



# **Summary of State Law Requirements Addressing Language Needs in Health Care**

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# Acknowledgments

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# Introduction

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Since the early 2000's, the National Health Law Program has charted the development of state laws on language access. This edition of our 50-state survey provides an update on state activities since 2008.

State laws provide an additional source of protection to federal laws. Indeed, some state legislatures and administrative agencies increasingly recognized the need for linguistically appropriate health care and have adopted measures that require or encourage health and social service providers to overcome language barriers.

As of 2019, every state and the District of Columbia had enacted multiple laws addressing language access. California continues to have the most provisions with 257; however, every state now has at least three such provisions. A limited number of states have enacted comprehensive laws while most states' provisions focus on a particular type of health care provider, service, payer, or patient group. Some of these laws provide detailed guidance; others note the importance of language access but do not specify activities to improve it. Recent trends include provisions addressing private insurers and marketplaces, interpreter competencies, and cultural competency training for health professionals.

This update to NHeLP's prior publications offers citation to and a short description of each state's statutes and regulations regarding services to LEP persons in health care settings. It supersedes the previous listings published by the National Health Law Program in 2003, 2005, and 2008.<sup>1</sup>

<sup>1</sup> See Jane Perkins, Mara Youdelman, and Doreena Wong, *Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities* Appendix D (2d Ed., Aug. 2003) (published by The California Endowment and available from the National Health Law Program, Los Angeles, CA); Jane Perkins, *Summary of State Law Requirements Addressing Language Needs in Health Care* (Dec. 2005), Jane Perkins and Mara Youdelman, *Summary of State Law Requirements Addressing Language Access Needs in Health Care* (2008), <https://healthlaw.org/resource/summary-of-state-law-requirements-addressing-language-needs-in-health-care/>.

While this publication focuses on state laws, a number of federal laws also require language services. States must comply with these laws. The box below summarizes some of the more important federal laws.

## Federal Laws Requiring Language Access

**Title VI of the Civil Rights Act of 1964 (“Title VI”)** – ensures that all federal fund recipients cannot discriminate on the basis of race, color, or national origin.<sup>2</sup> Title VI’s implementing regulations also prohibit “disparate impact” discrimination. Through Executive Order 13166, Title VI applies to federal agencies themselves.<sup>3</sup>

**Section 1557 of the Affordable Care Act** – applies both to federal fund recipients as well as all programs and activities administered by the federal agencies and entities created under Title I of the ACA, primarily federal and state marketplaces and qualified health plans.<sup>4</sup> The regulations implementing Section 1557 outline requirements for notifying clients/patients of language services, providing oral interpreting and including taglines on significant written documents.<sup>5</sup>

**Hill-Burton Act** – hospitals that received funding under this Act have an ongoing “community service” obligation which includes non-discrimination in the delivery of services.<sup>6</sup> These hospitals must post notices of this obligation in English, Spanish, and other languages spoken by ten percent or more of the households in the service area.<sup>7</sup>

**Emergency Medical Treatment and Active Labor Act** – requires screening, treatment and transfer requirements which would be challenging to meet without effective communication with a limited English proficient (LEP) patient.<sup>8</sup>

<sup>2</sup> 42 U.S.C. § 2000d. See also *Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency*, 65 Fed. Reg. 52762 (Aug. 30, 2000), <https://www.govinfo.gov/content/pkg/FR-2000-08-30/pdf/00-22140.pdf>. For information on federal requirements, see National Health Law Program, *Federal Laws and Policies to Ensure Access to Health Care Services for People with Limited English Proficiency* (Dec. 9, 2004), at <https://healthlaw.org/resource/federal-laws-and-policies-to-ensure-access-to-health-care-services-for-people-w/>.

<sup>3</sup> See <https://www.govinfo.gov/content/pkg/FR-2000-08-16/pdf/00-20938.pdf>.

<sup>4</sup> 42 U.S.C. § 18116.

<sup>5</sup> 45 C.F.R. Part 92.

<sup>6</sup> See 42 U.S.C. § 291c(e), 42 C.F.R. § 124.603.

<sup>7</sup> U.S. Dep’t of Health and Human Services, Office for Civil Rights, *Medical Treatment in Hill-Burton Funded Healthcare Facilities*, <https://www.hhs.gov/civil-rights/for-individuals/hill-burton/index.html>.

<sup>8</sup> See 42 U.S.C. § 1395dd, 42 C.F.R. § 489.24.

# Methodology

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The National Health Law Program has conducted a 50-state survey of statutes and regulations addressing language access in health care a number of times. Initially appearing in our “Ensuring Linguistic Access” publication, the survey has grown over the years. Prior to this update, the last version was conducted in 2008.<sup>9</sup>

To compile the state laws on language access, researchers conducted electronic research using a well-recognized, searchable legal database. State statutes and administrative regulations were reviewed for the 50 states and the District of Columbia. Research was limited to state statutes and administrative regulations that addressed health, insurance, and government functions related to health care. The researchers were over-inclusive to ensure that provisions would not be overlooked because of how they were classified in state law.

For this update, we used search terms similar to prior versions of this report to ensure consistency. Please note that since the search terms were expanded and update for the 2018 report, some of the changes noted may have been in place in 2008 but not appropriately captured. Numerous and varied search terms were used to assure the broadest possible identification of existing laws. The boundaries of the search were drawn to exclude state laws and administrative regulations related to vocational rehabilitation, alcohol/substance abuse, WIC, and other programs not directly related to the provision of health care (although some of those provisions may be included). We also excluded provisions that only address requirements to provide information in English (e.g. laws that require licensing examinations to be administered in English). The information provided on the charts is current as of September 1, 2018.

If you find omissions or errors in this report, please contact us at [nhelpdc@healthlaw.org](mailto:nhelpdc@healthlaw.org).

<sup>9</sup> The 2008 version is available at <https://healthlaw.org/resource/summary-of-state-law-requirements-addressing-language-needs-in-health-care/>.

# State Law Snapshot – What’s Changed Between 2008 and 2018

Since our 2008 survey, a number of states have enacted new statutes or adopted new regulations. A number of states have new provisions governing Medicaid (particularly Medicaid managed care) and private insurance. These provisions were likely due in part to enactment of the Affordable Care Act (2010) and/or finalization of new Medicaid managed care regulations (2018).

Please note that since the search terms were expanded and updated for the 2018 report, some of the changes noted below may have been in place in 2008 but not appropriately captured.

The following highlights activities that occurred in each state between 2008 and 2018:

State	Recent Activities
Alabama	repealed many mental health regulations that addressed provision of language services but implemented new regulations requiring language services for community health care centers, mental health programs, and hospitals
Alaska	repealed many mental health regulations that addressed provision of language services but implemented new regulations requiring language services for community health care centers, mental health programs, and hospitals
Arizona	implemented a number of provisions related to language access, including provisions aimed at the marketplaces and for Medicaid home and community based services waivers. Arizona also has a broad law to ensure that language barriers do not prevent each patient or patient’s representative from becoming aware of patient’s rights in day health care facilities, home health agencies, recovery care centers, outpatient surgical centers or treatment centers, hospices, substance abuse transitional facilities, or other health care institutions
Arkansas	adopted provisions governing insurance marketplaces and for developing a child’s Individual Educational Program (IEP)

<b>State</b>	<b>Recent Activities</b>
California	adopted a significant number of statutes and regulations addressing language services
Colorado	improved Medicaid correspondence with beneficiaries to include translation requirements and taglines as well as new provisions governing insurance marketplaces
Connecticut	enacted provisions applying to insurance companies and the marketplace
Delaware	addressed language access in nursing homes (for pediatric residents) and assisted living facilities as well as for assistance with Medicaid applications
District of Columbia	no significant changes since the 2008 survey
Florida	repealed certain statutes and regulations involving responsibilities of state agencies and departments
Georgia	no changes since the 2008 survey
Hawaii	added a number of provisions addressing to a variety of health care facilities
Idaho	added provisions addressing Medicaid school-based services and home and community based services
Illinois	showed a modest increase in applicable regulations since the 2008 survey
Indiana	implemented regulations allowing LEP individuals to file a grievance, appeal, or request to change networks with their insurers or health maintenance organizations due to language barriers
Iowa	implemented regulations focused on reducing communication barriers for its Spanish speaking population, requiring interpreter and translation services for care facilities and early intervention services and promoting language access for adults with disabilities
Kansas	adopted provisions requiring prenatal and postnatal awareness programs to be culturally and linguistically appropriate and a provision applicable to family foster homes, youth detention centers, and secure care centers
Kentucky	implemented regulations requiring early intervention service programs to provide assessments in the parent's native language
Louisiana	adopted regulations that require community health care centers to provide access to interpreter services as a condition of licensing. Louisiana also repealed regulations that required language access in elderly care programs
Maine	added provisions related to early intervention services for toddlers



State	Recent Activities
Maryland	adopted a Cultural and Linguistic Health Care Provider Competency Program to provide educational classes to health care professionals
Massachusetts	implemented regulations primarily impacting long term care facilities, facilities for mental illness, and mental health treatment programs
Michigan	did not adopt any applicable statutes or regulations since the 2008 survey. However, this year's update identified several statutes and regulations not previously identified. Most of these statutes require the State Department of Health to distribute information in languages appropriate to non-English speaking populations, and most of these regulations require language access for substance abuse programs and consent for sterilization procedures
Minnesota	established a registry for certified interpreters. It also added provisions for insurers, Medicaid, and community providers
Mississippi	added provisions addressing psychiatric services, telemedicine, Medicaid, and substance use disorder treatment
Missouri	implemented provisions that require independent living centers for persons with disabilities to provide interpreter services
Montana	added provisions related to insurers and community health centers
Nebraska	adopted provisions related to pediatric hospice, Medicaid, and providing culturally and linguistically appropriate information about Down's Syndrome
Nevada	added provisions related to facilities for individuals with intellectual disabilities, for wellness programs, for child abuse/neglect reporting and regarding the early care and intervention program
New Hampshire	repealed regulations requiring early intervention and mental health day services to provide eligibility notices and evaluations in the native language of the family. Regulations were implemented prioritizing community health services for elderly LEP individuals and requiring mental health agencies to provide communication access plans for clients with LEP
New Jersey	implemented new regulations requiring translation services as a condition of licensure for long term care facilities, hospitals, home health services, sterilization services, health insurance, pre-natal care and community health care centers
New Mexico	implemented provisions governing navigators and private insurance
New York	had a slight increase regulations since 2008, focusing on mental health, hospitals, pharmacies, women's health, and long-term care facilities

State	Recent Activities
North Carolina	implemented regulations for language services at mental health services facilities, hospitals, pharmacies, home health services, and community health care centers; implemented that require providing interpreter services to individuals with LEP who are filing grievances (or appeals therefrom) against managed care organizations
North Dakota	added a provision applicable to insurers, non-profit health services corporations, and HMOs
Ohio	provisions related to home and community based services, hospitals, appeals, and some inpatient settings
Oklahoma	added a provision specifying that fee-for-service coverage for children includes interpreters for outpatient psychotherapy services
Oregon	enacted a new law including many provisions related to language access including competency assessments for interpreters, recommendations for cultural competency continuing education, and requirements for the Oregon Health Authority; enacted provisions for their Medicaid Coordinating Care Organizations related to cultural competency
Pennsylvania	largely unchanged from the 2008 survey
Rhode Island	established a Commission for Health Advocacy and Equity that is empowered to address, among other issues, linguistic disparities in health status; adopted a number of other new provisions applicable to particular providers, settings, or services
South Carolina	largely unchanged from the 2008 survey
South Dakota	unchanged from the 2008 survey
Tennessee	repealed a small number of applicable regulations and implemented new regulations that focus on a linguistically and culturally competent state-wide children's mental health care system, LEP services for youth with special needs, and translation requirements for Medicaid enrollees
Texas	did not adopt any applicable laws since the 2008 survey; however, this year's update identified several statutes and regulations not previously identified
Utah	no changes from the 2008 survey
Vermont	no changes from the 2008 survey
Virginia	added a number of new provisions addressing mental health, hospital inpatient care, insurance carriers, and services provided to individuals who are blind and visually impaired
Washington	added provisions related to hospitals, community health centers and some additional settings related to behavioral health and appeals
West Virginia	added provisions related to behavioral health

State	Recent Activities
Wisconsin	added regulations requiring prenatal care coordinating networks, as a condition of certification, to show how they will provide language services and for the state to consider the needs of limited English proficient individuals seeking to pass tests required prior to being authorized as a feeding assistant
Wyoming	added a requirement that interpreters must follow national standards developed by the National Council on Interpreting in Healthcare (NCIHC), to include accuracy, confidentiality, impartiality, role boundaries, professionalism, professional development, and advocacy

In sum, it is clear that the needs of LEP patients are receiving some attention at the state level, due in part to changing demographics and new requirements in federal law but also likely due to the renewed focus on health care quality and patient-centered care. As a result, the breadth and scope of state laws continue to grow, and new opportunities are arising to ensure that LEP individuals have access to meaningful language services in health care settings.

