

Language Access Plan

DRAFT

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*Division of Health Care Financing & Policy
Nevada Medicaid
Nevada Department of Health and Human Services*

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Welcome

Since 1967, Nevada Medicaid has been providing critical health care coverage and access to care for eligible Nevadans. This Language Access Plan is a comprehensive account of our ongoing efforts to improve access to information and represents a natural evolution to review, evaluate, and identify areas for improvement.

This effort has grown more urgent in recent years, with one in every three Nevadans receiving their health care coverage through Nevada Medicaid. This growth combined with the diverse needs of the Medicaid population underline our continued commitment to ensuring that members have meaningful access to services, programs, and activities including members who may be limited in their English language proficiency.

Thank you for joining us in the effort by taking the time to learn more about how we are making language access a priority. We look forward to hearing from you about what we can do to improve Nevada Medicaid at every level.

Sincerely,
Suzanne Bierman
Nevada Medicaid Administrator



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Division's Mission

Nevada Division of Health Care Financing and Policy, known as Nevada Medicaid, purchases and provides quality health care services to low-income Nevadans in the most efficient manner. We promote equal access to health care at an affordable cost to the taxpayers of Nevada, restrain the growth of health care costs, and review Medicaid and other state health care programs to maximize potential federal revenue.

Purpose and Authority

Nevada Medicaid is committed to ensuring meaningful access to state services and programs for individuals with Limited English Proficiency (LEP). The Language Access Plan (LAP) for Nevada Medicaid has been compiled in compliance with the requirements of state and federal law regarding access to information for people with LEP. See specifically [NRS 232.0081](#) and Title VI of the Civil Rights Act. This includes providing an overview of current policies and procedures in addition to identifying opportunities for improvement with respect to meeting the needs of individuals with LEP.

This Language Access Plan was developed with the assistance of the Governor's Office of New Americans, Division of Aging and Disability Services, Division of Public and Behavioral Health and Division of Welfare and Supportive Services. A crosswalk with state law requirements is available in Appendix K.

Services

Regarding services provided, Nevada Medicaid is required to fulfill a federal mandate to monitor Civil Rights compliance among Medicaid and Medicare-designated facilities by the Department of Health and Human Services, Office for Civil Rights and the Centers for Medicaid and Medicare Services. [Chapter 300 of the Medicaid Operations Manual](#) focuses on the need for designated facilities to comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age of Discrimination Act of 1975, Title II of the Americans with Disabilities Act of 1990, and the Patient Self-Determination Act of 1990 (PSDA).

Nevada Medicaid's services provided directly to members include:

- Access to care/eligibility issues to or from the Managed Care Organizations for resolution
- Help Medicaid members with moving from institutional setting into the community
- Benefits information
- Referrals to Medicaid Programs including Care Coordination
- Follow up by phone and email including Serious Occurrence Reports
- Early and Periodic Screening, Diagnostic, and Treatment
- Family Planning

Services covered by enrolled Medicaid providers include but are not limited to:

- Certified Pediatric and Family Nurse Practitioner
- Early and Periodic Screening, Diagnostic, and Treatment
- Family Planning
- Federally Qualified Health Centers
- Freestanding Birth Center
- Home Health
- Inpatient Hospital

- Laboratory and X-ray services
- Nursing Facilities
- Nurse Midwife
- Outpatient Hospital
- Physician
- Rural Health Clinic
- Transportation to Medicaid services
- Tobacco Cessation Counseling for people who are pregnant

Electronic access to information about these services is available on the Nevada Medicaid website with a translation option at DHCFP.nv.gov. The state's Fiscal Agent does not offer the translation option on its site Medicaid.nv.gov. Corrective action can be found in the Recommendations section.

Policy and Compliance

Through its policies and programs, Nevada Medicaid seeks to ensure meaningful access to all members including those with LEP. This includes all communication and information regarding eligibility, benefits and services, enrolled providers, vendors, and other materials regarding the Medicaid program.

Medicaid-Enrolled Providers

Nevada Medicaid maintains its program policies in a manual referred to as the Medicaid Services Manual (MSM). MSM policies apply to all eligible members and services covered by Nevada Medicaid. For purposes of this plan, [Section 103.9 of MSM](#) outlines specific guidelines for health care providers enrolled with Nevada Medicaid regarding access to information and services for members with LEP. This purpose of these guidelines is to ensure members with LEP have equal access to programs and services and an equal opportunity to communicate with the Medicaid agency and enrolled providers. The guidelines also provide an annual timeline for review of provider policies for compliance with respect to LEP.

All Medicaid-enrolled service providers and facilities must provide LEP services at no cost to Medicaid recipients. This includes interpreters, translators and other aids needed to comply with this policy. Compliance with these guidelines require providers to:

1. Identify the non-English languages that need accommodation for the population served
2. Identify the points of contact with members where language assistance may be needed
3. Develop and implement written policy to ensure accurate and effective communication
4. Ensure staff understand and follow the written policy
5. Annually review the LEP program to determine its effectiveness

Individuals and their caregivers or families must be informed of the availability of LEP services free of charge by the provider. Language assistance can be provided by providers through competent bilingual staff and interpreters, formal arrangements with local organizations that offer interpretation or translation services, or effective technologies and telephonic interpretation services. Providers must also give staff notice of LEP policies and procedures and provide training

to staff with direct contact with members on effective communication techniques, including the effective use of an interpreter with LEP populations.

It should be noted that these policies apply to all Medicaid-enrolled which includes providers who are enrolled with a Nevada Managed Care Organization (MCO) as a network provider. Nevada Medicaid also requires MCOs to provide language translation services to support providers in their networks.

