

# Language Access Plan

August 2024



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

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## Welcome

Since 1967, we have been providing health care coverage for Nevadans. This plan covers our efforts to reach our members in a way they can understand.

This effort has grown more urgent in recent years, with one in every three to four Nevadans receiving their health care coverage through Nevada Medicaid. This growth, combined with the diverse needs of the Medicaid population, underlines 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 Nevada Medicaid in the effort by taking the time to learn more about how we are making language access a priority. Contact Nevada Medicaid about what we can do to improve Nevada Medicaid at any level.



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## Division Mission

Nevada Medicaid strives to buy and provide health care services for low-income Nevadans efficiently. The Division supports affordable access to health care and try to limit the growth of health care costs. Medicaid works to maximize revenue from federal sources.

## Purpose and Authority

Nevada Medicaid wants to increase access to state services for people with Limited English Proficiency (LEP). This Language Access Plan (LAP) is compiled to comply with state and federal law. [Nevada Revised Statute 232.0081](#) and Title VI of the Civil Rights Act are examples. We cover policies, procedures and find areas for improvement to serve people with Limited English Proficiency.

The Governor's Office of New Americans and Department of Health and Human Services Division of Welfare and Supportive Services helped develop this plan.

## Services

Nevada Medicaid is required by the Centers for Medicaid and Medicare Services to track Civil Rights compliance at facilities that provide Medicaid services. [Chapter 300 of the Medicaid Operations Manual](#) lays out the requirements to comply with:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Age of Discrimination Act of 1975
- Title II of the Americans with Disabilities Act of 1990
- Patient Self-Determination Act of 1990 (PSDA)

The Medicaid Services Manual was updated in 2023 to require service providers to have Language Access Plans. 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
- Early and Periodic Screening, Diagnostic, and Treatment
- Family Planning

Services covered by enrolled Medicaid providers include:

- 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

These services are listed at [DHCFP.nv.gov](https://dhcfp.nv.gov) and [Medicaid.nv.gov](https://medicaid.nv.gov).

## Policy and Compliance

Nevada Medicaid's policies strive to provide members access to services regardless of 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's policies are in the Medicaid Services Manuals (MSM). MSM policies apply to all services covered by Nevada Medicaid. [Section 103.9 of MSM](https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/Medicaid_Services_Manual_Complete.pdf) ([https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/Medicaid\\_Services\\_Manual\\_Complete.pdf](https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/Medicaid_Services_Manual_Complete.pdf)) outlines LEP requirements for health care providers who are enrolled with Nevada Medicaid. The guidelines request annual review and aim to ensure that members with LEP have equal access to programs and services.

All Medicaid-enrolled service providers must offer interpreters, translators, other aids and report:

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

Providers also need to notify members and their staff about the free services. Language assistance can be offered by providers through staff, contractors or technology. They also need to offer training about effective communication and use of interpreters with people with LEP.

The policies apply to all Medicaid-enrolled providers. Nevada Medicaid also requires Managed Care Organizations to provide language translation services to support providers in their networks.

Medicaid who want more information can look at federal LEP policy guidance from Centers for Medicare & Medicaid Services (CMS) and the U.S. Office of Civil Rights. To file a complaint regarding provider compliance, contact the U.S. Office of Civil Rights by phone at (415) 437-8310 or online <https://www.hhs.gov/ocr/index.html> or call or email Nevada Medicaid by phone at (775) 684-3157; [civilrights@dhcfp.nv.gov](mailto:civilrights@dhcfp.nv.gov).

Nevada Medicaid is also required to monitor certain federally designated facilities for compliance with federal civil rights requirements (See [Chapter 300 of the Medicaid Operations Manual](#)). Nevada Medicaid will monitor and assess the language access needs of covered populations and update policies as necessary (See MSM 103.9).

### ***District Office Staff***

Nevada Medicaid staff also need to serve persons with Limited English Proficiency. Here is the staff policy:

- Nevada Medicaid takes all reasonable steps to provide limited English proficient (LEP) individuals with meaningful access to all its services, programs, and activities.
- The agency has the responsibility for providing appropriate language services at no cost.
- Frontline staff have a duty to identify language needs of members and provide interpreters.
- A member can request to use a friend or family member as an interpreter.
- Staff can't suggest or require that a member provide an interpreter to get services.