# State Law Totals

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The following chart provides a quick overview of the number of statutes and regulations listed in each state chart.

One note that the numbers may not accurately reflect the depth and breadth of a state's laws governing language access but can provide a quick overview of where various states fall. For example, if the chart lists a number of specific provisions, we count each separately (e.g., Minn. R. 4688.0010(4), Minn. R. 4688.0020(F)(3), Minn. R. 4688.0040(3)(C), Minn. R. 4688.0160(E) would count as 4 provisions). But if the chart lists a range of provisions, we count those as one (e.g., 105 Mass. Code Regs. 130.1101-130.1107). We made this decision due to the likelihood that provisions listing a range were enacted as one law or promulgated as a regulation at one time although we recognize this can be an imprecise delineation. And even if a state has a number of provisions in law and regulation, it does not mean they are fully implemented or enforced.

Even with these limitations, the wide variety between states does provide some insight as to how far we still have to go to ensure that all limited English proficient individuals can effectively communicate in health care encounters. For example, some states have very few statutes and regulations. This includes Georgia (3); Wyoming (4); South Carolina (5); Utah (6), Vermont (6); Delaware, Kansas, Montana and North Dakota (7). Other states have a significant number of provisions, including Illinois (110), New Jersey (104), Texas (77), and New York (76). California, as in past surveys, has the most provisions (257).

Regardless of whether a state has a state-specific law, federal laws do apply to individuals residing in every state and thus may provide protections from discrimination and requirements to ensure effective communication depending on the scope of the federal law.

We hope that policymakers, advocates, interpreters, translators, and limited English proficient individuals will use the information in these charts to understand what laws in their own states may address their needs or provide protections. Additionally, those interested in improving effective communication and access for limited English proficient individuals can get ideas from other states they may want to adopt in their own state.

State	Number of Provisions
Alabama	33
Alaska	21
Arizona	33
Arkansas	22
California	257
Colorado	43
Connecticut	20
Delaware	7
District of Columbia	22
Florida	22
Georgia	3
Hawaii	21
Idaho	6
Illinois	110
Indiana	21
Iowa	36
Kansas	7
Kentucky	9
Louisiana	23
Maine	13
Maryland	21
Massachusetts	65
Michigan	12
Minnesota	39
Mississippi	9

State	Number of Provisions
Missouri	10
Montana	7
Nebraska	27
Nevada	12
New Hampshire	12
New Jersey	104
New Mexico	58
New York	76
North Carolina	14
North Dakota	7
Ohio	31
Oklahoma	27
Oregon	44
Pennsylvania	35
Rhode Island	30
South Carolina	5
South Dakota	10
Tennessee	19
Texas	77
Utah	6
Vermont	6
Virginia	21
Washington	60
West Virginia	8
Wisconsin	16
Wyoming	4

# Using the State Charts

The state-by-state charts present information along three columns. The first column provides a three-letter code that signifies the subject matter of the law. The second column gives the citation to the provision and the last column offers a brief summary of the provision. The first column coding is as follows:

Code	Subject Matter
AGY	Government agency requirements (excluding hearings/legal proceedings)
CHC	Community health centers
CHI	Children's health (excluding EPSDT and early intervention)
CON	Consent (e.g. informed consent)
CRD	Credentialing or profiles for health professionals (e.g. nurses' aides testing)
EIS	Early Intervention Services for children and newborn screening
EPS	Medicaid Early and Periodic Screening, Diagnostic and Treatment Services
FAM	Use of family members, friends, children as interpreters
HEA	Hearings/legal proceedings
HHC	Home health agencies, personal care services, and adult day health centers (not related to mental illness/developmental disabilities)
HIV	HIV/AIDS
HOS	Hospitals
INS	Insurance carriers (may include health maintenance organizations)
INT	Interpreter standards/certification/qualifications
LTC	Long-term care, including nursing homes, assisted living (not related to mental illness/developmental disabilities)

Code	Subject Matter
MED	Medicaid
MEN	Services for people with mental health issues or developmental disabilities, including behavioral health services, habilitation services and Independent Living services (not facilities)
MCE	Medicare
MCO	Managed care organization/Prepaid in-patient/ambulatory health plan
MFA	Facilities for mental illness, ICF/MRs, and other facilities for the provision of psychiatric or mental health services
OAA	Services for the elderly or under the Older Americans Act
PAY	Reimbursement/payments
PRO	Health professions standards/requirements
PUB	Public health
PWD	People with disabilities
RGT	Patient/client rights
STA	Sterilization/abortion
TRA	Translation
UNI	Universal
WOM	Services related to women's health but not abortion/sterilization
XXX	Other



# Alabama

Type	Provisions	Description
CHC, HEA	Ala. Code § 12-15-701(h)(10)	All social and community services shall be made available to a sexually exploited child who is under the jurisdiction of the juvenile court and who has been subjected to sexual exploitation. Services may include educational tutoring, counseling, and language interpreter services.
EIS	Ala. Code § 21-3A-8(a)(2)	Upon full implementation of the early intervention system, eligible infants and toddlers, and their families shall receive an explanation of the evaluation and assessment and all service options in the native language of the family and other accommodations as may be necessary to assure meaningful involvement in the planning and implementation of all services provided under this chapter. The explanation shall accommodate for cultural differences.
HOS, MEN, RGT	Ala. Code § 22-56-4(b)(2), (b)(4), (b)(10)	Mental Health Consumers' Rights Act includes the rights of consumers of mental health services within inpatient, residential, or outpatient setting to be fully informed with information presented in language appropriate to the consumer's condition and ability to understand.
MEN, PWD	Ala. Code § 38-9A-2(b)(9)	The Individual and Family Support Program shall provide services for individuals with developmental disabilities that are consistent with the cultural preferences and orientations of individuals and families. The Individual and Family Support Program, as defined within the statute, is created and administered through a system of regional support councils that are created and incorporated as private nonprofit corporations in each of the mental retardation regions as defined by the Department of Mental Health.

## Alabama continued

Type	Provisions	Description
CON, MEN, PWD, RGT	Ala. Code § 38-9C-4(24)	Bill of Rights for Persons with Developmental Disabilities and Traumatic Brain Injury includes the right to be fully informed, on an individual basis, concerning services provided, with information presented in a setting and in language appropriate to the person's ability to understand.
HEA, INT, PAY	Ala. Admin. Code r. 262-X-4-.07(7)	The Alabama Crime Victim Commission will reimburse language interpretation fees incurred for therapy to crime victims with LEP. Qualification for interpreter reimbursement is contingent on the interpreter's language proficiency certification or a judicial determination that the interpreter is qualified.
EPS, MED, TRA	Ala. Admin. Code r. 560-X-11-.12(3)	Each LEP Medicaid beneficiary will be notified of early and periodic screening, diagnostic, and treatment services ("EPSDT") during a face-to-face interview at which time an individual who communicates in the recipient's language will be present for interpretation. Written materials in Thai, Laotian, Cambodian, and Vietnamese languages are available and will be given to recipients who speak these languages and may also be given to the interpreter for those who are illiterate.
AGY, MCO, MED, TRA	Ala. Admin. Code r. 560-X-37-.01(5)	Each state managed Medicaid program must comply with the language and translation information requirements in 42 C.F.R. § 438.10 for state managed Medicaid programs. Unless a managed care system specifies otherwise, the Prevalent Languages shall mean the 15 most spoken languages in the state as determined by the most recent United States Census.
CHC, MED	Ala. Admin. Code r. 560-X-37-.02(3) (t)	Primary Medical Providers ("PMP") operating under the Primary Care Case Management ("PCCM") model will make oral interpretation services available free of charge to each potential enrollee and enrollee. This requirement applies to all non-English languages. Under Ala. Admin. Code 560-X-62-.12, a PMP is defined as one of the following: family practitioner, federally qualified health center, general practitioner, internist, pediatrician, obstetrician, gynecologist, or rural health clinic.



## Alabama continued

Type	Provisions	Description
AGY, MED, TRA, WOM	Ala. Admin. Code r. 560-X-45-.04 (9), (12), (23)	<p>Under the Medicaid Maternity Care Program, a primary contractor must develop, implement and maintain an extensive recipient education plan covering certain subjects, and make available all materials in English and the prevalent non-English language in the particular service area. The Primary Contractor must make oral interpretation services available for all non-English languages free of charge to each enrollee and potential enrollee.</p> <p>The Primary Contractor is required to participate in the Agency's efforts to promote the delivery of services in a culturally competent manner including to those with LEP and with diverse cultural and ethnic backgrounds.</p> <p>Materials shall provide information for: recipient rights, responsibilities, how to access service locations, change of benefits, and procedures for appeals. All provided written material must be drafted in easily understood language and format. Written material must be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who have limited reading proficiency.</p>
AGY, MED, OAA, RGT, TRA	Ala. Admin. Code r. 560-X-53-.08 (2)	The Program of All-Inclusive Care for the Elderly ("PACE") under the Alabama Medicaid Agency must provide participants' rights in English, as well as in any other language that is prominent in the area covered by the PO. The rights are to be displayed in a prominent location within the center.
AGY, MED, OAA, RGT, TRA	Ala. Admin. Code r. 560-X-53-.12 (4)	Marketing materials provided by PACE are to be printed in English and in any other primary language(s) of the community, as well as in Braille if necessary.

## Alabama continued

Type	Provisions	Description
AGY, MCO, MED, TRA	Ala. Admin. Code r. 560-X-62-.21(2), (4)(d)(4), (5)(f)	<p>Regional Care Organizations must have available information in prevalent non-English languages for Medicaid enrollees and potential enrollees. Methodology must be established for identifying the prevalent non-English languages spoken by enrollees and potential enrollees throughout the region served by the organization. “Prevalent” means a non-English language spoken by five percent or more of potential enrollees and enrollees in the region. Oral interpretation services must be available free of charge to each potential enrollee and enrollee in all applicable non-English languages.</p> <p>Instruction on how to access this information must be provided. A list must be provided to enrollees and potential enrollees that includes: names, locations and telephone numbers of current Non-English speaking providers.</p> <p>As defined by Ala. Code § 40-26B-70(16), a Regional Care Organization (“RCO”), is an organization of health care providers that contracts with the Medicaid Agency to provide a comprehensive package of Medicaid benefits to Medicaid beneficiaries in a defined region of the state and that meets the requirements set forth by the Alabama Medicaid Agency.</p>
MCO, MED, TRA	Ala. Admin. Code r. 560-X-62-.23(1)(c)	Regional Care Organizations must cooperate with the Medicaid enrollee and provide reasonable assistance as needed to explain and complete forms and take other procedural steps related to the filing of grievances and appeals, including but not limited to providing free interpreter services.
MED, HOS	Ala. Admin. Code r. 560-X-64-.07(1)(i)(2)(vii)	Integrated Care Network providers must have the ability to communicate with limited English proficient Medicaid enrollees in their preferred language. As defined by Ala. Code § 22-6-220, an Integrated Care Network is one or more statewide organizations of health care providers, with offices in each regional care organization region, that contracts with the Medicaid Agency to provide Medicaid benefits to certain Medicaid beneficiaries.

