

Language Access Plan

DRAFT

August 2024



*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 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 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.



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Division 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](#), authorized by SB318 passed during the 81st legislative session of 2021, 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

Nevada Medicaid is required by the Department of Health and Human Services, Office for Civil Rights and the Centers for Medicaid and Medicare Services to fulfill a federal mandate to monitor Civil Rights compliance among Medicaid and Medicare-designated facilities that provide 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).

Additionally, in 2023, the Medicaid Services Manual was amended to specify that service providers must maintain 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 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](https://dhcfp.nv.gov). Both the state and its fiscal agents' websites now offer translation services as a result of a review for the 2022 Language Access Plan. Corrective actions taken and areas for improvement 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](https://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSM/Medicaid_Services_Manual_Complete.pdf) (https://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSM/Medicaid_Services_Manual_Complete.pdf) 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 and incorporating public feedback;
- Developing a budget to provide language assistance services;
- Making recommendations to the Leadership team within Nevada Medicaid regarding necessary statutory changes and legislative requests for implementing or improving the Language Access Plan
- Finalizing the plan and posting publicly; 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

kyplaskon@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:

- Actively participating in meetings and decisions regarding the Language Access Plan;
- Vital document tracking;
- 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; and
- Monitoring and evaluating language assistance services within their respective program areas and notifying the LAC of any challenges in need of resolution.

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 and include them in the plan if appropriate. Public comments can be sent by email to the Medicaid Public Information Officer. The final plan will be submitted to the Governor’s Office of New Americans for posting on their website prior to August 1 of each biennium.

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 Division of Welfare and Supportive Services recipients as of April 2024.

Preferred Language	Member Count	Percent of Total Members
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 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.

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. 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.

Achievements

The 2022 report identified areas for improvement. Nevada Medicaid has made progress in the following areas.

1. Changes were made to policy requiring enrolled providers to maintain Language Access Plans
2. Notifications were publicly posted at District Offices regarding available language access services.
3. Procedures were developed and implemented for designating information as "vital."
4. A vital document inventory was created.
5. Accommodation language is now included at the top of meeting notices for LEP individuals.
6. LAC will review language access service plans created by the MCOs.
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 option on the website.
9. Cultural competency resources are now collected by a Division Diversity, Equity and Inclusion Coordinator and made available to staff (See appendix M).
10. A translation team within the Division was created including persons who speak Spanish and Chinese.
11. Public communication is translated into Spanish and a notice is posted on all vital documents regarding how to receive documents in other languages.

12. All public materials are evaluated for reading level with a target of 8th grade or less.
13. Open Enrollment and Welcome to Medicaid 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 were 5th grade or lower in all languages. Statement on Attention card is grade level 2.3 (see Appendix H)
16. Position description of any persons designated as dual-role interpreter are in place.
17. Text messaging directly to members is now conducted in Spanish.
18. Outreach to people with LEP is now underway with materials produced in alternative languages through new email lists and web pages that offer suggested content through community partners. Partners and LEP individuals are reached directly through new email lists for partners, community and provider engagement and member listservs. The Division's member ListServ is the largest in the state with over 400,000 members.

Recommendations

This year's recommendations list is half of what it was in 2022, demonstrating the Divisions significant progress toward evaluation of and improving service to persons with LEP. The Division strives to:

1. Target communications to achieve a 5th grade level.
2. Continue to monitor reading level and translate public materials.
3. Monitor the Division of Human Resource Management (DHRM) progress toward offering translator credentials for employees that are bilingual.
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. Outline procedures for outreach to LEP individuals through community organizations.

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

Appendix 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 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 2022-January 2024

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%

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 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.

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

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	

Appendix H: Interpretive Services Access
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 በአ ሊያገኙዎት ተዘጋጅተዋል። ወደ ግንኙነት ቁጥር ይደውሉ 1-866-569-1746 (ግንኙነት ለተገናኙዎ: 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 تتوافر لك بالمجان. اتصل برقم xxx-xxx-xxxx-1 هاتف الصم والبكم: 1-866-569-1746 (TTY: 7-1-1)

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 بڭرید. 1-866-569-1746 توجہ: 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'ā Sāmoa, o loo iai auaunaga 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: 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.

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.]

<p>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.</p>	<p>Pages 9-10</p>
<p>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:</p>	<p>Pages 7-10</p>
<p>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;</p>	<p>Pages 3-4</p>
<p>(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;</p>	<p>Pages 5-10</p>
<p>(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;</p>	<p>Pages 8-9 and 11-12 plus appendices</p>

<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 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. 	<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.)

Appendix M. – Cultural Competency Resources Available to Staff

1. Examples of microaggressions 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>

Appendix N. – 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.

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