\_  
(Service Used)

Other \_\_\_\_\_  
(Type of Method)

| DES WORKER’S NAME (Please Print or Type) | DES WORKER’S NAME SIGNATURE | WORKER’S PCN | DATE |
|--|-----------------------------|--------------|------|
|--|-----------------------------|--------------|------|

Equal Opportunity Employer/Program • Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting your local office manager.

# Community Resources

- DC Medical Assistance Administration worked with community advocates to develop its “I Speak” poster and cards and a “Know Your Rights” pamphlet



Government of the District of Columbia  
Anthony A. Williams, Mayor

## Do You Need An Interpreter?

If you have a problem, call the Medicaid complaint line and your health plan. (See telephone numbers below.)



- To get help, ask the receptionist and point to your language.
- You have a right to an interpreter, free of charge.
- There should not be a long wait.

### Español/Spanish << Señale aquí

- Si necesita un intérprete, hable con la recepcionista
- No tiene que pagar por el intérprete
- No deberá esperar demasiado
- Si tiene algún problema, comuníquese con la línea de quejas de Medicaid y con su plan de salud. Los números de teléfono aparecen en la parte inferior de este afiche.

### አማርኛ/Amharic << አዚህ ጋር ይጠቀሙ

- ለተገኛን ህክሙት ለማግኘት ወይም ለሌላ ጥያቄ ይጠቀሙ
- ለሌላ ጥያቄ ወይንም ለሌላ ጥያቄ ይጠቀሙ
- ለገንዘብ ጥያቄ ይጠቀሙ
- ችግር ካለዎት የሚፈታውን ስልክ ቁጥር ይጠቀሙ
- ወይም ለገንዘብ ጥያቄ ይጠቀሙ
- የሌላ ጥያቄ ይጠቀሙ

### 中文/Chinese << 指向此處

- 如需口譯服務，請向接待員提出。
- 口譯服務完全免費。
- 等待時間不會很長。
- 如有任何問題，請撥打健保協助投訴熱線和您的健保計劃服務電話（電話號碼見下）。

### Tiếng Việt/Vietnamese << Chỉ vào đây

- Quý vị có quyền nhận dịch vụ thông dịch miễn phí.
- Quý vị không phải chờ đợi lâu.
- Để được giúp đỡ, xin hỏi nhân viên tiếp tân và chỉ vào ngôn ngữ mà quý vị sử dụng.
- Nếu quý vị có vấn đề rắc rối, xin gọi đường dây khiếu nại của Medicaid và chương trình bảo hiểm sức khỏe của quý vị (xem các số điện thoại liên lạc ở dưới)

### 한국어/Korean << 여기를 가리키십시오

- 통역인이 필요하면 안내원에게 물어보십시오.
- 통역비는 무료입니다.
- 오래 기다릴 필요가 없습니다.
- 만약 문제가 있으면, 메디케어/메디icaid과 귀하의 건강보험 회사로 연락하십시오. 이 포스터 아래에 전화 번호들이 적혀 있습니다.

### Français/French << Pointez ici

- Si vous avez besoin d'un interprète, demandez à la réceptionniste.
- Les services de l'interprète sont gratuits.
- L'attente devrait être de courte durée.
- Si vous avez un problème, appelez la ligne Medicaid ou votre régime de soins de santé. Les numéros de téléphone apparaissent dans le bas de l'affiche.

### Português/Portuguese << Assinalar aqui

- Você tem direito a ter um intérprete grátis.
- Não terá que aguardar muito tempo.
- Para obter ajuda, consulte a recepcionista e assinale o seu idioma.
- Se tem algum problema, ligue para a linha de reclamação do Medicaid e para seu plano de saúde. (veja abaixo os números).

### Kreyòl/Creole << Klike la

- Si ou bezwen yon entèprèt mande resepsyonis la.
- Entèprèt la pa koute ou anyen.
- Yo pa sipouse fè ou tann anpil.
- Gen pwoblèm? Si ou vle pote plènt ba Medicaid la oubyen asirans sante ou, rele youn nan nimewo ou wè anba.

### العربي/Arabic << اشيروا هنا

- حاجة الي ترجمة الرجاء اتصال بالمستقبلية.
- الترجمة مجانية (الرجاء عدم الدفع).
- الانتظار لن يكون طويلا.
- مشكلة وجود اي مشكلة الرجاء اتصال لخط الشكاوى ميدكال او بشركة تأمينكم الصحي. الارقام مرفقة بهذه المنشورة.

### Pilipino/Tagalog << Ituro dito

- Kung kailangan mo ang tungang taga-salin o taga-paliwanag, magtanong sa tungang taga-asikasao.
- Walang bayad ang paggamit sa serbisyo ng tungang taga-asikasao.
- Ang paghihintay ay hindi matagal.
- Kung mayroon kang problema, tawagan ang linya ng Medicaid o ang linya ng iyong planong pangkalusugan. Ang bilang ng mga telepono ay makikita sa ibaba ng lathalaing ito.

### Русский/Russian << Укажите сюда

- Если Вы нуждаетесь в помощи переводчика, пожалуйста, обратитесь к сотруднице(ку) в приемной.
- Услуги переводчика Вам будут предоставляться бесплатно.
- Вам не придется ждать долго.
- Если у Вас возникла проблема, пожалуйста, позвоните в Помощную линию МэдиКейд, или в компанию, медицинским планом которой Вы пользуетесь. Номера телефонов указаны в конце настоящего объявления.

### Yoruba/Yoruba << Tôka nihin

- Ti iwo ba ni ilo fun onitumo, bere lowo onise wa (Receptionist)
- Iwo o ni san owo kankan fun onitumo naa.
- Ko ye ki o gba akoko pupo
- Ti o ba ni isoro, kan si ago ejo Medicaid (Medicaid Complaint line) tabi eto ilera re (Health Plan). Awon ago won wa nisale iwe yi

Government of the District of Columbia  
MEDICAL ASSISTANCE ADMINISTRATION  
DC Department of Health  
825 North Capitol Street, NE  
Room 5135  
Washington, DC 20002

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**Telephone Numbers:**

AMERIGROUP 1-800-600-4441 Chartered Health Plan 1-800-408-7511  
Health Right 1-877-284-0282 HCSN 1-866-937-4549  
Medicaid 202-442-5988

**Complaint Hotline 1-800-788-0342**

# Translation of Written Materials

- NE – uses designated translators with a degree from translation program
- ID Department of Health and Welfare – works with the Idaho Migrant Council and the Hispanic Commission to review benefits forms for appropriate Spanish translation

# Testing and Certification

- No national standards for healthcare interpreters/translators
- National Council on Interpreting in Health Care has National Code of Ethics and Standards of Practice
- Few states are exploring the issue – IN, MA, NC, OR

# Conclusions

- Federal law requires providing language services
- Funding is available through Medicaid/SCHIP
- Promising Practices offer practical, cost-effective and efficient ways of providing language services

# NHeLP Publications

- NHeLP's Language Access webpage
  - <http://www.healthlaw.org/library/folder.56882>
  - "Medicaid and SCHIP Reimbursement Models for Language Services"
  - 50 state law survey on language access statutes/regulations related to healthcare
  - *Language Services Resource Guide for Healthcare Providers* – helps identify external resources including interpreter/translator associations and providers; training programs; translated materials; symbols; etc.