## Alabama continued

Type	Provisions	Description
CHC, MEN, MFA, TRA	Ala. Admin. Code r. 580-2-9-.04(6) (b), (9), (15)(a)	<p>For consumer protection in community mental health programs, a verbal orientation upon admission must be given in a language appropriate for the consumer/ personal representative, which includes the following: notification of rights, complaint procedures, appeal procedures, and responsibilities as consumers. Consumers are informed on an individual basis, when needed, concerning services provided, with information presented in a setting and in the language the consumer prefers and in terms appropriate to the consumer's condition and ability to understand.</p> <p>As defined by Ala. Admin. Code r. 580-2-4-.02, a mental health community program is executed by any provider certified by the Department of Mental Health and Mental Retardation that provides mental health treatment services. Mental health treatment services consist of therapies and techniques consistent within the practice in the mental health profession designed to limit or reverse the effects of mental health problems. Entities exempt from certification requirements include: general or psychiatric hospitals licensed by the Alabama Board of Health, hospitals operated by the federal government, federal agencies, state agencies, public educational institutions, private educational institutions, or private practitioners whose professional license permits them to provide mental health services in their individual private practice. Providers that deliver services, but are under contract with and/or are licensed/certified by another state agency for these services may not be subject to certification.</p>
CHC, MEN, FAM	Ala. Admin. Code r. 580-2-9-.06(9) (a)(7), (9)(e)	<p>A mental illness community program requires that the consumer's record includes the consumer's language of preference if known. If the consumer is deaf or has LEP, then the consumer's record shall include both a description of how linguistic support services will be provided to these specific consumers and a signed waiver of free language assistance if the consumer refuses interpreting or translating services. If a family member is used as an interpreter, this should be documented in the consumer record. No one under the age of 18 can be used as interpreters.</p>

## Alabama continued

Type	Provisions	Description
CHC, FAM, INT, MEN, TRA	Ala. Admin. Code r. 580-2-9-.08(2), (3)(c), (5)(b), (10)(a)	A mental illness community program's clinical practice shall have and implement written procedures to assure that consumers who are deaf or who have LEP are provided culturally sensitive, linguistically appropriate access to services that include free language assistance. All interpreters must be qualified to work in the assigned setting with preference given to Qualified Mental Health Interpreters as defined by 580-3-24. While face-to-face interpreter services are preferable, procedures will specify how services will be secured when face-to-face interpreters are not available. For consumers needing spoken language assistance, telephonic interpreter services may be used. Video remote interpreters may be used for deaf consumers using sign language. If qualified interpreters are offered and refused, a signed waiver must be placed in the consumer's file. If family members are used to interpret, this will be noted on the waiver. Family members under the age of 18 cannot be used as interpreters. In the event that interpreters cannot be secured for an assignment, there must be documentation that reasonable efforts were made to secure interpreters. Treatment for consumers who are deaf or who have LEP will be offered by staff fluent in language of the consumer's choice or by using qualified interpreters. Consumers receiving medication shall receive information relative to risks and benefits of medication in their preferred language in terms they can readily understand. The provider must have written policies that protect the consumer against discrimination in the provision of services regardless of the consumer's language of preference.
CHC, INT, MEN	Ala. Admin. Code r. 580-2-9-.09(4) (h)	A mental illness community program with outpatient services may provide optional diagnostic testing of the consumer. Diagnostic testing of consumers who are deaf or have LEP must be done by staff that are qualified mental health interpreters.
CHC, CHI, INT, MEN	Ala. Admin. Code r. 580-2-9-.10(6)	A mental illness community program with child and adolescent in home intervention shall provide consumers that are deaf or have LEP with communication access via a qualified interpreter, staff fluent in consumer's preferred language or staff certified as Intermediate Plus in Sign Language.

## Alabama continued

Type	Provisions	Description
CHC, MEN, HOS, INT	Ala. Admin. Code r. 580-2-9-11(6)	A mental illness community program with adult in home intervention shall provide consumers that are deaf or have LEP with communication access via a qualified interpreter, staff fluent in consumer's preferred language or staff certified as Intermediate Plus in Sign Language.
CHC, INT, MEN	Ala. Admin. Code r. 580-2-9-.13(1)(9)	A mental illness community program with a partial hospitalization program shall provide communication access to these services to consumers that are deaf or have LEP. These services shall be provided by staff fluent in the consumer's preferred language or a qualified interpreter. Staff providing deaf interpretation must be certified as Intermediate Plus in Sign Language or higher, or be a qualified interpreter. A partial hospitalization program is an identifiable and distinct organizational unit that provides intensive, structured, active, clinical treatment with the goal of acute symptom remission, hospital avoidance, and/or reduction of inpatient length of stay.
CHC, INT, MEN	Ala. Admin. Code r. 580-2-9-.14(12)	<p>A mental illness community program with Adult Intensive Day Treatment will provide communication access to consumers that are deaf or have LEP by staff fluent in the consumer's preferred language or a qualified interpreter. Staff providing interpretation to deaf consumers must be certified as Intermediate Plus in Sign Language or higher.</p> <p>Adult Intensive Day Treatment is an identifiable and distinct program that provides highly structured services designed to bridge acute treatment and less intensive services such as rehabilitative and outpatient with the goals of community living skills acquisition/ enhancement, increased level of functioning, and enhanced community integration.</p>

## Alabama continued

Type	Provisions	Description
CHC, INT, MEN	Ala. Admin. Code r. 580-2-9-.15(7)	A mental illness community program with an adult Rehabilitative Day Program will provide communication access to those who are deaf or have LEP via any of the following: a qualified interpreter, staff fluent in consumer's preferred language or staff certified as Intermediate Plus in Sign Language. Rehabilitative Day Program is an identifiable and distinct program that provides long-term recovery services with the goals of improving functioning, facilitating recovery, achieving personal life goals, regaining self-worth, optimizing illness management, and helping consumers to become productive participants in family and community life.
CHC, CHI, INT, MEN	Ala. Admin. Code r. 580-2-9-.16(6)	A mental illness community program with a child or adolescent Rehabilitative Day Program will provide communication access to those who are deaf or have LEP via any of the following: a qualified interpreter, staff fluent in the consumer's preferred language, or staff certified as Intermediate Plus in Sign Language.
CHC, INT, MEN	Ala. Admin. Code r. 580-2-9-.17(4)	A mental illness community program must provide case management services for consumers that are deaf or have LEP. These services must be provided in a linguistically appropriate manner by any of the following: a qualified interpreter, staff fluent in the consumer's preferred language or staff certified as Intermediate Plus in Sign Language.
CHC, MEN, PWD	Ala. Admin. Code r. 580-2-9-.21(6)	A mental illness community program with assertive community treatment must include communication services for consumers who are deaf or have LEP 24 hours per day/7 days per week. Assertive community treatment consists of a multi-disciplinary team in which members function interchangeably to provide treatment, rehabilitation, and support to persons with serious mental illness and severe functional disability with all services being highly individualized for each individual consumer and occurring in the community in places where consumers spend their time.
CHC, INT, MEN	Ala. Admin. Code r. 580-2-9-.22(23)	A mental illness community program with assertive community treatment must provide communication services to consumers who are deaf or have LEP via any of the following: a qualified interpreter, staff fluent in the consumer's preferred language or staff certified as Intermediate Plus in Sign Language.

## Alabama continued

Type	Provisions	Description
CHC, CHI, INT, MEN	Ala. Admin. Code r. 580-2-9-.23(11)(g), (14)(d), (16), (22), (23), (31)(c)	A mental illness community program that uses child and adolescent seclusion and restraint must have written policies that prohibit the use of seclusion and restraint in lieu of effective communication with consumers who are deaf, hard of hearing, or have LEP. If a consumer uses sign language to communicate, then restraints must leave one hand free to communicate. Upon admission, the consumer's record shall contain a provision for access to communication if consumer is deaf or has LEP. During restraint or seclusion, the consumer must be monitored by a staff member fluent in the preferred language of the consumer and this must be documented in the consumer's record. Within 24 hours after the restraint or seclusion concludes, the debriefing shall include face-to-face communication with the consumer in a language understood by the consumer and the consumer's personal representatives.
CHC, INT, MEN, TRA	Ala. Admin. Code r. 580-2-9-.24(8)(b)(4), (8)(e), (8)(f), (9)(c)	A mental illness community program that uses adult seclusion and restraint must have written policies that prohibit the use of seclusion and restraint in lieu of effective communication with consumers who are deaf, hard of hearing, or have LEP. If a consumer uses sign language to communicate, then restraints must leave one hand free to communicate. Upon admission, the consumer's record shall contain a provision for access to communication if consumer is deaf or has LEP. Within 1 hour of restraint or seclusion, communication with a deaf or LEP consumer must be established by any of the following: staff fluent in the preferred language of the consumer, a qualified interpreter, or staff with an Intermediate Plus rating in Sign Language.
CHC, CHI, INT, MEN	Ala. Admin. Code r. 580-2-9-.25(4)	A mental illness community program with therapeutic individualized rehabilitation services shall provide communication access to consumers who are deaf, hard of hearing, or have LEP. These services should be provided by staff fluent in the consumer's preferred language, a qualified interpreter, or staff with an Intermediate Plus level in Sign Language. A therapeutic individualized rehabilitation service is a community based mental health service designed to sustain the child and maintain the child's placement in the home and community that is executed by hourly or daily care for children or adolescents that is less than 7 days per event.

## Alabama continued

Type	Provisions	Description
CHC, CHI, MEN	Ala. Admin. Code r. 580-9-44-.08(5) (g), (8)(d), (10), (16), (17)(c), (26)(c)	Any child or adolescent residing in or receiving treatment in a community based setting certified by the Department of Mental Health has the right to be free from seclusion and restraint must provide appropriate language access. Seclusion and restraint must not be used in lieu of effective communication. If a consumer uses sign language to communicate, then restraints must leave one hand free to communicate. Upon admission, the consumer's record shall contain a provision for access to communication if consumer is deaf or has LEP. During restraint or seclusion, the consumer must be monitored by a staff member fluent in the preferred language of the consumer and this must be documented in the consumer's record. Within 24 hours after the restraint or seclusion concludes, the debriefing shall include face-to-face communication with the consumer in a language understood by the consumer and the consumer's personal representatives.
AGY, CHC, CHI	Ala. Admin. Code r. 795-4-1-.13	Children's Rehabilitation Services shall provide interpreter services upon request. As defined by Ala. Admin. Code r. 795-4-1-.01, Children's Rehabilitation Services is a state agency providing medical and rehabilitation services, coordination, and support services for children and adolescents with special health care needs and their families through a network of community-based offices throughout Alabama.



# Alaska



Type	Provisions	Description
PRO	Alaska Stat. § 08.95.040  Alaska Admin. Code tit. 12, § 18.210(a)(2), (b)(2), § 18.990(3)	Continuing education for social workers must include six hours in cross-cultural education that includes issues relating to Alaska Natives. Cross-cultural education means a structured educational experience such as a course, lecture, workshop, or other organized training that focuses on characteristics of and differences among cultures or groups; cross-cultural education is not limited to clinical applications but should be relevant to the practice of social work; topics may include cross-cultural communications, contemporary anthropology, or Alaska Native cultures.
HEA, RGT	Alaska Stat. § 18.15.385(g)(4)	During hearings to determine isolation or quarantine for public health threats, an individual has a right to an interpreter if the individual does not understand English.
INS	Alaska Stat. § 21.07.020(7)	A health care insurance policy must contain a provision describing available translation or interpreter services, including audiotape or braille information.
INS	Alaska Stat. § 21.42.175(a)-(c)	The director may approve an insurance policy form in a language other than English if the insurance policy form is filed with a copy of the same material in English; and discloses, in both English and the language other than English, that the English language version is the official version and the non-English language version is for informational purposes only. An insurer may not misrepresent information in an insurance policy form or associated material translated into a language other than English.

## Alaska continued

Type	Provisions	Description
MEN	Alaska Stat. § 47.30.523(b)(3)	Community mental health program service delivery principles include that persons be provided community mental health services by staff and programs that reflect the culture and linguistic characteristics of their community.
MEN	Alaska Stat. § 47.30.547(3)	An entity that provides community mental health services must establish staffing patterns of qualified and trained personnel that reflect the cultural and linguistic characteristics of the community.
CHI, MEN	Alaska Stat. § 47.30.675	All applicants for voluntary admission for mental health treatment, or an admitted minor at the time the minor reaches the age of 18, must receive, in a language that they understand, notice that should the person desire to leave at a time when the treatment facility determines that the person is mentally ill and as a result is likely to cause serious harm to self or others or is gravely disabled, the facility could initiate commitment proceedings against the person.
HEA, RGT	Alaska Stat. §§ 47.30.735(b)(5), 745(a)	Patients have the right to an interpreter during 30- and 90-day involuntary commitment hearings.
MEN, RGT	Alaska Stat. § 47.30.855	Mental health patients in treatment facilities must have their patient rights explained in a language that they understand.
AGY	Alaska Stat. § 47.30.860	When practicable all documents and notices required by state law to be served on a respondent, or on the respondent's parents, guardian or adult designee, shall be explained in a language the person understands if the respondent is not competent in English.
PWD	Alaska Stat. § 47.80.110(3)	For specialized services or special adaptations of services for individuals with disabilities, providers must establish staffing patterns that reflect the cultural and linguistic characteristics of the community.

## Alaska continued

Type	Provisions	Description
INS	Alaska Admin. Code tit. 3, §§ 28.910 (o), (p), 28.936 (o) – (q)	A health care insurer must provide a notice of adverse determination, including a rescission of coverage determination to a covered person or the covered person’s authorized representative in a culturally and linguistically appropriate manner. In order to meet this requirement, the insurer must: (1) provide oral language services such as a telephone assistance hotline that include applicable in the non-English language answering questions; and providing assistance with filing benefit requests, claims, and appeals; (2) provide, upon request, a notice in the applicable non-English language; and (3) include in the English version of all notices, a statement prominently displayed in the applicable non-English language clearly indicating how to access the language services provided by the health care insurer.
CHI, PWD	Alaska Admin. Code tit. 4, § 52.100(a), (b)	<p>Each district must establish and implement written procedures for identifying all children with disabilities ages 3 - 21 who reside in the district. The procedures established must include a screening program, which may be operated in cooperation with other public agencies, to include health, vision, hearing, general development and basic skills, primary language and culture, and daily skills in home and community obtained through parental input.</p> <p>The established procedures must also include annual public notice that states the: type of disabilities that qualify as a disabling condition; the educational needs of children with disabilities; right to a free appropriate public education; special services available within the district; confidentiality protections; and person to contact for information and how to contact that person. The district must provide this annual public notice in each language in which a bilingual program is offered.</p>
CHC, MEN	Alaska Admin. Code tit. 7, §§ 13.070(c)(6), 13.100(f)	Community health facilities and mental health facilities must maintain written policies and procedures regarding service to major language and cultural population subgroups and must have procedures to make interpreter services available in the languages of the major subgroups in the service area.