### **Language Access Plan Coordinator and Responsible Staff**

The Language Access Coordinator is responsible for:

- Overseeing the Language Access Plan
- Obtaining data to comply with state law requirements
- Soliciting and incorporating public feedback
- Developing a budget
- Making recommendations to the Leadership team to improve services
- Finalizing the plan and posting publicly

#### **Nevada Medicaid Language Access Coordinator**

Ky Plaskon

Medicaid Public Information Officer

[kyplaskon@dncfp.nv.gov](mailto:kyplaskon@dncfp.nv.gov)

Program Managers and Chiefs are responsible for:

- Implementing plan recommendations at the direction of leadership
- Vital document tracking
- Ensure contractors follow LEP policy
- Monitoring compliance and notifying the LAC of any challenges in need of resolution

### ***Plan Updates***

The LAC will update this plan according to NRS 232.0081. The LAC will work with the Division of Welfare and Supportive Services and Governor's Office of New Americans. Public comments are accepted at any time and included in Appendix O. Public comments can be sent by email to the Public Information Officer. The final plan will be submitted to the Governor's Office of New Americans by August 1 of each biennium.

### **Demographics**

Nevada Medicaid tracks member ethnicity and preferred language. The goal is to provide meaningful, timely access to services. Additional related information can be found in Appendix C, covering the frequency of language translation.

#### ***List 1: The preferred language for existing Division of Welfare and Supportive Services recipients as of April 2024.***

<b>Preferred Language</b>	<b>Member Count</b>	<b>Percent of Total Members</b>
Cambodian	35	0
Chinese	856	0
English	569,518	76.6
French	122	0
Italian	7	0
Japanese	23	0
Lao	71	0
Polish	9	0
Portuguese	52	0
Russian	210	0
Spanish	50,707	7
Tagalog	438	0
Unknown	123,743	17
Vietnamese	429	0

***Members with refugee status as of June 2024:*** 3,171

***Members who identify as Indigenous as of June 2024:*** Hispanic – 6,453; Non-Hispanic – 9,172

### **Literacy Level**

The average English literacy level of Medicaid members is 5<sup>th</sup> 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 speakers. We have additional staff who are fluent in other languages but were not hired as interpreters. For members who speak other languages, professional interpreters are available through contractors. Procedures for Nevada Medicaid Language Access Plan, September 2024



utilizing this service can be found in Appendices A and B. The Division's capacity 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.

Division staff receive LEP and Civil Rights and Advanced Directives training.

Most members receive services through networks established by MCOs. Other members receive services through fee-for-service (FFS) where the state directly pays the provider. Both MCOs and FFS must follow Limited English Proficiency policies (See MSM 103.9).

### Vital Documents

Materials deemed vital must be translated. In 2023, Nevada Medicaid identified forms, applications and benefits lists as vital. Similar materials from providers must also be 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.

Nevada Medicaid will review documents and determine if they should be listed in the inventory of vital documents. Translations will be according to the state and federal requirements. Each program in the Division is responsible for identifying, maintaining, and revising the vital document inventory. Program areas are also responsible for requesting translation of 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.

### Translator Qualifications

Nevada Medicaid uses Google Translate on its website to address LEP access issues. Written communications are professionally translated. The division does offer oral translation through a contractor. The State of Nevada does not offer an Oral Language Certification program for employees and there is no contractor to offer certification. Nevada Medicaid will continue to monitor progress for certification.

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

### Interpreters

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.

### Achievements

The 2022 report included areas for improvement. Here is Nevada Medicaid's progress:



1. Public comment in 2024 supported the effort to reach a 5<sup>th</sup> grade reading level. As a result, leadership notified staff that we have a target of 6<sup>th</sup> grade and below.
2. Policy changes require providers to maintain Language Access Plans.
3. District Offices publicly posted language access service notifications.
4. Procedures were developed and implemented for designating information as “vital.”
5. A vital document inventory was created.
6. Accommodation language is now included at the top of meeting notices.
7. A procedure is in place for individuals to request written translation.
8. Medicaid.nv.gov and Pharmacy Benefit Manager websites now include a translation.
9. Cultural competency resources are now collected by a Division Diversity, Equity and Inclusion Coordinator and made available to staff (See Appendix M).
10. Survey of member needs.
11. A translation team within the Division was created.
12. Public communication is translated into Spanish and a notice is posted on all vital documents regarding how to receive documents in other languages.
13. Public letters were re-written to meet reading level targets.
14. A recommended budget was developed (See Appendix N)
15. Translation notifications were evaluated for reading level and determined to be 2<sup>nd</sup> grade.
16. Position description of any persons designated as dual-role interpreter are in place.
17. Text messaging directly to members is in Spanish.
18. Outreach to people with LEP is now underway through newsletters with community partners contributions. The Division’s email list is the largest in the state with over 400,000 members.