Medicaid-enrolled providers who need additional guidance may refer to the federal LEP policy guidance issued by the Centers for Medicare & Medicaid Services (CMS) and the U.S. Office of Civil Rights. The federal guidance explains the criteria for identifying languages that must be accommodated by providers and includes methods of providing language assistance for members. For more information, please see: <https://dhcfp.nv.gov/Resources/PI/Member/>. To file a complaint regarding provider compliance, individuals may contact the U.S. Office of Civil Rights by phone at (415) 437-8310 or online <https://www.hhs.gov/ocr/index.html> or the DHCFP Recipient Civil Rights Officer Megan Sloan, by phone at (775) 684-3157 or email at civilrights@dhcfp.nv.gov.

Nevada Medicaid is also required to monitor certain federally designated facilities for compliance with federal civil rights requirements. [Chapter 300 of the Medicaid Operations Manual](#) outlines the requirements for monitoring federally designated facilities pursuant to federal requirements, specifically Title VI of the federal Civil Rights Act of 1964, Section 504 of the federal Rehabilitation Act of 1973, the federal Age of Discrimination Act of 1975, Title II of the federal Americans with Disabilities Act of 1990, and the federal Patient Self-Determination Act of 1990 (PSDA).

Electronic access to information about these policies and procedures are available on the Nevada Medicaid website with a translation option at DHCFP.nv.gov. The state's Fiscal Agent, however, does not currently offer the translation option on its site Medicaid.nv.gov. Nevada Medicaid intends to take the necessary corrective action regarding this issue as described in the Recommendations section.

To ensure meaningful access, Nevada Medicaid intends, on a regular basis, to monitor and assess the language access needs of covered populations. Using this assessment, Nevada Medicaid will update policy and procedures, including section 103.9 in the MSM, as needed to improve access for members with LEP.

District Office Staff

A similar policy and related guidelines regarding LEP access also apply to the activities of Nevada Medicaid staff who have direct contact with current and potential Medicaid members in Nevada Medicaid's district offices. The following summarizes these requirements for staff:

- Nevada Medicaid is committed to equity and will take all reasonable steps to provide limited English proficient (LEP) individuals with meaningful access to all its services, programs, and activities.
- The agency, rather than the LEP individual, bears the responsibility for providing appropriate language services, regardless of the LEP individual's preferred language, at no cost to the LEP individual.
- Staff at the initial points of contact have the specific duty to identify language needs and

engage interpretation services if necessary.

- Use of informal interpreters such as family, friends of the person seeking service, or other customers is generally not allowed. However, Nevada Medicaid offers “person-centered” services, meaning that if a person requests to use a friend or family member as an interpreter, it is an allowable option.
- No staff may suggest or require that an LEP individual provide an interpreter to receive agency services.

Language Access Plan Coordinator and Responsible Staff

The Language Access Coordinator (LAC) for Nevada Medicaid is its Public Information Officer. The LAC is responsible for the development and maintenance of the LAP including:

- Acting as the liaison and overseeing the creation of the Language Access Plan
- Facilitating meetings with Nevada Medicaid programs and leadership to obtain necessary data and information to comply with all state law requirements
- Drafting the LAP and incorporating feedback from staff
- Soliciting public feedback
- Finalizing the plan to include funding impacts, receive Administrator approval, and submitting with the agency recommended biennial budget; and
- Ensuring that appropriate staff review, monitor, and revise the plan on a biennial basis, to ensure continued responsiveness to community needs and compliance with state and federal law.

Nevada Medicaid Language Access Coordinator
Ky Plaskon, Medicaid Public Information Officer kplaskon@dncfp.nv.gov

Program Managers and Chiefs of each program area within Nevada Medicaid will be responsible for implementation of the Language Access Plan under the direction of their direct supervisor. The activities needed for implementation consist of:

- Making recommendations to the Leadership team within Nevada Medicaid regarding necessary statutory changes and legislative requests for implementing or improving the Language Access Plan
- Actively participating in meetings and decisions regarding the Language Access Plan
- Leading implementation activities and providing internal oversight of their respective programs, staff/contractors to ensure compliance with LEP access requirements. This includes providing training to new staff regarding the Language Access Plan
- Managing a budget to provide language assistance services
- Regularly monitoring and evaluating language assistance services within their respective program areas

Plan Updates

The LAC will update this plan, biennially, in accordance with NRS 232.0081. Staff monitoring provider and facility adherence to state and federal law with respect to LEP access will update state policies as needed, including the MSM and related state guidance. The LAC will coordinate updates with the Division of Welfare and Supportive Services (DWSS) and Governor’s Office of New Americans.

The LAC will accept comments from the public regarding the Language Access Plan at any time. Public comments can be sent by email to the Medicaid Public Information Officer. The final plan will receive deputy-level review prior to submission and the final plan will be submitted to the Governor's Office of New Americans for posting on their website prior to September 1 of each biennium when the update to the Language Access Plan is due.

Areas for Improvement & Budget

During the creation of this report, several opportunities were identified to improve access for persons with LEP. In accordance with NRS 232.0081, the following procedures and recommendations will be developed to acquire necessary information. These procedures and information will be provided in Language Access Plan revisions if resources are available to accomplish the recommended goals.

Key Recommendations

Nevada Medicaid deputies will assign staff to take the following actions over the next two years to comply with NRS 232.0081 and report the results to the Language Access Coordinator by August 1, 2024, to be included in the 2024 Language Access Plan Revision.