## Alaska continued

Type	Provisions	Description
MEN	Alaska Admin. Code tit. 7, § 72.020(b)(5)	Facilities applying for recognition as a designated evaluation or treatment facilities (to evaluate and treat mental illness) shall develop, and amend as necessary, written policies and procedures that cover language and cultural relevance of services.
LTC	Alaska Admin. Code tit. 7, § 75.220(d)	For assisted living facilities, an administrator shall ensure that each person who will be in direct, unsupervised contact with residents has the ability to access emergency services, including giving clear directions to emergency personnel of the home's location and describing the nature of the emergency in the primary language of the community.
CHC, MED	Alaska Admin. Code tit. 7, § 130.213(g)	When assessing the application for home and community-based waiver services, the Department of Health and Social Services may secure and pay for translation services for a non-English speaking applicant or interpretation services for a deaf applicant.
CHC, MED, TRA	Alaska Admin. Code tit. 7, § 130.218(b)(5), (c) (10)	<p>The planning process for the plan of care for a recipient of home and community-based waiver services must provide information the recipient needs to make informed choices regarding services and supports; the information must be in plain language, and presented in a manner accessible to a recipient with disabilities or limited English proficiency.</p> <p>The plan of care must also use plain language, and be written in a manner that is both accessible to a recipient with disabilities or limited English proficiency and makes the plan of care understandable by the recipient and the individuals important in supporting the recipient.</p>



# Arizona

Type	Provisions	Description
HEA, RGT	Ariz. R. Juv. P. 40.2(E)	During the procedures for dependency, termination of parental rights and guardianship cases, the parent's attorney must ensure that the court is notified when an interpreter is needed.
AGY	ACJA § 6-103(D)(3)	Adult and juvenile probation departments shall identify language assistance resources for communicating with limited English speaking victims.
CHI	Ariz. Rev. Stat. Ann. §§ 8-802; 8-471(D) (7)	All child safety workers shall be trained and demonstrate competency in: impact and intervention practices related to adverse childhood experiences, culturally and linguistically appropriate service delivery, domestic violence, family engagement, communication with special populations and trauma informed responses.
MEN, RGT	Ariz. Rev. Stat. Ann. § 36-504(A)	A list of patients' rights shall be posted prominently in English and Spanish in any facility providing mental health evaluation or treatment.
MEN, PWD, RGT	Ariz. Rev. Stat. Ann. § 36-551.01(P)	On admission for developmental disability services, each client and the client's parent or guardian, if any, shall be given written notice, if possible, and oral notice in their primary language, in a manner which can be easily understood, of the rights included in this chapter, including the right to administrative reviews.
AGY, HEA, PUB, RGT	Ariz. Rev. Stat. Ann §§ 36-727(C), 36-735(B)	If necessary the court shall provide language interpreters in hearings for individuals with tuberculosis. The statement of rights shall be in the afflicted person's primary language.
CHI	Ariz. Admin. Code §§ R6-5-7401(32), (33), R6-5-7440(A), R6-5-7452(A)(3)	Any person or entity licensed to operate a child welfare agency shall provide a child in care with orientation in a language and manner the child can understand and ensure that the child receives a developmentally appropriate explanation of any health treatment the child receives, in a language and manner the child can understand.

## Arizona continued

Type	Provisions	Description
CON, PWD	Ariz. Admin. Code § R7-2-401	With regards to Special Education Standards for Public Agencies Providing Educational Services, “informed written consent” means a person has been fully informed of all information relevant to the activity for which consent is sought, in the person’s native language or through another mode of communication; the person understands and agrees in writing to the carrying out of the activity for which consent is sought; and the person understands that the granting of consent is voluntary and may be revoked at any time.
HHC, LTC, RGT	Ariz. Admin. Code §§ R9-10-403(C)(1)(h), R9-10-502(C)(1)(h), R9-10-603(C)(1)(f), R9-10-902(C)(1)(f), R9-10-1003(D)(1)(h), R9-10-1103(C)(1)(g), R9-10-1203(C)(1)(f), R9-10-1402(C)(1)(h), R9-10-1702(C)(1)(h)	At adult day health care facilities, home health agencies, recovery care centers, outpatient surgical centers or treatment centers, hospices, substance abuse transitional facilities, or other health care institutions, personnel shall ensure that language barriers do not prevent each patient or patient’s representative from becoming aware of patient’s rights.
MEN, RGT	Ariz. Admin. Code § R9-10-303(C)(1)(h)	The administrator of a behavioral health residential facility and governing authority of a behavioral inpatient facility shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a resident that cover resident rights, including assisting a resident who does not speak English.
LTC	Ariz. Admin. Code § R9-10-803(A)(8)	The governing authority of an assisted living facility shall ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility’s premises.

## Arizona continued

Type	Provisions	Description
MEN, RGT, TRA	Ariz. Admin. Code §§ R9-21-201(A)(11), R9-21-211, R9-21-209(B)(3)	A person with serious mental illness has the right to be informed, in appropriate language and terms, of client rights. Additionally, mental health agencies must post, in both English and Spanish, written notice of the civil and legal rights of its clients in one or more areas of the agency so that it is readily visible to clients and visitors. A copy of these rights must also be provided to each client, or guardian if any, at the time of admission to the agency for evaluation or treatment. The person receiving the notice shall be required to acknowledge in writing receipt of the notice and the acknowledgment shall be retained in the client's record. Finally, the agency shall also provide each client with a written copy of the institution's anti-discrimination policy upon discharge. In terms of records, staff of a mental health agency shall read or interpret the record for the client, guardian, attorney, paralegal working under the supervision of an attorney, or designated representative when necessary.
MEN	Ariz. Admin. Code §§ R9 21 301(C)(2), R9-21-305(C)(1)(o)	The clinical team shall make arrangements to have qualified interpreters or other reasonable accommodations present at any assessment, meeting, service delivery, notice, review, or grievance for clients with serious mental illness who cannot converse adequately in spoken English. The individuals contributing to the assessment of a client shall consider the client's circumstances and evaluate all available information including, language and communication capabilities.
MEN	Ariz. Admin. Code § R9-21-307(A)(12), (C)(3)	The Individual service plan (ISP) for individuals with serious mental illness shall be written in language which can be easily understood by a lay person. A statement of whether the client requires service providers with staff who are competent in any language other than English in order to communicate with the client shall be included in the ISP.

## Arizona continued

Type	Provisions	Description
MEN, RGT	Ariz. Admin. Code § R9-21-401(B), (D) (4)	Applicants and clients applying for behavior health services intended for individuals with serious mental illnesses shall be informed of their right to appeal when an application for services is made; an eligibility determination is made; a decision regarding fees or the waiver of fees is made; the assessment report is received; and any service is suspended or terminated. Additionally, they shall be informed during ISP, inpatient treatment and discharge plan (ITDP), and review meetings; and at the time an ISP, ITDP, and any modification to the ISP or ITDP are distributed. The notice shall be in writing in English and Spanish. Within five days of receipt of an appeal, the director of the regional authority shall inform the client in writing in English and Spanish that the appeal has been received and of the procedures that shall be followed during the appeal.
AGY, TRA	Ariz. Admin. Code §§ R9-34-204, R9-34-304, R9-34-310	The Arizona Health Care Cost Containment System (AHCCCS) and its contractors shall ensure that a Notice of Action shall be available in each non-English language spoken by a significant number or percentage of fee for service members, enrollees, or potential enrollees in the contractor's geographic service area as established by contract, that the Notice of Action shall explain that free oral interpretation services are available to explain the Notice of Action for all non-English languages. AHCCCS shall also provide reasonable assistance to a Fee -for -service (FFS) member in completing forms and taking other procedural steps. This assistance includes, but is not limited to, providing interpreter services and interpreter capability.





# Arkansas

Type	Provisions	Description
AGY, LTC	Ark. Code Ann. § 12-12-1711(b)(2)(F) (3)	The Department of Health and Human Services shall conduct a thorough investigation of all suspected adult maltreatment or long-term care facility resident maltreatment. An interpreter may be present during the interview of the maltreated person if necessary.
MED, STA, TRA	Ark. Code Ann. §§ 20-16-903(b)(2) (D), 904(a), 1105(a), 1704	<i>Woman's Right to Know Act of 2001:</i> For an abortion, informed consent must be obtained after the proper information is provided to a woman through a translator in a language understood by the woman. This information includes, the name of the physician who will perform the abortion, the medical risks associated with the particular abortion procedure to be employed; the probable gestational age of the fetus at the time the abortion is to be performed; and the medical risks associated with carrying the fetus to term. The woman must also be informed, in the proper language, that medical assistance benefits may be available; that the father is liable for child support; that she has the option to review the printed or electronic materials provided by the state of Arkansas; and that if the woman chooses to exercise her option to view the materials, these materials will either be mailed to her in printed form or viewed online by her. Requires all printed materials to be in English and every language spoken by two percent of the population and to include information on public and private agencies available to assist a woman through pregnancy, upon childbirth, and while the child is dependent (at the option of the division), description of the fetus at two-week gestational increments; abortion procedures; risks of abortion; and risks of pregnancy.
HOS	Ark. Code Ann. § 20-27-709	Each medical facility shall post signs in English and Spanish in prominent places in its facilities and on its property to explain the prohibition of smoking.

## Arkansas continued

Type	Provisions	Description
AGY, INS	Ark. Code Ann. § 23-61-804 (12)(A) (v)	The Arkansas Health Insurance Marketplace shall select entities qualified to serve as navigators and award grants to enable navigators to provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Arkansas Health Insurance Marketplace.
INS	Ark. Code Ann. § 23-64-604(c)(2)	A health insurance marketplace guide shall provide enrollment information in a culturally and linguistically appropriate manner that meets the needs of the population being served by a health insurance marketplace, including those individuals with limited English proficiency.
HEA	Ark. Code Ann. § 25-15-101	Every person who cannot speak or understand the English language and who is a party or witness in any administrative proceeding shall be entitled to an interpreter to assist that person throughout the proceeding. If the board or agency appoints an interpreter, the fee for the services of the interpreter shall be paid from any funds available to the board or agency or be paid in any other manner ordered by the board or agency.
CHI, PWD	Ark. Admin. Code 005.18.6- 6.04.2.1(B), 6.04.2.2	<p>Under the Individuals with Disabilities Education Program (IEP), each public agency must ensure that assessments and other evaluation materials used to assess a child are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer.</p> <p>The materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English language skills.</p>
CHI, PWD	Ark. Admin. Code 005.18.8- 8.07.1.2(B)	When developing an IEP for a child with disability, the IEP team must consider the language needs of a child with limited English proficiency.

## Arkansas continued

Type	Provisions	Description
CHI, MEN	Ark. Admin. Code 016.01.9-5-A	Each youth residential facility shall have written policy and procedure and practice that new juveniles receive written orientation materials and rules and regulations in their own language if they do not understand English. When a language or literacy problem exists, a staff member or another qualified individual under the supervision of staff shall assist the juvenile in understanding the material.
EIS	Ark. Admin. Code 016.05.4-1100(C)	Providers providing Early Intervention Services must provide services and information in the family's natural language.
LTC, RGT	Ark. Admin. Code 016.06.6-602.1, 016.06.61-403.3, 016.06.61-405(3)(i), 016.06.5-401.4, 016.06.15-3004, 016.06.14-603.1(1) (l)	For nursing homes, adult day health care providers, residential long term care facilities, and post-acute head injury retraining and residential adult care facilities, appropriate means shall be utilized to inform non-English speaking residents of their rights.  In addition, each client or resident in an adult day Care, assisted living facility, has the right to, and the facility shall ensure that clients or residents shall not be prohibited from communicating in his or her native language with other clients/residents or personnel/staff/employees.
CON, MED, PAY, STA	Ark. Admin. Code 016.06.20- 216.410(B)	For Medicaid payment of sterilization, the person obtaining the consent for sterilization must sign and date the form after the recipient and interpreter, if one is used. The signature will attest to the fact that all elements of informed consent were given and understood and that consent was voluntarily given.
CHI, MEN	Ark. Admin. Code 016.06.26-221.702	For inpatient psychiatric services for patients under the age of 21, providers must communicate their restraint and seclusion policy in a language that the resident or his or her parent(s) or legal guardian(s) understands and, when necessary, the facility must provide interpreters or translators.
AGY	Ark. Admin. Code 016.06.35- 173.300(4)	ConnectCare HelpLine, operated by Medicaid Outreach and Education, can help non-English-speaking individuals locate primary care physician offices or clinics where they can communicate in their native language.