## Recommendations

This year’s recommendations include:

1. Target communications to achieve a 6<sup>th</sup> grade reading level or lower.
2. Continue to monitor reading level and translate public materials.
3. Monitor progress toward offering translator credentials.
4. Acquire and evaluate contractors’ Language Access Plans.
5. Develop strategies for attracting applicants who are fluent in more than one language.
6. Encourage all employees to review cultural competency materials.
7. Add a question to the member needs survey regarding language.
8. Outline procedures for outreach to LEP individuals through community organizations.

## 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 and 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 3<sup>rd</sup> party call, press 9 to reach a customer service representative.

## B: Frequently Asked Questions for Staff Regarding

### **Interactive Voice Response 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 Language Link'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 Language Link 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 Language Link?**

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](mailto:camilo.angel@ctslanguagelink.com) or [schedule@ctslanguagelink.com](mailto:schedule@ctslanguagelink.com)

## C: Foreign Language and Sign Language Interpretation Services

### 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 find 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 speaker phone, 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.

## D: Frequency of Language Translation Usage

### Over the Phone Interpreting Production Report

Date Range: 11/7/2022 to 01/30/24

Language	Total Calls	Total Minutes	Average Length Per Call in Minutes	Average connect in Seconds	Percent of total calls
Spanish	189	2851	15.08	12.56	43.05%
Mandarin	97	1724	17.77	21.55	22.10%
Cantonese	68	1246	18.32	27.22	15.49%
Korean	30	604	20.13	14.15	6.83%
Vietnamese	17	313	18.41	20.21	3.87%
Russian	7	92	13.14	38.13	1.59%
Tagalog	6	49	8.17	8.54	1.37%
Arabic	5	33	6.60	8.18	1.14%
Armenian	5	36	7.20	22.14	1.14%
Czech	3	87	29.00	21.81	0.68%
Nepali	2	11	5.50	11.98	0.46%
Somali	2	3	1.50	43.02	0.46%
Bengali	1	30	30.00	5.01	0.23%
Croatian	1	18	18.00	5.10	0.23%
French	1	65	65.00	9.10	0.23%
Ga	1	4	4.00	20.61	0.23%
Hindi	1	3	3.00	10.76	0.23%
Japanese	1	5	5.00	5.45	0.23%
Swahili	1	1	1.00	24.70	0.23%
Tigrinya	1	12	12.00	11.42	0.23%
	439	7187	14.94	17.08	100.00%

## E: Corporate Translation Services, Inc. (Language Link)

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 Llocano)
- 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.

## F: Key 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:** “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.

## **G: Language Access Services and Resources**

### **Services/Entity**

Written Translation / Nevada State MSA Translation/Interpretation Service

Remote Language Interpreting (phone) / CTS Language Link

Sign Language Interpreter / Nevada MSA Translation/Interpretation Service

Bilingual Interpreter / Nevada MSA Temporary Staff – Bilingual Interpreters

Communication Access Real-time Transcription / Nevada MSA Translation/Interpretation Service

“I speak” Cards / Available in person at District Offices

External Language Services and Providers / Northern Nevada International Center

Vital Document

Guide: <https://www.hrsa.gov/sites/default/files/hrsa/about/organization/bureaus/ocrdi/written-translation-vital-documents.pdf>

## H: Access to Interpretive Services

Attention Card Readability is Grade 2.3

# 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

ጥንቃቄ: የግንኙነት ቋንቋ ለማርኛ ከሆነ የትርጉም ለርዳታ ድርጅቶች በእነዚህ ቁጥሮች ለሚሰጠው ቁጥር ይደውሉ 1-866-569-1746 (መስማት ለተሳናቸው: 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 انكليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصلك برقم 1-866-569-1746 (7-1-1 YTT) هاتف المرم والبلطم.

### 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.

### 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).

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

103.9 D. Monitoring, tracking, evaluation, and reporting of services to Limited English Proficiency (LEP) individuals is required per NRS 232.0081. The facility must assure equal availability of all services to persons with 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 in the recipient's preferred language. The provider must maintain a list of vital documents and a definition of vital documents (a definition that may be used as a guide can be found in Vital Documents in Section 108, References). All public forms and documents considered vital will include information in multiple "safe harbor" languages regarding how to obtain the documents in non-English languages. For a definition of "safe harbor," see the Vital Documents in Section 108, References. 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.