1. Identify staff responsible for monitoring compliance related to MSM 103.9 among enrolled providers and internally (see Appendix J).
2. Post a list of language access services in manner that is visible from the exterior of Nevada Medicaid district offices to serve persons who speak all languages during office closures, including emergency closures.
3. Develop procedures for designating certain information as vital for LEP accessibility.
4. Each program will create a procedure for, and maintain, an inventory of vital documents.
5. Request that the Deputy Attorney General determine the threshold for language translation to comply with Safe Harbor.
6. Each program will ensure vital documents identified are translated into the appropriate languages to comply with Safe Harbor.
7. Direct Document Control to develop and include accommodation language at the top of meeting notices for LEP individuals.
8. Identify staff to review and report MCO's language services offered including the display of "Attention" cards or similar, develop recommendations and/or corrective actions regarding those services.
9. Direct Civil Rights staff members to develop procedures for members to request written translation, a phrase to notify members that written translation is available and include that phrase on all vital documents and direct written communications.
10. Require the state's Fiscal Agent to include a translation option on its website.
11. Direct district offices to develop a survey of Nevada Medicaid employees for fluency in more than one language and develop a comparison with the number to employees who regularly have contact with the public in aggregate and disaggregated by language.
12. Request Document Control to review the literacy level of the "Attention" translation card and ensure it is 5th grade or lower in all languages.
13. Direct Human Resources to monitor Division of Human Resource Management (DHRM) progress toward offering necessary credentials for staff currently identified as bilingual to act as staff translators.

14. Direct district offices to develop a recommendation to evaluate the adequacy of interpretation and translation services offered by contractors and Nevada Medicaid staff including a telephonic and in-person survey in multiple languages following the access of services.
15. Direct Human Resources in coordination with district offices to develop strategies for attracting applicants who are fluent in more than one language and hiring practices that prioritize bilingual applicants for employment where the role includes direct interaction with members.
16. Request Human Resources to explore options for an ongoing training schedule that is online for language and cultural competency similar to training offered by Information Technology for information security purposes.
17. Request the Office of Analytics at the agency to develop an analysis of Nevada populations by race and ethnicity and preferred languages, who are uninsured and likely qualify for Medicaid, but are not yet enrolled, for the next Language Access Plan update.

Budgetary Implications

Recommendations 5, 6, 13 and 15, if implemented, have state budgetary implications as they will require increased staff capacity, further research, development of procedures, and the identification of qualified contractors to support implementation.

Currently, Nevada Medicaid has a budget of \$3,100.00 for translation services over the phone (see Appendix E). Nevada Medicaid estimates that it would need to seek legislative approval for an increase in state funding to translate, at a minimum, one press release and one other type of public-facing content each month, into two languages potentially Spanish and Chinese, estimated to be 4,000 words at a rate of 0.13 cents per word for a total biannual translation budget of \$9,340.00. See Appendix I.

Recommendation 3: Vital documents require the development of procedures and an inventory prior to developing budgetary recommendations for translating vital documents.

Recommendation 5: Requires the state's Fiscal Agent to provide a cost estimate to include a translation option on its website.

Recommendation 13: Use qualified oral language interpreters and translators would require the State of Nevada to offer an Oral Language Certification program for State of Nevada employees. A process is under review with the Division of Human Resource Management (DHRM) to address oral language interpreter certification for State of Nevada employees.

Recommendation 15: Prior to offering incentives for persons with dual language skills, incentive programs in other states should be reviewed to develop an adequate recommendation that will lead to an effective program.

Recommendation 16: To implement online cultural competency training programs if they exist, Nevada Medicaid must identify them and seek approval of such programs. Absent such online programs, procedures for the regular use of current training must be developed for ongoing employee training and staff will need to be assigned to tracking ongoing performance.

Demographics and Literacy Level

Nevada Medicaid tracks the ethnicity and preferred language communication among recipients so that it can provide meaningful, timely access to our services and programs without regard to language

impediments. Additional related information can be found in Appendix C, covering the frequency of language translation.

Table 1: The preferred language for existing members as of August 2022.

Preferred Language	Member Count	% of Total Members
Cambodian	37	0.004%
Chinese	1,269	0.14%
English	810,842	88.05%
French	116	0.01%
Italian	6	0.001%
Japanese	35	0.004%
Lao	86	0.01%
Polish	8	0.001%
Portuguese	95	0.01%
Russian	187	0.02%
Spanish	102,481	11.13%
Tagalog	472	0.05%
Unknown	4,628	0.50%
Vietnamese	620	0.07%
<i>Grand Total</i>	<i>920,882</i>	<i>100.00%</i>

Table 2: Refugee status of members as of August 2021

Monthly Average of Lawfully Residing Refugees	Monthly Average Medicaid Total Population	% of Medicaid Population who are Lawfully Residing Refugees
306	854,859	<1%

Table 3: Race/Ethnicity of existing members as of August 2022

Race/Ethnicity	Member Count	% Total Members
Asian (Hispanic)	8,830	1%
Asian (Non-Hispanic)	44,352	5%
Black (Hispanic)	16,588	2%
Black (Non-Hispanic)	193,256	21%
Hispanic 2 or more races (not specified)	35,586	4%
Missing, Unknown, Not Recorded	119	0.01%
Non-Hispanic 2 or more races (not specified)	32,369	4%
Other	443	0%
White (Hispanic)	257,907	28%
White (Non-Hispanic)	294,047	32%
Native American/Alaskan (Hispanic)	7,244	1%
Native American/Alaskan (Non-Hispanic)	11,981	1%
Pacific Islander/Native Hawaiian (Hispanic)	2,405	0.3%
Pacific Islander/Native Hawaiian (Non-Hispanic)	15,755	2%

<i>Indigenous Sub Total†</i>	<i>37,385</i>	<i>4%</i>
Grand Total	920,882	100%

†Indigenous includes Native American/Alaskan/Pacific Islander/Native Hawaiian.