## Arkansas continued

Type	Provisions	Description
XXX	Ark. Admin. Code 016.14.3-4110	Providers providing direct services under the Social Services Block Grant Program shall take reasonable steps to ensure that applicants with limited English proficiency have meaningful access to the programs, services, and information available.
CON, TRA	Ark. Admin. Code 016.14.7-4009.4.1	For HIPPA, all DHS agencies shall utilize the standard authorization form, "Authorization to Disclose Health Information," that contains the elements necessary to be considered a valid authorization. The standard authorization form is written in plain and simple language that a client or personal representative can easily read and understand. The standard authorization shall be made available in languages understood by a substantial number of clients served by each agency, which at a minimum must include Spanish.
CHI	Ark. Admin. Code 054.00.106-6(F)(3)	For stand-alone dental plans offered through the Affordable Care Act (ACA) approved Marketplace or where a stand-alone dental plan is offered outside of the ACA approved marketplace for the purpose of providing the essential health benefit category of pediatric oral benefits, the stand-alone Dental Carrier's access plan must describe the Stand-alone Dental carrier's efforts to address the needs of covered persons with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds, and with physical and mental disabilities.



# California

Type	Provisions	Description
AGY, PUB	Cal. Code Regs. tit. 8, Appendix B	In the Department of Industrial Relations – Division of Industrial Safety, the Respiratory Health Questionnaires must have the initial and follow-up questionnaire in Spanish.
INT	Cal. Code Regs. tit. 8, § 9795.1.6	In the Department of Industrial Relations – Division of Workers’ Compensation, in order to be paid for interpreter services at a medical treatment appointment or medical legal exam, the interpreter must be certified, certified for medical treatment appointments or medical legal exams, or provisionally certified.
AGY, RGT	Cal. Code Regs. tit. 8, § 9795.3(a)(1) (2)(3)	An employee that does not proficiently speak or understand English, can request an interpreter that the claims administrator must pay for, in the following instances: 1) an examination by a physician of an injured employee; 2) a medical treatment appointment; 3) a medical-legal evaluation.
AGY, RGT	Cal. Code Regs. tit. 8, § 9881	Every employer shall post a Notice to Employees, in both English and Spanish where there are Spanish-speaking employees, during the workday hours how to get emergency medical treatment and emergency numbers for hospital and ambulance services, amongst other things.
AGY, RGT, TRA	Cal. Code Regs. tit. 8, § 9924(a)(c) (definition of “Administrative Director” in Cal. Code Regs. tit. 8, § 10205)	Information and Assistance Officers shall provide continuing information concerning the rights, benefits and obligations under the workers’ compensation laws of the State of California to employees, employers, medical providers, claims administrators and other interested parties; and distribute any information pamphlets in English, Spanish, and other languages that have been prepared and approved by the Administrative Director to all inquiring employees and other parties that may request copies of the same.

## California continued

Type	Provisions	Description
HEA, INT	Cal. Code Regs. tit. 8, § 10451.2(c) (G)(H)	An assertion by a defendant that an interpreter at a medical treatment appointment did not meet the criteria established by Labor Code § 4600(f) and § 5811(b) (2) and the interpreter was not reasonably required at a medical treatment appointment because the employee proficiently speaks and understands English, is not subject to Independent Medical Review and/or Independent Bill Review.
MEN	Cal. Code Regs. tit. 9, § 784.10(f)	If any language or communication barriers exist between mental health rehabilitation center (not defined) staff and clients, arrangements shall be made for interpreters or for the use of other mechanisms to ensure adequate communication between clients and personnel.
INT, MEN	Cal. Code Regs. tit. 9, § 784.29(h)	In a mental rehabilitation center, if a client or his or her legal representative cannot communicate with the physician because of language or communication barriers, the mental health rehabilitation center shall arrange for an interpreter. An interpreter shall be someone who is fluent in both English and the language used by the client and his or her legal representative. When interpreters are used, they shall be physically present and documentation shall be placed in the client record indicating the name of the person who acted as the interpreter and his or her relationship to the client and to the mental health rehabilitation center.
MEN, RGT, TRA	Cal. Code Regs. tit. 9, § 784.31(a)	Mental health rehabilitation centers must post the rights of patients in English, Spanish and any other language representing at least 5 percent of the county population where the facility is located.
CON, MEN, RGT	Cal. Code Regs. tit. 9, § 851	A voluntary patient receiving community mental health services (term not defined) shall be treated with antipsychotic medications only after being informed of her right to accept or refuse such medications and has consented to the administration of such medications. In order to make an informed decision, the patient must be provided with sufficient information by the physician prescribing such medications in the patient's native language, if possible.

## California continued

Type	Provisions	Description
MEN, RGT, TRA	Cal. Code Regs. tit. 9, § 862(a)-(b)	A list of patient rights in the Welf. & Inst. Code § 5325 and the complaint procedure shall remain posted, in English and Spanish, in all wards and common living areas of mental health facilities (definition repealed Cal. Code Regs. tit. 9, § 860). Patients admitted to a mental health facility shall be personally notified of their rights in writing in a language they can understand or by other means if the patient is unable to read or understand the provided information.
MFA, RGT, TRA	Cal. Code Regs. tit. 9, § 882	Upon admission to a Department of mental health facility, each non-Lanternman-Petris-Short (“LPS”) Act patient (those placed or committed to a mental health facility pursuant to legal authority other than the LPS Act) shall be informed of her rights and given a copy of those rights in the language or modality understood by the patient. These patients’ rights shall also be prominently posted in the predominant languages of the patients in patients’ living areas.
MED, MEN	Cal. Code Regs. tit. 9, § 1810.410	Each Medicaid mental health plan must comply with cultural and linguistic requirements including development and implementation of a cultural competence plan, a statewide toll free telephone number 24 hours per day, 7 days per week available in all languages spoken by beneficiaries of the plan, interpreter services in threshold languages (defined as a primary language, which includes sign language, spoken by 3,000 people or 5 percent of the beneficiary population, whichever is lower in an identified geographic area), at key points of contact, policies and procedures to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access the specialty mental health services or related services available through that key point of contact, and general program literature in threshold languages in the county as whole.
DEF, MEN	Cal. Code Regs. tit. 9, § 3200.300	“Underserved” under the Mental Health Services Act includes clients who are members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as limited language access.

## California continued

Type	Provisions	Description
DEF, MEN	Cal. Code Regs. tit. 9, § 3200.100	“Cultural Competence” under the Mental Health Services Act means incorporating and working to achieve a number of goals into all aspects of policy-making, program design, administration, and service delivery. Some of the goals target linguistic populations including: equal access to services of equal quality without disparities among cultural and linguistic populations; treatment interventions and outreach services that effectively engage and retain individuals of diverse cultural and linguistic populations; an incorporation into policy, program planning, and service delivery of an understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different cultural and linguistic groups and of the impact that discrimination has upon each cultural and linguistic population; the utilization by services and supports of the strengths and forms of healing that are unique to an individual’s cultural and linguistic population or community; the effective training of individuals who deliver services to understand and effectively address the needs and values of the particular cultural and linguistic population or community that they serve; and the development and implementation of strategies to promote equal opportunities for those involved in service delivery who share the diverse cultural and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.
MEN	Cal. Code Regs. tit. 9, § 3580.010 (a)(4)(D)	The Annual Innovative Project Report for the Department of Mental Health shall include the primary language used by threshold languages for the individual county.
AGY, MEN	Cal. Code Regs. tit. 9, § 3610(b)(1)	The County shall establish for the community mental health programs and/or services funded through the Community Services and Supports (“CSS”) component, peer support and family education support services or expand these services to meet the needs and preferences of clients and/or family members. The County shall conduct outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served.



## California continued

Type	Provisions	Description
AGY, MEN	Cal. Code Regs. tit. 9, § 3620(h)(A)(2)	The County shall designate a Personal Service Coordinator/Case Manager for each client to be the single point of responsibility for that client/family, who is culturally and linguistically competent, or at a minimum, is educated and trained in linguistic and cultural competence, and has knowledge of available resources within the client's/family's racial/ethnic community.
AGY, MEN	Cal. Code Regs. tit. 9, § 3650 (a)(1); (a)(5)(A)(B)	Through the Community Services and Supports Component under the Mental Health Services Act, the County shall include in an assessment of its capacity to implement proposed programs the strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, among other items. The evaluation shall include an assessment of bilingual proficiency in threshold languages and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers.
MEN	Cal. Code Regs. tit. 9, § 3735(a)(2)(A)	As part of the prevention and early intervention strategies for various programs under the Mental Health Services Act, "Improving Timely Access to Services for Underserved Populations" means to increase the extent to which an individual or family from an underserved population as defined in Cal. Code Regs. tit. 9, § 3735 needs mental health services due to risk or presence of a mental illness receives appropriate services as early on as possible, through program features such as cultural and language appropriateness.
MEN	Cal. Code Regs. tit. 9, § 3755(c)(2)(A), (d)(2)(C)	The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include demographics relevant to the intended target population for the specific Program and a description of each Early Intervention Program as defined in § 3710 including primary language used.

## California continued

Type	Provisions	Description
DEF, MEN	Cal. Code Regs. tit. 9, § 3841(a)(4), (b)(B)	The Training and Technical Assistance Funding Category may fund programs and/or activities that increase the ability of the Public Mental Health System workforce to promote cultural and linguistic competence. The Training and Technical Assistance Funding Category for the Public Mental Health System workforce may be used to pay for individuals from cultural and linguistic communities that are underrepresented in the Public Mental Health System. "Underrepresentation" is defined in the Cal. Gov't Code § 11139.6.
MEN	Cal. Code Regs. tit. 9, § 3842(a)(3) (4)	The Mental Health Career Pathway Programs Funding Category may fund career counseling, training and/or placement programs designed to increase access to employment in the Public Mental Health System to cultural and linguistic groups that are underrepresented in the Public Mental Health System. "Underrepresentation" is defined in the Cal. Gov't Code § 11139.6.
MEN	Cal. Code Regs. tit. 9, § 3844(c)(1)	The Public Mental Health System (not defined) may utilize financial incentive programs to encourage the recruitment and retention of individuals with a proficiency in a language other than English.
AGY, PWD, TRA	Cal. Code Regs. tit. 9, § 7001.2	The Department of Rehabilitation's definition of "appropriate modes of communication" means specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated, and includes the use of interpreters and simple language materials.
AGY, TRA	Cal. Code Regs. tit. 9, § 7141(b)	The Department of Rehabilitation requires a counselor to translate or arrange for translation of documents in the case record when requested, in a language that is understood by the client. It is not required that the case record be translated into other languages.
AGY, INT,	Cal. Code Regs. tit. 9, § 7300(a)(b)	The Department of Rehabilitation requires interpreters for non-English speaking persons to be fluent in both the spoken and written non-English and English languages, and to be interviewed and evaluated to verify fluency by a Rehabilitation Supervisor and a Counselor who is certified bilingual in the appropriate language, and to be evaluated on their ability to interpret at a level that will meet the service needs of the client.

## California continued

Type	Provisions	Description
HEA, PWD	Cal. Code Regs. tit. 9, §§ 7352(a), 7353(c), 7353.6(c)	In administrative review, mediation, fair hearing, and discrimination complaint procedures, the Department of Rehabilitation shall inform the appellant in his/her primary language and preferred mode of communication that, upon the appellant's specific request, all future notices and decisions shall be transmitted in the same manner. If no such request is received, future notices and decisions shall be transmitted by mail in written English. All requests for administrative review of an action of the Department relating to the application for or receipt of services shall include the information that interpreter and reader services shall be provided for the administrative review upon request for clients who are non-English-speaking, deaf, hearing impaired, speech impaired, blind, or visually impaired.
AGY, INS, TRA, PROF, PWD	Cal. Code Regs. tit. 10, § 2240.6(a), (f), (l)	Network insurance provider directories must offer to accommodate individuals with limited-English-proficiency ("LEP") or disabilities and inform covered individuals regarding the availability of translations and interpreter services in languages other than English according to Cal. Ins. Code § 10133.8. The directories, both printed and online, shall identify those contracting providers who are themselves multilingual or employ multilingual providers and/or office staff, based on language capability disclosure statements signed by the multilingual providers and/or office staff, attesting to their fluency in languages other than English.