103.9 G All providers (including medical facilities) must maintain a list of community-registered sign language interpreters. These interpreters may be in-house and/or community based. This list must be reviewed and revised, if necessary, at least annually. Facilities must also have policies outlining how persons with hearing impairments and/or language barriers are identified as needing interpretation services, and how these services can be accessed at no cost to the recipient. These policies, lists, and reviews shall be provided at no cost to DHCFP upon request.

103.9 H. All providers (including medical facilities) must provide persons who have LEP with access to programs and services at no cost to the person. These 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 and provide the LEP review at no cost to DHCFP upon request. 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](http://www.dhcfp.nv.gov).

## 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.

**PAGE 6**

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.

**PAGE 7**

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;

**APPENDIX J**

(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;

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(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 7-9 & 10-11**

(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

**PAGE 8**

(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:

- (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:
  - (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.

**PAGE 9 & Appendix M**

4. Each agency of the Executive Department shall:

- (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 number of persons who are refugees and number who are indigenous.
- (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.

**APPENDIX O**



**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 do 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.)

**M: Cultural Competency Resources Available to Staff**

1. Examples of micro-aggressions and their impacts were distributed to staff. It included the following resources:
  - a. <https://hbr.org/2020/07/when-and-how-to-respond-to-microaggressions>
  - b. <https://www.forbes.com/sites/stephaniesarkis/2020/06/15/lets-talk-about-racial-microaggressions-in-the-workplace/?sh=37fcb9ec5d28>
  - c. <https://www.baker.edu/about/get-to-know-us/blog/examples-of-workplace-microaggressions-and-how-to-reduce-them/>
2. [What is Privilege? - YouTube](#)
3. [What is Allyship? - YouTube](#)
4. [Allyship at Work: Inside the Program - YouTube](#)
5. Trauma: <https://www.youtube.com/watch?v=nQ9I7y4UuxY>
6. Urgency of Intersectionality: <https://youtu.be/akOe5-UsQ2o?feature=shared>
7. [The Journey from Ally to a Coconspirator and 6 steps for those that need a roadmap \(linkedin.com\)](#)
8. [Nuts and Bolts for Building Resilient Organizations | The Forge \(forgeorganizing.org\)](#)
9. [Moving from Ally to Accomplice: How Far Are You Willing to Go to Disrupt Racism in the Workplace? | Diverse: Issues In Higher Education \(diverseeducation.com\)](#)
10. Think Cultural Health
  - a. <https://thinkculturalhealth.hhs.gov/resources/library>
  - b. <https://thinkculturalhealth.hhs.gov/education/maternal-health-care>
11. Georgetown Edu Resource Guide: <https://nccc.georgetown.edu/resources/title.php>

## **N: Recommended budget**

Employ a Health Equity Manager, Social Services Chief I (Grade 38, DPBH's method) or Public Information Officer II (Grade 37). Duties: Monitor, track, collect, evaluate and report language access compliance and ADA materials from health plans and providers state-wide; survey staff, coordinate staff training and monitor and report internal compliance. Act as the Diversity, Equity and Inclusion representative. Monitor and evaluate provider's compliance with providing services to Limited English Proficiency individuals. Design, recommend and implement steps to advance, achieve and surpass Language Access goals. \$58,000- \$99,000

Annual form translation - 33 forms intended for Medicaid members. Translation of each form to 3 languages (Spanish, Chinese & Tagalog). Annual cost: \$14,850

Annual certified staff translator incentives for 30 staff and cost of training and certification: \$150 monthly incentive (\$36,000), annual certification for 10 staff (\$5250). This accounts for an increase in District Office staff from 20 to 30 employees.

**Total:** \$114,157 to \$155,157 annually.

**O: Public Comment**

Submitted Wednesday 6/26/2024

To: Ky Plaskon

Language Access Coordinator and Public Information Officer

Please accept the following comments regarding the 2024 DRAFT Language Access Plan.

Molina Healthcare of Nevada supports the state recommendation to move the reading level requirement from 8<sup>th</sup> grade to 5<sup>th</sup> grade for communications. Striking of all medical terms, acronyms, and punctuation as allowed by the Flesch-Kincade readability tool will allow the content to meet the readability requirement while conveying the message to a broader audience.

We appreciate the opportunity to make recommendations for improvement and congratulate the Division on its accomplishments over the past two years.

***Many thanks!***

**Philip Ramirez | AVP, Government Contracts**

Molina Healthcare of Nevada

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