Literacy Level

The average English literacy level of Medicaid members is 5th grade according to the American Medical Association, Institute for Medicaid Innovation, Analysis of State Medicaid Enrollment Form Reading Levels Report, July 2022.

Oral Language Services Offered

Several Nevada Medicaid staff in district offices and call centers are bilingual Spanish. We have additional staff who are fluent in other languages but were not hired as interpreters. For members who speak other languages, staff can utilize a contractor, Language Link Corporate Translation Services, Inc., through a Master Service Agreement, to provide interpretive and language services. Procedures for utilizing this service can be found in Appendices A and B. It should be noted that the Division’s capacity via its district offices to provide language services during an emergency was tested during the COVID-19 Public Health Emergency. Telephonic translation services were provided to members with LEP without interruption during the emergency.

Division staff, who interact with members with LEP, receive LEP and Civil Rights and Advanced Directives training.

Most members covered by Nevada Medicaid receive services through a set of provider networks established by MCOs that contract with the state of Nevada to manage the care and costs of the Medicaid population. Other members receive services through the traditional Fee-For-Service program, where the state directly pays the provider a set fee or rate for delivering a covered service to a recipient based. MCOs and FFS delivery systems must provide the appropriate policies for ensuring equal access to members with LEP. As required by contract, MCOs must ensure all materials are translated when the MCO is aware that a language is spoken by 3,000 or 10% (whichever is less) of the MCO’s members who also have LEP within that language. MCOs must also ensure all written notices informing members of their right to interpretation and translation services must be translated into the appropriate language when the MCOs caseload consists of 1,000 Members that speak that language and have LEP.

For the FFS system, public materials are geared to proactive community outreach and translated in house by a team of staff who speak Spanish. Cultural competency training is offered to staff. Sign language and other accommodations for public meetings are publicized through online meeting notices.

Vital Documents:

Materials deemed as vital must be translated. Nevada Medicaid has identified certain materials as vital for translation purposes. These include all public facing forms, including but not limited to applications, benefits, resources, consent forms, complaint, waivers release forms, denials, and claims. Pursuant to the MCO contract, vital materials must include, at a minimum, all notices for denial, reduction, suspension or termination of services, and vital information from the Member Handbook for members.

At least every two years after the effective date of this Plan, Nevada Medicaid will determine and reassess materials to determine whether they should be categorized as vital documents (including website content) that must be translated. Such translations will be according to the state and federal

requirements. Nevada Medicaid will maintain an inventory for all vital documents on its internal SharePoint site. Vital documents will be made available to the public and stakeholders through paper and electronic communications (where applicable).

Each program area within the Division is responsible for identifying, maintaining, and revising the vital document inventory on a regular basis and when making any significant program and policy changes. Program areas are also responsible for requesting translation of all new documents or written materials as developed and identified as vital documents. If Nevada Medicaid does not have authority (ownership) of a document, the program area will work with the appropriate authority to address the necessary updates and translations.

Written Translator and Interpreter Qualifications

Nevada Medicaid uses Google Translate on its website to address LEP access issues, and written communications are professionally translated by Corporate Translation Services, Inc., doing business as LanguageLink. Currently, the state of Nevada does not offer an Oral Language Certification program for state employees and there is no Master Service Agreement or contracted vendor to offer this opportunity.

A process is under review with the Division of Human Resource Management (DHRM) to address oral language interpreter certification for state employees. Nevada Medicaid will continue to monitor progress as mentioned in the Recommendations section regarding this certification.

The compliance and qualifications for language assistance providers, contractors, and staff are listed below.

- Oral Language Service Providers: NRS 232.08 (5)(b)
- Communication Access Real-Time Translators (CART): NRS 656A
- Sign Language Interpreters: NRS 656A
- Translators: NRS 232

Interpreter Qualifications

Nevada Medicaid provides oral and sign language services to LEP members using contracted interpreters (See Appendix L). Nevada Medicaid recognizes that it is not appropriate to utilize family members, including children, friends and acquaintances, and/or untrained volunteers as interpreters as it is out of compliance with Federal Title VI Guidelines, the ADA and Nevada's Senate Bill 318 and a potential breach of confidentiality, unless the member requests the services of a friend or family member.

APPENDICES

Appendix A: How to use Interactive Voice Response

How to Use Interactive Voice Response (IVR)

Step 1: Call 1 (877) 650-8021

Step 2: Enter Account Number **XXXX** for the Nevada Division of Health Care Financing & Policy, followed by # sign **ACCOUNT#**

Step 3: Select 1 to be connected directly to your Spanish interpreter, *or* Select 2 to be connected directly to your Russian Interpreter, *or* Select 9 for all other languages

*If you require a 3rd party call, press 9 to reach a Customer Service Representative

Appendix B: Frequently Asked Questions for Staff Regarding IVR

IVR FAQs:

What if I do not know my Account number?

You do need this information to reach the interpreter directly. If you are unsure of your account number, wait and the system will direct you to a live operator who will look up your account.

What is IVR?

IVR stands for Interactive Voice Response. CTS LanguageLink's IVR system allows a customer to quickly select the language desired for interpretation and be connected immediately to an interpreter without interaction with a live attendant. The benefit of this is an even faster connect time to your interpreter and better service to your limited English proficient (LEP) client.

What is a third-party call?

A third-party call is when you need CTS LanguageLink to call the LEP client and then bridge the call together with you and the interpreter.

How do I make a third-party call with CTS LanguageLink?

If you need a third-party call, **press 9 (even for Spanish)** to reach a Customer Service Representative (CSR) and let the operator know you need a third-party call. We are happy to assist you with this at no additional charge. Our **interpreters are not able to make the third-party call** directly.

I need a Hindi interpreter. How do I get a Hindi interpreter on the line?