## California continued

Type	Provisions	Description
INS, TRA	Cal. Code Regs. tit. 10, § 2538.1, 2538.2	The Health Care Language Assistance Program establishes standards and requirements to provide beneficiaries, free of charge, with appropriate access to translated written materials and oral interpretation services in obtaining covered benefits. The purpose of these regulations is to accomplish maximum accessibility to language assistance services by LEP insureds, including oral interpretation and written translation assistance and to set forth: a) the methods of surveying the language preferences and linguistic needs of insureds; b) the requirements, standards and quality assurance for translation of vital documents; c) the requirements, standards and quality assurance for individual access to oral interpretation services; and d) the reporting and data collection requirements for health insurers. For purposes of the health care language assistance program, the definitions in Cal. Code Regs. tit. 10, § 2538.2 are applicable and should be referenced.
AGY, INS	Cal. Code Regs. tit. 10, § 2538.3	Every health insurer must establish and implement a Language Assistance Program (LAP) that complies with the requirements of Cal. Ins. Code § 10133.8, § 10133.9, and § 2538.3. The LAP shall describe, at a minimum, the following elements: assessments of insureds; provision of language assistance services; staff training; and compliance monitoring. Every health insurer shall develop a written notice that discloses the availability of language assistance services to insureds and explains how to access those services. Health insurers shall require compliance with their LAP by every contractor, health care provider, and any network that is contracted to provide health care to insureds. Health insurers are financially responsible for the implementation of the LAP unless otherwise stipulated in a contract. Every health insurer shall file their LAP plan with the Commissioner and the Commissioner may periodically request that health insurers submit information and data about insureds language needs and demographic profile.

## California continued

Type	Provisions	Description
INS, , TRA	Cal. Code Regs. tit. 10, § 2538.4	Every health insurer shall survey the language preferences and assess the linguistic needs of insureds. Health insurers must update the linguistic needs assessment, demographic profile, and language translation requirements of their insured population every three years. LAP shall describe the health insurer's methods and timelines for surveying and assessing the language preferences and linguistic needs of the insured population, the calculations to be used to determine indicated/threshold languages, the method for collecting, summarizing and reporting the data to the Department, and how the health insurer shall advise LEP insureds of the availability of translation and interpretation services.
INS, TRA	Cal. Code Regs. tit. 10, § 2538.5(a), (b), (d), (e)	Every health insurer shall translate vital documents into languages other than English. For vital documents that contain insured-specific information, health insurers shall provide the English language document together with the written notice of the availability of interpretation services and translation services in the indicated/threshold languages identified by the needs assessment. Health insurers must develop policies and procedures to ensure the quality and accuracy of written translations and that each translated document meets the same standards as are required for the English version of the document. The policies and procedures shall include mechanisms for ensuring the proficiency of the individual providing translation services, including a documented and demonstrated proficiency in the source and target languages and knowledge of applicable specialized terminology in both the source and target languages. Translation of vital documents can be provided in more languages other than the indicated/threshold languages.

## California continued

Type	Provisions	Description
FAM, INS, INT	Cal. Code Regs. tit. 10, § 2538.6(a), (b), (c)	Insurer must provide timely individual access to interpretation services in the insureds primary/preferred spoken language, at no cost to LEP insureds during all points of contact when language assistance is needed; develop policies and procedures that describe the health insurer's methods for providing timely interpretation services; develop policies and procedures for the use of family, friends, and (though strongly discouraged) minors as interpreters. For this particular section, "timely" refers to a manner appropriate for the situation in which language assistance is needed. However, interpreter services are not timely if a delay results in the effective denial of the service, benefit, or right at issue or causes an undue burden on or delay in significant rights, benefits, or services to the LEP insured.
AGY, INS	Cal. Code Regs. tit. 10, § 2538.7(a), (b), (c)	Health insurers shall monitor the implementation and provision of its LAP, evaluate the effectiveness of its LAP, make changes as necessary, and report the information and data requested by the Department of Insurance in a timely manner. The policies and procedures shall include a description of the health insurer's method of (1) monitoring health insurer, contractor, health care provider, and network compliance with the health insurer's standards for the LAP Assistance Program, including the availability, quality and utilization of language assistance services, (2) tracking grievances and complaints related to its LAP Assistance Program, and (3) documenting actions taken to correct problems.
INT, PWD, TRA	Cal. Code Regs. tit. 10, § 6452(c)(1) (2)(A), (B)	Information about the California Health Benefit Exchange program shall be provided to applicants and enrollees living with disabilities through the provision of auxiliary aids and services, individuals who are LEP through the provision of language services, oral interpretation or written translations, and taglines in non-English languages indicating the availability of language services.
INT, PWD	Cal. Code Regs. tit. 10, §§ 6660(b) (8), (12), 6860(b) (8), (12)	Certified Enrollment Counselors and Certified Application Counselors who carry out Consumer Assistance functions (enrollment assistance in the California health benefit exchange) shall complete training in providing culturally and linguistically appropriate services; and working effectively with individuals with LEP and people with disabilities.

## California continued

Type	Provisions	Description
INT, PWD	Cal. Code Regs. tit. 10, § 6706(b) (8), (12)	To ensure that all Plan-Based Enrollers are knowledgeable about the Individual Insurance Exchange, all individuals or entities who carry out enrollment assistance functions shall complete training in providing culturally and linguistically appropriate services; and working effectively with, and not discriminating against persons with LEP and people with a full range of disabilities.
INS, INT, PWD	Cal. Code Regs. tit. 10, § 6806(a) (8), (12)	All persons who apply to become a Certified Insurance Agent shall complete training and receive a passing score of at least 80% in the Exam administered by the California Health Benefit Exchange, including the following subjects prior to becoming certified: providing culturally and linguistically appropriate services; and working effectively with LEP and people with a full range of disabilities.
AGY, CHI, PWD	Cal. Code Regs. tit. 15, § 1390	Deprivation of medical services and counseling in juvenile facilities is not permitted. Furthermore, provisions shall be made to provide accessible information to youth with disabilities, LEP, or limited literacy.
AGY, CHI, FAM, TRA	Cal. Code Regs. tit. 15, § 1406	In juvenile facilities providing on-site health care, minors shall not be used to translate confidential medical information for other non-English speaking minors.
AGY, CHI, TRA	Cal. Code Regs. tit. 15, § 1433(a)	In juvenile facilities for requests for emergency and non-emergency health care services, there shall be opportunities for both written and verbal communications, including provision for youth who have language or literacy barriers.
AGY, PWD, TRA	Cal. Code Regs. tit. 15, § 3087.1(b)	Health care staff in adult correctional institutions shall ensure effective communication is achieved and documented when there is an exchange of health care information and in health care grievance communications involving patients with a hearing, vision, and/or speech impairment; and/or LEP.
TRA	Cal. Code Regs. tit. 16, § 1003	Dental health experimental programs must post notices describing the nature and intent of the program in English and a second language if warranted by the needs of the local community in a conspicuous and publicly accessible area within the treatment facility and shall be maintained in such area for the life of the program.

## California continued

Type	Provisions	Description
XXX	Cal. Code Regs. tit. 16, § 1042.1	Criteria for the selection of applicants in the California Dental Corps Loan Repayment program include speaking more than one Medicaid threshold language, as defined in § 1971(g) of the code (one point for each additional language that is spoken by the population served by the clinic(s) at which the applicant will be providing services) and completion of an extra-mural program or rotation during dental school in which the applicant provided services to a population that speaks any Medicaid threshold language. The Dental Board shall seek to place the most qualified applicants in the areas with the greatest need considering applicants who are best suited to meet the cultural and linguistic needs and demands of patients dispersed throughout California. The Board shall seek to achieve a geographic distribution that best addresses the needs of dentally underserved areas of California and the unmet cultural and linguistic needs of the widest spectrum of dentally underserved populations.
XXX	Cal. Code Regs. tit. 16, § 1042.6(b)	In considering reinstatement into the California Dental Corps Loan Repayment program, the Board shall grant or deny the petition based upon, available funds and the cultural and linguistic needs, and demands of the patients from dentally underserved populations.
XXX, TRA	Cal. Code Regs. tit. 16, § 1396.5	Licensed psychologists who provide services to a client in a language other than English shall provide to the client as appropriate the translations of required or approved notices or publications made available by the board in that language, discuss with the client as appropriate the content of any required or approved notice or publication for those notices or publications not available in the language in which services are provided, post the Notice to Consumers if made available by the board in that language.



## California continued

Type	Provisions	Description
AGY, PRO, TRA	Cal. Code Regs. tit. 16, § 1746.3(c) (1), (C)(6)	According to the California State Board of Pharmacy, a pharmacist furnishing naloxone hydrochloride shall screen potential recipients by asking particular questions. The screening questions shall be made available on the Board of Pharmacy's website in alternate languages for patients whose primary language is not English. When naloxone hydrochloride is furnished, the pharmacist shall provide the recipient a copy of the current naloxone fact sheet approved by the Board of Pharmacy and shall be made available on the Board's website in alternate languages for patients whose primary language is not English.
EIS, TRA	Cal. Code Regs. tit. 17, § 6501.2(b)	For the newborn screening program, if parents or guardians object to tests due to religious reasons, refusal forms shall be obtained and signed appropriately, and if needed, shall be translated or read in a language understood by such persons.
TRA, WOM	Cal. Code Regs. tit. 17, § 6504.2	Perinatal licensed health facilities shall provide pregnant women with shall be provided a copy of "Important Information for parents" and if she is unable to read it, it shall be translated or read to her in a language she understands.
CHI, MED	Cal. Code Regs. tit. 17, § 6824(b)(1), (b)(3)(B)	No later than 60 days following the date of a family's initial Medicaid eligibility determination or determination after a period of ineligibility, the family must be informed of the availability of Child Health and Disability Prevention services, including dental services, using procedures suitable for people who cannot understand English, are illiterate, blind, or deaf.
CHI, TRA	Cal. Code Regs. tit. 17, § 6842(c)	Persons eligible to receive Child Health and Disability Prevention ("CHDP") services shall be informed about the value of preventive health services, health assessments, the need for prompt diagnosis and appropriate treatment of suspected disabilities, and the nature, scope and benefits of the CHDP program, using effective methods to involve them and in a language understandable to them

## California continued

Type	Provisions	Description
CHC, HOS, PWD, RGT	Cal. Code Regs. tit. 17, § 50520(a) (1)-(2), (b)(1)-(2)	In state hospitals, community care and health facilities in which persons with developmental disabilities reside, their rights must be prominently posted in both English and Spanish in each living area. Within twenty-four (24) hours after entry into the hospital as a resident, annually thereafter, and at any other point in time when the client's legal status changes, each person shall be personally informed and served with a printed copy of all rights and have these rights explained in a language or modality he understands.
EIS, TRA	Cal. Code Regs. tit. 17, § 52084(d) (4)	According to the Department of Developmental Services Regulations, assessments of family resources, priorities and concerns related to enhancing the development of the child shall be voluntary on the part of the family and be conducted in the language of the family's choice or other mode of communication unless it is not feasible to do so.
EIS	Cal. Code Regs. tit. 17, § 52102(g) (2)	Regional Centers of the Department of Developmental Services Regulations shall develop an Individualized Family Service Plan ("IFSP") for each child and all IFSP meetings shall be conducted in the language of parent's choice unless it is clearly not feasible to do so.
EIS, HEA	Cal. Code Regs. tit. 17 § 52172(h)	Any mediations or hearings with the Department of Developmental Services shall be conducted in English and interpreted in the language of the family's choice or other mode of communication.
AGY, OAA	Cal. Code Regs. tit. 22, § 7250(c)	When a substantial number, as determined by the area agency on aging, of older individuals within the principal service area are of limited English-speaking ability, the Department on Aging shall ensure that local agencies utilize in the delivery of outreach services the services of persons who are fluent in the languages spoken by a predominant number of those older individuals who are of limited English speaking ability. The Department shall also take actions as may be appropriate to assure that counseling assistance is made available to older individuals with limited English speaking ability in order to assist the older individuals in participating in the programs and services of the agencies and also provide guidance to supportive service providers to enable the providers to be aware of cultural sensitivities and effectively to take into account linguistic and cultural difference.

## California continued

Type	Provisions	Description
CON	Cal. Code Regs. tit. 22, §§ 40151(a)(b), 40243(a)(b)	Before receiving treatment, each project in the California Health Services Corps shall inform each patient of all known risks, benefits and alternatives to any and all treatment. Each patient must sign an affirmation that his/her right to be informed of all known risks, benefits and alternative to any and all proposed treatment has been explained in his/her native language, and that he/she understands this right. A parent or a guardian shall sign the right to be informed affirmation on behalf of a minor. This requirement may be waived in the case of emergencies.
AGY, DEF	Cal. Code Regs. tit. 22, § 40521(b)(4)	For the Department of Health Services, “underserved population group” includes persons who live within a census tract, located in the county that has insufficient primary care providers capable of meeting the cultural and linguistic needs of the population and where the clinic is licensed to deliver services.
MCO, MED	Cal. Code Regs. tit. 22, § 50185.5(j)(3)	A Medicaid managed care plan assignment is not appropriate when culturally and linguistically appropriate services are not available to the beneficiary.
MED	Cal. Code Regs. tit. 22, § 51098.5	Sign language interpreter services includes certified or non-certified interpreters who can facilitate communication between a deaf or hearing impaired Medi-Cal enrollee, a deaf or hearing impaired adult representative of the enrollee, or a deaf or hearing impaired adult that receives services or training on behalf of the enrollee and a Medi-Cal provider.
FAM, INT, PWD	Cal. Code Regs. tit. 22, § 51202.5	Individuals who provide sign language interpreter services shall communicate effectively, accurately and impartially both receptively and expressively in a health care setting; and though a beneficiary may select an individual to provide sign language interpreter services, the interpreter shall not be related to the beneficiary by heredity or by marriage, or live in the same household.
PUB	Cal. Code Regs. tit. 22, § 51276(a)(4)	Each provider of Directly Observed Therapy (“DOT”) must have the capacity to provide tuberculosis DOT in a linguistically and culturally appropriate manner to the population being served.

## California continued

Type	Provisions	Description
CON, MED, STA, TRA	Cal. Code Regs. tit. 22, §§ 51305.4(a), (d), (e), 70707.4(a), (a)(2), (e)	The consent form for a sterilization procedure must be provided in both English and Spanish, and be signed and dated by the individual to be sterilized, the interpreter, the physician, and the person who obtained consent. The person who obtains consent must provide the individual to be sterilized with a copy of the booklet on sterilization in English and Spanish before obtaining consent.
MED, XXX	Cal. Code Regs. tit. 22, § 51365	Individuals who are Medi-Cal beneficiaries and have language or other comprehension barriers are eligible to receive targeted case management services.
MCO, MED	Cal. Code Regs. tit. 22, § 53840(a)(c)(12)	The two-plan model managed care program in the California Medical Assistance Program requires each plan to obtain or maintain a license to operate as a Knox-Keene health care service plan and comply with cultural and linguistic services requirements.
MCO, MED	Cal. Code Regs. tit. 22, § 53851(e)	For two-plan managed care counties, each plan shall ensure that information, services or presentations shall be provided in a language that is easy to understand, in the preferred language of the beneficiary, in a culturally appropriate manner, and in a way that is fully accessible to beneficiaries with disabilities.
MCO, MED	Cal. Code Regs. tit. 22, § 53858(e)(6)	Each two-plan model managed care program shall establish and maintain written procedures for member grievances and complaints. Each grievance procedure shall provide for a system for addressing any cultural or linguistic requirements related to the processing of member grievances prescribed in the contract between the plan and the department.
MCO, MED, INT	Cal. Code Regs. tit. 22, § 53876	Each Medicaid managed care plan shall implement and adhere to the cultural and linguistic services requirements of the contract between the plan and the department; at a minimum these contracts will include interpretation, translation of signage and written materials, and referrals to culturally and linguistically appropriate services. In consultation with representatives from contracting plans and community-based diverse cultural and linguistic groups, the department shall develop, and update as appropriate, a set of comprehensive cultural and linguistic requirements which shall be incorporated into the contract between the department and each plan.

## California continued

Type	Provisions	Description
MCO, MED	Cal. Code Regs. tit. 22, § 53880(e)	All marketing materials, presentations, and displays shall conform to the cultural and linguistic requirements prescribed in the contract between the two-plan model and the department.
MCO, MED	Cal. Code Regs. tit. 22, § 53884(b) (3)	In assigning beneficiaries to a Medicaid managed care plan, the Plan's ability to render linguistically appropriate services shall be considered.
MCO, MED, TRA	Cal. Code Regs. tit. 22, § 53886(a)	The Health Care Options Program shall provide a presentation of plan options to each new and continuing eligible beneficiary who meets the mandatory enrollment criteria specified in § 53845 and to any eligible beneficiary who meets the voluntary enrollment criteria in § 53845 and requests a presentation. For non-English or limited English speaking beneficiaries, presentations must be made in the beneficiary's preferred language.
MCO, MED	Cal. Code Regs. tit. 22, § 53890(a) (B)	Each two-plan model managed care program shall have a mechanism in place and approved in writing by the department to ensure that each member either selects a primary care physician or is assigned one. If assigned, the primary care physician is or has office staff who are linguistically and culturally competent to communicate with the member or have the ability to interpret in the provision of health care services and related activities during the member's office visits or contacts, if the language or cultural needs of the member are known to the plan.
MCO, MED, INT	Cal. Code Regs. tit. 22, § 53920.5	All marketing materials distributed to eligible beneficiaries by a Geographic Managed Care ("GMC") plan shall specify the interpretive, linguistic, and cultural services available through plan personnel.
MCO, MED	Cal. Code Regs. tit. 22, § 53922(b) (3)	The GMC enrollment contractor shall assign an eligible beneficiary to GMC plans in the event the beneficiary does not select a GMC plan. The assignment shall consider GMC plan's ability to render linguistically appropriate services and the eligible beneficiary's need for those services, if made known to the GMC enrollment contractor.

## California continued

Type	Provisions	Description
MCO, MED	Cal. Code Regs. tit. 22, § 53925(a) (A)(2)	Each plan shall have a mechanism in place and approved in writing by the department (not defined) to ensure that each member either selects a primary care physician or is assigned one. If assigned and available within the GMC plan, the primary care physician is or has office staff who are linguistically and culturally competent to communicate with the member or have the ability to interpret in the provision of health care services and related activities during the member's office visits or contacts, if the language or cultural needs of the member are known to the plan.
HHC, MED	Cal. Code Regs. tit. 22, § 54301(a) (7)	Adult day health centers under the California Medical Assistance Program, when serving a substantial number of participants whose primary language is other than English must employ staff of that particular linguistic group at all times.
HHC, MED	Cal. Code Regs. tit. 22, § 54423(b)	Adult day health centers which serve participants whose primary language is other than English, shall employ sufficient trained staff to communicate with and facilitate rendering services to such participants. When a substantial number of the participants are in a non-English speaking group, bilingual staff shall be provided. Bilingual staff shall be persons capable of communicating in English and the preferred language of the participant.
HOS, LTC, TRA	Cal. Code Regs. tit. 22, §§ 70577(k) (3), 72453(a)	Psychiatric units of general acute care hospitals and special treatment programs of skilled nursing facilities must post notice of patients' rights in English and Spanish.
PWD, XXX	Cal. Code Regs. tit. 22, § 70639	"Speech pathology and/or audiology service" means diagnostic evaluation, screening, testing and rehabilitation services for individuals with speech, hearing and/or language disorders with appropriate staff, space, equipment and supplies.
HOS, RGT, TRA	Cal. Code Regs. tit. 22, § 70707(b)	General acute care hospitals must post notice of patients' rights in English and Spanish.
HOS, RGT, TRA	Cal. Code Regs. tit. 22, § 70707(b)	General acute care hospitals must post notice of patients' rights in English and Spanish.

## California continued

Type	Provisions	Description
HOS, INT, MFA	Cal. Code Regs. tit. 22, § 70721(b), 71521(b), 7717(e), 79329, 79791(e)	If language or communication barriers exist between hospital, facility, or correctional treatment centers staff and patients, arrangements must be made for interpreters or for the use of other mechanisms to insure adequate communications between patients and personnel.
HOS, LTC, MFA, OOA, RGT	Cal. Code Regs. tit. 22, §§ 71507(c), 73399(a), 70577(k) (3), 72453(a)	Acute Psychiatric Hospitals and special disability programs operating in intermediate care facilities and skilled nursing facility must post notice of patients' rights in English and Spanish in all facilities providing such services.
CON, LTC, PWD, HHC	Cal. Code of Regs. tit. 22, §§ 72528(h), 73524(h)	Skilled nursing and intermediate care facilities must obtain informed consent from non-English speaking patients through use of an interpreter who is fluent in English and patients' language and his or her legal representative, or who can communicate with a deaf person, if deafness is the communication barrier for a proposed treatment or procedure, including, but not limited to the use of psychotherapeutic drugs, physical restraints, or devices that may lead to loss of ordinary body function. Documentation that an interpreter was used must be placed in the patient's health record indicating the name of the interpreter and his or her relationship to the patient and to the facility.
HHC, LTC, MEN, MFA	Cal. Code Regs. tit. 22, § 73501(f), 76501(g), 76907(f), 72501(f)	Intermediate Care Facilities for the developmentally disabled, Developmentally Disabled-Habilitative, and Skilled Nursing Facilities must use interpreters or other methods to ensure adequate communication between staff and patients if language or communication barriers exist between staff and a significant number of patients.
MFA, PWD, RGT, TRA	Cal. Code Regs. tit. 22, § 73399(a)	Intermediate care facilities shall have a list of rights of those admitted in a special disability program prominently posted in English and Spanish in all facilities providing such services, and otherwise brought to their attention by such additional means as is appropriate.

## California continued

Type	Provisions	Description
CON, INT, MFA	Cal. Code Regs. tit. 22, § 73524(h) (1)(2)	Intermediate care facilities must obtain informed consent for proposed treatments or procedures so if the patient cannot communicate with the physician due to language barriers, the facility shall provide an interpreter who is fluent in both English and the language of the patient and his or her legal representative, or who can communicate with a deaf person, if deafness is the communication barrier; and document the name of the person who acted as the interpreter and his or her relationship to the patient and to the facility in the patient's record.
MEN, MFA, RGT, TRA	Cal. Code Regs. tit. 22, § 76525(g)	In intermediate care facilities for the developmentally disabled, a copy of the patients' rights, translated into Spanish and other languages appropriate to the client population, must be conspicuously posted in a prominent location in the facility and shall be accessible to public view.
MFA, RGT, TRA	Cal. Code Regs. tit. 22, § 77099(b)	In psychiatric healthcare facilities, a list of patients' rights shall be posted in English and the predominant languages of the community, if other than English, in the appropriate places within psychiatric healthcare facilities so that such rights may be read by patients.
HHC, RGT, TRA	Cal. Code Regs. tit. 22, § 78437(b) & (c)	Each adult day health center must post in a prominent place in the center a list of participant rights in English and any other predominant language of the community. Participants' rights shall be orally explained to each participant in a language understood by the participant.
HOS, RGT, TRA	Cal. Code Regs. tit. 22, §§ 79111(c), 79313(b)	In a Chemical Dependency Recovery Hospital, a list of patients' rights shall be posed in English and in the predominant language of the community if other than English and explained in a language or in a medium readily comprehensible by the patient, in appropriate laces within the hospital so that such rights may be read by patients.



## California continued

Type	Provisions	Description
CHI, MFA, RGT, TRA	Cal. Code Regs. tit. 22, § 84172.2(c)	Community treatment facilities that provide residential mental health treatment services to children in group settings must post rights and information regarding complain procedures; the name, address and telephone number for filing a complaint; information on filing a complaint with a Patients' Advocate; and a statement that any child admitted to a community treatment facility has the right to a hearing by writ of habeas corpus in English and Spanish in all wards and common living areas.
HOS, TRA	Cal. Code Regs. tit. 22, §§ 91017(d), 91019(d)	A written notice of an application for a Certificate of Necessity and of the intention to exercise the right of eminent domain shall be given for an existing or new nonprofit hospital. If 10 percent or more of the residents of the area in which the hospital is located speak a language other than English as their primary language, such written notice shall be in both English and the other language.
HOS	Cal. Code Regs. tit. 22, §§ 97267(b), 97234(b)	For inpatients, Emergency Department, or AS (ambulatory surgery), if the preferred language spoken is known but not listed in the statute, report the full name of the language. However, if the preferred language spoken is unknown, report the three digit code 999.
RGT	Cal. Code Regs. tit. 22, § 97520.15(b)§	Post surgical recovery care facilities must post in prominent places, within the facility, notice of patients' rights in English, Spanish, and any other language prevalent to the area.
INT, MEN	Cal. Code Regs. tit. 22, § 97930.6(b)(6)	Any person who participates in the licensed mental health service provider education program and seeks a loan repayment option shall demonstrate cultural and linguistic competence. Refer to Cal. Code Regs. tit. 22, § 97930 for chapter definitions.

## California continued

Type	Provisions	Description
CHC, HHC, HOS, LTC, MFA	Cal. Code Regs. tit. 22, §§ 98211(c), 98210	Recipients of state funds may not discriminate against a person by failing to provide alternative communication services for individuals who are unable to read, speak or write in the English language, except when the state determines that such a requirement would place an undue burden on the recipient. "Alternative communication services" means methods for communicating with a person unable to read or speak or write in the English language such as the provision of the services of a multilingual employee or an interpreter and the provision of written materials in a language other than English.
AGY, MCO	Cal. Code Regs. tit. 28, § 1300.67.04	Defines interpretation, translation, and demographic profile, point of contact, threshold language, vital documents, and LEP. Every health care service plan under the auspices of the Department of Managed Health Care (except Medicaid and Medicare plans) must develop and implement a language assistance program which shall be documented in written policies and procedures, and shall address, at a minimum, standards for: enrollee assessment; providing language assistance services; staff training; and compliance monitoring.
MCO, PWD	Cal. Code Regs. tit. 28, § 1300.68(b)(3)	Every health care service plan shall establish a grievance system that shall address the linguistic and cultural needs of its enrollee population as well as the needs of enrollees with disabilities and shall ensure all enrollees have access to and can fully participate in the grievance system by providing assistance for those with LEP or with a visual or other communicative impairment. Such assistance shall include, but is not limited to, translations of grievance procedures, forms, and plan responses to grievances, as well as access to interpreters' telephone relay systems and other devices that aid disabled individuals to communicate.
PRO	Cal. Bus. & Prof. Code §§ 853, 855(e)	Created the Licensed Physicians and Dentists from Mexico Pilot Program that would allow up to 30 licensed physicians and up to 30 licensed dentists from Mexico to practice medicine or dentistry at a nonprofit community health center, but the program has not been implemented. The participants are required to have the foreign language fluency and the cultural knowledge necessary to serve the non-English-speaking community.