Press 9 for other languages and let the CSR know that you need a Hindi interpreter and they will connect you.

Please contact our Client Relations Manager if you have any further questions.

Camilo Angel,

Client Relations Manager

Direct Line 1-866-610-1338 x 781 camilo.angel@ctslanguagelink.com or schedule@ctslanguagelink.com

Foreign Language and Sign Language Interpretation Services

The DHCFP makes interpretation services available to assist members with essential communications with the Division in the delivery of its services. We have arrangements to provide both foreign language and sign language interpretation.

Before engaging services, make sure that other avenues are exhausted.

- Is there a staff member who can provide interpretation, in person or on the phone? Check with the central office and district offices.
- Is there a family member or friend of the recipient who can translate, if the recipient is comfortable with that?

Foreign Language Services

If there is an anticipated need, please contact the Recipient Civil Rights Officer to make arrangements for the most cost-effective service.

If the need is urgent, use CTS Language Link by calling 1 (877) 650-8021 and entering account number 9730 followed by the “#” symbol. You may either have the client present with you (with your phone on speaker) or already on the line with you. Select “2” to be connected with a Russian interpreter or “9” for all other languages.

If you have the recipient in the room and the interpreter on speakerphone, please ensure that the recipient’s privacy is protected.

Sign Language Interpretation Services

Please contact the Recipient Civil Rights Officer to arrange for the service. Be prepared to indicate:

- Address, date and time where services are needed.
- How long you anticipate needing the service (15 minutes? An hour?)
- The nature of the meeting. (Is it an informal meeting, or a hearing?)
- A list of the recipient’s preferred interpreters.
- The recipient’s name (the interpreter may know the recipient and this will assist them with addressing the most appropriate language style, and to identify any conflict. Also, some deaf persons may not have American Sign Language proficiency and may struggle when neither English nor American Sign is their first language, necessitating a Deaf Interpreter.)

For both types of services, notify the Recipient Civil Rights Officer of the services you have used and provide any paperwork you have collected.

Appendix D: Frequency of Language Translation Usage – November 2021-May 2022



A BIG LANGUAGE COMPANY

Telephonic Language Report

9730

701 NE 136th Ave Suite 200
Vancouver, WA 98684

Phone: (800) 798-5144
Fax: (800) 513-7273

11/01/2021 to 05/31/2022

Language	Minutes	Calls	Avg Call Length (mins)	Avg Connect (secs)	Percent of Total Calls
Mandarin	1,408.00	52	27.08	34	27.08%
Spanish	687.00	37	18.57	9	19.27%
Cantonese	882.00	37	23.84	54	19.27%
Korean	535.00	17	31.47	84	8.85%
Russian	268.00	14	19.14	10	7.29%
Armenian	205.00	8	25.63	51	4.17%
Tagalog	154.00	7	22.00	18	3.65%
Vietnamese	162.00	6	27.00	10	3.13%
Farsi (Persian)	42.00	3	14.00	48	1.56%
Filipino	100.00	2	50.00	21	1.04%
Chinese	40.00	2	20.00	113	1.04%
Thai	46.00	2	23.00	136	1.04%
Serbian	5.00	1	5.00	15	0.52%
Portuguese	20.00	1	20.00	10	0.52%
Croatian	60.00	1	60.00	24	0.52%
Bulgarian	7.00	1	7.00	176	0.52%
Amharic	15.00	1	15.00	7	0.52%
	4,636.00	192	24.15	37	

*Totals are Weighted Averages, using the number of calls for the weight.

Appendix E: Corporate Translation Services, Inc. (DBA LanguageLink) – RFP# 99SWC-S359

Services may include, but are not limited to:

- On-Site Spoken Language Interpreting Services for the Top 10 Non-English Languages Spoken in Nevada:
 - o Spanish
 - o Tagalog (to include both Filipino and Ilocano)
 - o Mandarin
 - o Cantonese
 - o Korean
 - o Vietnamese
 - o French
 - o German
 - o Amharic
 - o Arabic
 - o Any other language not described above.
 - Document Translation Services;
 - CART (Communication Access Realtime Translation);
 - o Minimum Qualifications for Sign Language and CART Services.
 - Captioning Services;
 - Sign Language Interpreting Services for the Deaf or Hard-of-Hearing
 - o On-Site Interpreters
 - o Video Interpreters
 - o Minimum Qualifications for Sign Language and
- CART Services.
- Video Interpretation (any language);
 - And any other translation or interpretation related services not explicitly described above.

Appendix F: Key Term Definitions

Limited English Proficiency (LEP): A person with limited English proficiency is unable to speak, read, write, or understand the English language at a level that permits them to interact effectively with State Agencies. Individuals who communicate through American Sign Language are included in this definition. On the Census, a LEP person is someone who self-assesses as speaking English less than “very well”. May also be called English Language Learner.

Language Access: Effective strategies to engage and communicate with residents, acknowledging language is not a barrier. Residents have opportunities for meaningful access to participate in State Agency’s services, programs, and activities.

Language Access Plan (LAP): A set of policies and procedures established by each agency of the Executive department of the State Government to provide the most effective services for individuals with limited English proficiency.

Meaningful Access: An agency provides meaningful access to its programs when the language assistance provided is accurate, timely and effective and is at no cost to the LEP individual. It is also the ability of an LEP to access, apply and receive resources without significant restrictions from language barriers.

Bilingual Fluency: The ability to speak and understand two languages easily and accurately. Bilingual fluency does not always mean that a person can serve as an interpreter or translator. Note that some bilingual persons are native speakers but have never attended school for the non-English language.

Primary Language: The dominant language used by a person for communication. The language in which a limited English proficient individual chooses to communicate with others.

Interpretation: The oral delivery of a spoken message from one language to another without changing the original message or meaning. There are various types of interpretation, including: simultaneous interpretation, consecutive interpretation, summary interpretation, and whispered interpretation.

Certified Interpreter: A certified interpreter is an interpreter who has passed a valid and reliable certification exam administered by an independent entity such as the Supreme Court of Nevada Administrative Office of the Courts. Private companies that give tests to their contract interpreters may then call those interpreters certified, but most people outside those companies do not recognize such credentials. Individuals who complete certificate programs in interpreting may be qualified, but they are not certified.

Dual-Role Interpreter: A bilingual employee who has been tested for language skills and is trained as an interpreter and who assumes the task of part-time interpreting as a component of their formal duties.

Translation: The conversion of communication from one language to another in written form. An accurate translation is one that conveys the intent and essential meaning of the original text. Accurate sometimes does not mean literal.

Safe Harbor: A “safe harbor” means that if a recipient provides written translations under the outlined circumstances, such action will be considered strong evidence of compliance with the recipient’s written-translation obligations. Per federal guidance, a safe harbor has been created for grantees to ensure with greater certainty that they comply with their obligations to provide written translations in languages other than English. 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 oral language services are needed and are reasonable.

Refugees: Refugees are individuals who were forced to flee their home countries because they were unable to count on the protection of their government.

Primary Language: Primary languages are languages other than English spoken at home by the largest number of people who live in the State of Nevada.

Indigenous: Any group of people native to a specific region. It refers to people who lived before colonists or settlers arrived, defined new borders, and began to occupy land

Health Literacy: Preferred Language: A preferred language is the self-identified language that the individual prefers or requests to use in a service or encounters. The preferred language does not necessarily signify the client’s native or primary language as the individual could prefer or request to use English despite it not being their native language.

Vital Documents: Documents that provide essential information for accessing basic State services and benefits. Examples include applications, consent, and complaint forms, notice of rights, notice of activities, and notices advising of the availability of free language assistance.

“Attention” Cards: Also known as Language Identification Cards that help identify what language an individual speaks, and to identify what language an interpreter will need to speak to communicate effectively with that individual.

Appendix G: Language Access Services and Resources

Language Access Services	
Services	Contact Information
Written Translation	Nevada State MSA Translation/Interpretation Service
On-Demand Remote Language Interpreting (phone)	CTS Language Link Nevada State MSA Translation/Interpretation Service https://purchasing.nv.gov/Contracts/Documents/Translation_Interpretation/
Sign Language Interpreter	Nevada State MSA Translation/Interpretation Service https://purchasing.nv.gov/Contracts/Documents/Translation_Interpretation/
Bilingual Interpreter	Nevada State MSA for Temporary Staff – Bilingual Interpreters https://purchasing.nv.gov/Contracts/Documents/Temporary_Medical_or_Healthcare_Related_Positions/
CART – Communication Access Real-time Transcription	Nevada State MSA Translation/Interpretation Service https://purchasing.nv.gov/Contracts/Documents/Translation_Interpretation/
“I speak” Cards	All “I speak” cards will be available online and in-person.
External Language Services and Providers	Northern Nevada International Center https://www.unr.edu/nnic
HRSA	Vital Document Guide https://www.hrsa.gov/sites/default/files/hrsa/about/organization/bureaus/ocrdi/written-translation-vital-documents.pdf
HHS	Office for Civil Rights: https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-vi/index.html

ATTENTION

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-569-1746 (TTY: 7-1-1).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-569-1746 (TTY: 7-1-1).

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1-866-569-1746 (TTY: 7-1-1)

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-569-1746 (TTY: 7-1-1)번으로 전화해 주십시오.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-569-1746 (TTY: 7-1-1).

Amharic

ማሳሰቢያ: የግንኙነት ጽንፃ ለግርኛ ከሆነ የትርጉም ለርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ግንኙነት ቁጥር ይደውሉ 1-866-569-1746 (መስጫት ለተገናኛው: 7-1-1)።

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-569-1746 (TTY: 7-1-1).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-569-1746 (TTY: 7-1-1)まで、お電話にてご連絡ください。

Arabic

ملحوظة: إذا كنت تتحدث انظر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-866-569-1746 (TTY: 7-1-1) هاتف الصم والبكم.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-569-1746 (телетайп: 7-1-1).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-569-1746 (ATS : 7-1-1).

Persian

تعماس بگيريد. 1-866-569-1746 (TTY: 7-1-1) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با

Samoan

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-866-569-1746. TTY 7-1-1

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-569-1746 (TTY: 7-1-1).

Ilocano

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-866-569-1746 (TTY: 7-1-1).

Appendix I: Language Link Corporate Translation Services Quote



Quotation #: 136839
 Date: 09/23/2021

To:	Kyril Plaskon	By:	Mohamad Al Tabbakh
Company:	Nevada Dept. of Health & Human Services	Email:	Mo.Tabbakh@Language.Link
Email:	kyril.plaskon@dncfp.nv.gov	Phone:	(360) 823-2287
Phone:	(775) 287-0302	Fax:	(360) 823-2287

Description: \$11b Medicaid Contract & Relief Funds
Turnaround Time: 5 Business Days

\$11b Medicaid Contract & Relief Funds

Task and Description	Language Pair	Units	Rate	Amount
Desktop Publishing (DTP)	English to Spanish (LA)	1 hour(s)	\$45.00	\$45.00
Translation/Editing	English to Spanish (LA)	1,076 word(s)	\$0.13	\$139.88
			Subtotal	\$184.88
Grand Total				\$184.88

Turnaround Time: 5 Business Days

Appendix J: Nevada Medicaid Policy, Medicaid Services Manual 103.9 - Non-Discrimination and Civil Rights Compliance

NON-DISCRIMINATION AND CIVIL RIGHTS COMPLIANCE Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Americans with Disabilities Act (ADA) of 1990, prohibit December 28, 2018

DIVISION OF HEALTH CARE FINANCING AND POLICY Section: 103 MEDICAID SERVICES MANUAL

PROVIDER RULES AND REQUIREMENTS

Discrimination on the basis of race, color, national origin, religion, sex, age, disability (including AIDS or related conditions) or any other class status protected by federal or state law or regulation by programs receiving Federal Financial Participation (FFP). The DHCFP service providers must comply with these laws as a condition of participation in the Nevada Medicaid program in offering or providing services to the Division's program beneficiaries or job applicants and employees of the service providers. All service providers are required to follow and abide by the DHCFP's non-discrimination policies. In addition, hospitals, nursing facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) will be reviewed by Medicaid periodically to assure they follow requirements specific to them. Requirements for compliance:

A. Hospitals, nursing facilities and ICF/IIDs must designate an individual as having responsibility for civil rights coordination, handling grievances and assuring compliance with all civil rights regulations. This person will serve as coordinator of the facility's program to achieve nondiscrimination practices, as well as be the liaison with Medicaid for Civil Rights compliance reviews.

B. Notices/signs must be posted throughout a facility, as well as information contained in patient and employee handouts, which notifies the public, patients and employees that the facility does not discriminate with regards to race, color, national origin, religion, gender, age or disability (including AIDS and related conditions) in:

1. admissions;
2. access to and provisions of services; or
3. employment.

There must, also, be posted a grievance procedure to assure patients and employees of the facility are provided notice of how to file a grievance or complaint alleging a facility's failure to comply with applicable civil rights and non-discrimination laws and regulations.

C. Medical facilities may not ask patients whether they are willing to share accommodations with persons of a different race, color, national origin, religion, age or disability (including AIDS and related conditions) or other class protected by federal law. Requests for transfers to other rooms in the same class of accommodations must not be honored if based on discriminatory considerations. (Exceptions due to valid medical reasons or compelling circumstances of the individual case may be made only by written certification of such by the attending physician or administrator).

PROVIDER RULES AND REQUIREMENTS

D. Medical facilities must have policies prohibiting making improper inquiries regarding a person's race, Nevada Medicaid Language Access Plan, September 2022 – DRAFT

color, national origin, religion, sex, age or disability (including AIDS and related conditions) prior to making the decision to admit the person. Supervisory staff must be aware of this policy and enforce it. Admission to a facility and all services rendered and resources routinely used by all persons in the facility (e.g., nursing care, social services, dining area, beauty salon, barber shop, etc.) must be provided without regard to race, color, national origin, religion, sex, age or disability (including AIDS and related conditions). An acute hospital must have a Telecommunications Device (TTY or TDD) for use by patients and staff who are deaf to assure that its emergency room services are made equally available. All other hospitals, Nursing Facilities (NF) and ICF/IIDs, which do not have a TDD, must have access to a TDD at no cost or inconvenience to the patient or staff member wishing to use it. The facility must assure equal availability of all services to persons with Limited English Proficiency (LEP), hearing and sight-impaired patients and persons with other communication limitations. For example, when a provider determines that a particular non-English language must be accommodated, vital documents must be available at no charge. With regard to sight-impaired individuals, the provider's library or other reading service must be made equally available through Braille, Large Print books or Talking books. The facility must include assurances of nondiscrimination in contracts it maintains with non-salaried service providers and consultants (e.g., physicians, lab or x-ray services, and respiratory, occupational or physical therapists).

E. Displacement of a resident after admission to a facility on the basis of a change in payment source is prohibited. A Medicaid participating facility cannot refuse to continue to care for a resident because the source of payment has changed from private funds to Medicaid. A facility must not terminate services to a resident based on financial rather than medical reasons when payment changes from private funds to Medicaid. A facility must not require a Medicaid-eligible resident or his or her legal guardian to supplement Medicaid coverage. This includes requiring continuation of private pay contracts once the resident becomes Medicaid eligible, and/or asking for contributions, donations, or gifts as a condition of admission or continued stay. Complaints regarding alleged economic discrimination should be made to the Aging and Disability Services Division (ADSD) Long Term Care Ombudsman or to the DHCFFP.

F. Medical facilities must have policies that prevent making improper inquiries regarding race, color, national origin, religion, sex, age or disability (including AIDS and related conditions) prior to making a decision to employ a person. Supervisory personnel must be knowledgeable with regard to these policies and practices and must enforce them. The facility must assure that educational institutions which place students with the facility do not discriminate regarding the selection or treatment of minority groups, disabled (including AIDS and related conditions) or other protected classes of students. Facilities must also assure they do not discriminate in their selection and placement of student interns.

G. All service providers (including medical facilities) must maintain a list of in-house and/or community-based sign language interpreters. This list must be reviewed and revised, if necessary, at least annually. Facilities must also have policies outlining how persons with hearing impairments are identified as needing interpretation services, and how these services can be accessed at no cost to them.

H. All service providers (including medical facilities) must provide persons who have LEP with access to programs and services at no cost to the person. Services providers must:

1. identify the non-English languages that must be accommodated among the population served and identify the points of contact where language assistance is needed;
2. develop and implement a written policy that ensures accurate and effective communication;
3. take steps to ensure staff understands the policy and is capable of carrying it out; and
4. annually review the LEP program to determine its effectiveness.

Service providers in need of additional guidance should refer to the LEP policy guidance document provided by the CMS and the U.S. Office of Civil Rights (OCR). Among other things, the document explains the criteria for identifying languages that must be accommodated and includes methods of providing language assistance. A link to the policy document is available via the Division's Civil Rights web pages accessible from its Internet website: www.dhcfp.nv.gov. I. The facility must maintain, in systematic manner, and provide upon request to Medicaid, information regarding race, color, national origin, and disability of patients and employees.

Appendix K: Crosswalk Language Access Plan with NRS 232.0081

CROSSWALK
Language Access Plan with NRS 232.0081

Language access plan: Development and biennial revision; requirements; public comment; legislative recommendations; inclusion of necessary funding in proposed budget of agency. [Effective until 2 years after the date on which the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020.]

1. The head of each agency of the Executive Department shall designate one or more employees of the agency to be responsible for developing and biennially revising a language access plan for the agency that meets the requirements of subsection 2.	Pages 9-10
2. A language access plan must assess existing needs of persons served by the agency for language services and the degree to which the agency has met those needs. The plan must include recommendations to expand language services if needed to improve access to the services provided by the agency. The plan must:	Pages 7-10
The plan must: (a) Outline the compliance of the agency and any contractors, grantees, assignees, transferees or successors of the agency with existing federal and state laws and regulations and any requirements associated with funding received by the agency concerning the availability of language services and accessibility of the services provided by the agency or any contractors, grantees, assignees, transferees or successors to persons with limited English proficiency;	Pages 3-4
(b) List the relevant demographics of persons served by or eligible to receive services from the agency, including, without limitations: (1) The types of services received by such persons or for which such persons are eligible; (2) The preferred language and literacy level of such persons; (3) The ability of such persons to access the services of the agency electronically; (4) The number and percentage of such persons who are indigenous; and (5) The number and percentage of such persons who are refugees;	Pages 5-10
(c) Provide an inventory of language services currently provided, including, without limitation: (1) Procedures for designating certain information and documents as vital and providing such information and documents to persons served by the agency in the preferred language of such persons, in aggregate and disaggregated by language and type of service to which the information and documents relate; (2) Oral language services offered by language and type; (3) A comparison of the number of employees of the agency who regularly have contact with the public to the number of such employees who are fluent in more than one language, in aggregate and disaggregated by language; (4) A description of any position at the agency designated for a dual-role interpreter; (5) Procedures and resources used by the agency for outreach to persons with limited English proficiency who are served by the agency or eligible to receive services from the agency, including, without limitation, procedures for building relationships with community-based organizations that serve such persons; and (6) Any resources made available to employees of the agency related to cultural competency;	Pages 8-9 and 11-12 plus appendices

<p>(d) Provide an inventory of the training and resources provided to employees of the agency who serve persons with limited English proficiency, including, without limitation, training and resources regarding:</p> <ol style="list-style-type: none"> (1) Obtaining language services internally or from a contractor; (2) Responding to persons with limited English proficiency over the telephone, in writing or in person; (3) Ensuring the competency of interpreters and translation services; (4) Recording in the electronic records of the agency that a person served by the agency is a person with limited English proficiency, the preferred language of the person and his or her literacy level in English and in his or her preferred language; (5) Communicating with the persons in charge of the agency concerning the needs of the persons served by and eligible to receive the services from the agency for language services; and (6) Notifying persons with limited English proficiency who are eligible for or currently receiving services from the agency of the services available from the agency in the preferred language of those persons at a literacy level and in a format that is likely to be understood by such persons; 	<p>Pages 8-9 and 11-12</p>
<p>(e) Review the ability of the agency to make language services available during the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020; and</p>	<p>Pages 11-12</p>
<p>(f) Identify areas in which the services described in paragraph (c) and the training and resources described in paragraph (d) do not meet the needs of persons with limited English proficiency served by the agency, including, without limitation:</p> <ol style="list-style-type: none"> (1) Estimates of additional funding required to meet those needs; (2) Targets for employing persons who are fluent in more than one language; (3) Additional requirements necessary to ensure: <ol style="list-style-type: none"> (I) Adequate credentialing and oversight of translators and interpreters employed by or serving as independent contractors for the agency; and (II) That translators and interpreters used by the agency adequately represent the preferred languages spoken by persons served by the agency or eligible to receive services from the agency; and (4) Additional requirements, trainings, incentives and recruiting initiatives to employ or contract with interpreters who speak the preferred languages of persons with limited English proficiency who are eligible for or currently receiving services from the agency and ways to partner with entities involved in workforce development in imposing those requirements, offering those trainings and incentives and carrying out those recruiting initiatives. 	<p>Pages 7-9</p>
<p>4. Each agency of the Executive Department shall:</p> <ol style="list-style-type: none"> (a) Solicit public comment concerning the language access plan developed pursuant to this section and each revision thereof; (b) Make recommendations to the Legislature concerning any statutory changes necessary to implement or improve a language access plan; and (c) Include any funding necessary to carry out a language access plan, including, without limitation, any additional funding necessary to meet the needs of persons with limited English proficiency served by the agency as identified pursuant to paragraph (f) of subsection 2, in the proposed budget for the agency submitted pursuant to NRS 353.210. 	<p>Pages 7-8</p>

Appendix L. – Instructions for accessing Sign Language interpreter services

Please contact the Recipient Civil Rights Officer to arrange for the service. Be prepared to indicate:

- Address, date and time where services are needed.
- How long you anticipate needing the service (15 minutes? An hour?)
- The nature of the meeting. (Is it an informal meeting, or a hearing?)
- A list of the recipient's preferred interpreters.
- The recipient's name (the interpreter may know the recipient and this will assist them with addressing the most appropriate language style, and to identify any conflict. Also, some deaf persons may not have American Sign Language proficiency and may struggle when neither English nor American Sign is their first language, necessitating a Deaf Interpreter.)