## California continued

Type	Provisions	Description
PRO	Cal. Bus. & Prof. Code § 2190.1(b)(1)–(3), (c)(1)–(2)	Continuing medical education courses for physicians and surgeons must contain curriculum that includes cultural and linguistic competency in the practice of medicine. However, a continuing education course that focuses only on research that has a non-direct patient care component, or has a course offered by a continuing medical education provider not located in California is not required to contain curriculum that includes cultural and linguistic competency in the practice of medicine.
XXX	Cal. Bus. & Prof. Code § 2198(b)(1)(3)(j)	The Cultural and Linguistic Competency Program provides voluntary educational classes that teach physicians a foreign language at the level of proficiency that improves their ability to communicate with non-English speaking patients and teach cultural beliefs and practices that may impact patient health care practices. Also provides for an evaluation workgroup and evaluation/satisfaction surveys for language minority patients.
DEF, PRO	Cal. Bus. & Prof. Code § 2198.1	Cultural and linguistic competency means cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including: direct patient-client communication; understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care; and awareness of how providers and patients attitudes, values, and belief influence and impact professional and patient relations.
AGY, TRA	Cal. Bus. & Prof. Code § 2248.5	The State Department of Health Services must approve a written standardized summary of treatment for prostate cancer in a language understood by patients.
TRA, WOM	Cal. Bus. & Prof. Code § 2249 Cal. Health & Safety Code § 109278(a)	A physician, surgeon or medical care provider primarily responsible for annual gynecological examinations shall provide, in a language understood by the patient, a standardized summary containing a description of the symptoms and appropriate methods of diagnoses for gynecological cancers.
CRD, PRO	Cal. Bus. & Prof. Code § 2425.1(d)	Requires the collection of data concerning cultural and linguistic backgrounds of California’s licensed physicians.

## California continued

Type	Provisions	Description
AGY, XXX, PRO	Cal. Bus. & Prof. Code § 2425.3(c)(1)	A licensed physician and surgeon shall report to the board, immediately upon issuance of an initial license and at the time of license renewal, and the board shall collect, information regarding his or her cultural background and foreign language proficiency. The board shall provide an option for a licensed physician and surgeon to decline to state in the report his or her cultural background and foreign language proficiency.
PRO	Cal. Bus. & Prof. Code § 2538.1(F)	Speech-Language Pathology Assistants, when competent to do so and as determined by the supervising speech-language pathologist, should act as an interpreter for non-English-speaking patients or clients and their family members.
PRO, XXX	Cal. Bus. & Prof. Code § 4076.5(c) (5)	When developing the requirements for prescription drug labels, the Pharmacy board shall consider the needs of patients with LEP.
XXX	Cal. Bus. & Prof. Code § 4945(b)	A provider of continuing education shall apply to the board for approval to offer continuing education courses for credit toward the requirement that each acupuncturist complete 50 hours of continuing education every two years on a form developed by the board, and interpreters or bilingual instruction will be made available, when necessary.
CHI, INT, XXX	Cal. Educ. Code § 8232	The superintendent in a migrant child care and development program shall ensure that bilingual health personnel shall be available to each program site of a migrant child care and development agency. The migrant program is described and defined in Cal. Educ. Code § 54443.1.

## California continued

Type	Provisions	Description
AGY, DEF, INT, TRA	Cal. Gov't Code §§ 7290–7299.8	Dymally-Alatorre Bilingual Services Act – State agencies directly involved in furnishing information or services to a substantial number of non-English speaking people must provide bilingual services and information in the language of the non-English-speaking person. Any materials explaining services shall be translated into these languages as well. Notice of the availability of materials explaining services shall be given in English and in non-English language. “Substantial number” is defined as members of a group who either do not speak English, or who are unable to effectively communicate in English because it is not their native language, and who comprise 5 percent or more of the population served by the facility. State agencies must employ sufficient bilingual persons, who are proficient in both English and the foreign language spoken by clients, to ensure that non-English speaking persons enjoy the same level of services enjoyed by English speaking persons. Every two years, state agencies must conduct surveys of local offices to determine the number of bilingual employees and the number and percentage of non-English speaking persons served by each office, broken down by language. Local agencies must also provide bilingual services and information; however, the determination of substantiality and sufficiency is left to the local agency. A “public contact position” meets, contact and deal with the public in the performance of the agency’s functions.
PRO	Cal. Gov't Code § 7296.4	“A sufficient number of qualified bilingual persons in public contact positions” is an adequate number required to provide similar services to non-English-speaking persons as is available to English-speaking persons. However, when the facility employs 25 or fewer regular, full-time employees they will be compliant as long as a sufficient number of qualified bilingual persons or interpreters are employed.
AGY, TRA	Cal. Gov't Code § 7299.3	State agencies must translate and make accessible on their website and in their offices, forms and processes for submitting complaints of alleged violations. The forms and processes shall be translated into all languages spoken by a substantial number of non-English-speaking people.

## California continued

Type	Provisions	Description
AGY	Cal. Gov't Code § 7299.5	State agencies may be exempt from conducting a language survey and developing and updating an implementation plan if they have limited public contact with the non-English-speaking public where they have not been required to employ bilingual staff and the agency employs fewer than the equivalent of 25 full-time employees in public contact positions.
HEA	Cal. Gov't Code §§ 11018, 11410.60(c)(3)	Every state agency and quasi-public entities, which is authorized by any law to conduct administrative hearings, shall comply with Cal. Gov't Code § 11435.20, § 11435.25, and § 11435.55 relative to the furnishing of language assistance at the hearing.
AGY,	Cal. Gov't Code § 11135(a)(d)	No state agency or state-funded entity shall discriminate against any person in California on the basis of race, color, religion, ancestry, national origin, ethnic group identification, religion, age, mental disability, physical disability, medical condition, genetic information, marital status or sexual orientation sex, or color. The protected base includes a perception that a person has any of those characteristics or that the person is associated with a person who has, or is perceived to have, any of those characteristics.
AGY, HEA	Cal. Gov't Code §§ 11435.05 – 11435.65 (definition of “language assistance” in Cal. Gov't Code § 11435.05)	The Departments of Health Services, Mental Health, and Social Services must provide language assistance, including interpretation by certified interpreters, written translation, and notice of the right to an interpreter to LEP individuals at adjudicative proceedings and medical examinations for the purpose of determining compensation or monetary awards.

## California continued

Type	Provisions	Description
CHC, HHC, HOS, LTC, MFA	Cal. Gov't Code § 15459.1(d)	Health facilities serving multilingual communities who receive funding to finance construction or modification must post multilingual notices, including, but not limited to, admissions offices, emergency rooms, and business offices: "This facility has agreed to make its services available to all persons residing or employed in this areas. This facility is prohibited by law from discriminating against Medi-Cal and Medicare patients. Should you believe you may be eligible for Medi-Cal or Medicare, you should contact our business office (or designated person or office) for assistance in applying. You should also contact our business office (or designated person or office) if you are in need of a physician to provide you with services at this facility. If you believe that you have been refused services at this facility in violation of the community service obligation you should inform (designated person or office) and the California Health Facilities Financing Authority." Copies of the notice should be provided to all welfare offices in the county where the facility is located.
EIS	Cal. Gov't Code § 95001(b)(5)	The Legislature intends families and professionals collaborate to develop early intervention services and that these partnerships be the basis for the development of services that meet the needs of the culturally and linguistically diverse population of California.
AGY, TRA, WOM	Cal. Health & Safety Code § 138.6(b)(3)	The Department of Health Services must follow the department translation standards governing the number of languages and literacy levels for any literature it produces regarding breast cancer information.
AGY	Cal. Health & Safety Code § 152(a)(6)	The Office of Multicultural Health shall perform internal staff training, an internal assessment of cultural competency, and training of health care professionals to ensure more linguistically and culturally competent care.

## California continued

Type	Provisions	Description
TRA	Cal. Health & Safety Code § 443.11(b)(1)-(2)	A written language of request for an aid-in-dying drug shall be written in the same translated language as any conversations, consultations, or interpreted conversations or consultations between a patient and his or her attending or consulting physicians. The written request may be prepared in English even when the conversations or consultations or interpreted conversations or consultations were conducted in a language other than English if the English language form includes an attached interpreter's declaration that is signed under penalty of perjury. What the declaration should state is in the statute.
HOS, TRA	Cal. Health & Safety Code § 1256.2(a)(2)	Each hospital holding an obstetrical services permit shall provide a written policy stating that it does not provide differing standards of care based on a patient's source of payment or ability to pay and shall post written notices of this policy in the obstetrical admitting areas of the hospital in the predominant language or languages spoken in the hospital's service area.



## California continued

Type	Provisions	Description
HOS	Cal. Health & Safety Code § 1259	<p>General acute care hospitals must provide language assistance services for language groups that comprise 5 percent or more of the geographical area served by the hospital or of the facility's population and must: 1) develop policies on the provision of interpreter services or bilingual professional staff to LEP patients and review these policies on an annual basis; 2) to the extent possible, must ensure the availability of interpreter services 24 hours a day to LEP patients; 3) post notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter, and directions on how to make complaints to state authorities about interpreter services; 4) notify their employees of their commitment to provide interpreters to all patients who request them; 5) prepare and maintain a list of qualified interpreters; 6) identify and record patients' primary languages in the patients chart, hospital bracelet, bedside notice and/or nursing chart; 7) review standardized forms to determine which should be translated; 8) consider providing non bilingual staff with picture and phrase sheets for communication with LEP patients; 9) consider establishing community liaison groups to ensure the adequacy of interpreter services; and 10) on or before July 1, 2016, and every January 1 thereafter, make the updated policy and notice advising the availability of language assistance services available to the public on the internet, and submit a copy of the updated policy to the department that includes a description of its efforts to provide adequate and speedy communication options between patients and staff.</p>
INS	Cal. Health & Safety Code § 1351.2(a)(5)	<p>Mexican health plans wishing to operate a health care service plan in California must apply for California licensure and be subject to California Health Care Service Plan law. The director shall require that all advertising, solicitation material, disclosure statements, evidences of coverage, and contracts shall contain a legend in 10-point type, in both English and Spanish, declaring that the health care service plan contract provided by the prepaid health plan may be limited as to benefits, rights, and remedies under state and federal law.</p>

## California continued

Type	Provisions	Description
INS, MCO	<p>Cal. Health &amp; Safety Code §§ 1367.042, 1367.04</p> <p>Cal. Ins. Code § 10133.8</p> <p>Cal. Code of Regs. tit. 28 §§ 1300.67.04, 1367.07</p>	<p>Department of Managed Health Care and Department of Insurance regulations establishing standards and requirements to provide health care service plan enrollees with appropriate access to language assistance in obtaining health care services. Insurers that participate in the Healthy Families Program may assess the Healthy Families Program enrollees separate from the other enrollee population for purposes of translating vital documents. See Cal. Ins. Code § 10133.8 for specific requirement for translating vital documents.</p>
INS, INT, MEN	<p>Cal. Health &amp; Safety Code § 1367.27(g)(1), (8) (F)(10), (i)(9)</p>	<p>A health care service plan directory or directories shall include disclosures informing enrollees that they are entitled to language interpreter services, at no cost to the enrollee, including how to obtain interpretation services in accordance with Cal. Health &amp; Safety Code § 1367.04. A listing of non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter, in accordance with Cal. Health &amp; Safety Code § 1367.04, if any, on the provider's staff that are under contract shall be provided. A vision, dental, or other specialized health care service plan, except for a specialized mental health plan, shall include the non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter, in accordance with Cal. Health &amp; Safety Code § 1367.04, if any, on the provider's staff.</p>
INS	<p>Cal. Health &amp; Safety Code § 1367.031(a)</p>	<p>A health care service plan contract that is issued, renewed, or amended on or after July 1, 2017 shall provide information related to receipt of interpreter services in a timely manner, no less than annually, to an enrollee.</p>

## California continued

Type	Provisions	Description
INS, TRA	Cal. Health & Safety Code § 1367.041(a)(3), (b)	A health care service plan that advertises or markets products in the individual or small group health care service plan markets, or allows any other person or business to market or advertise on its behalf in the individual or small group health care service plan markets, in a non-English language that does not meet the requirements in Cal. Health & Safety Code § 1367.04 and § 1367.07, shall provide the documents listed in this statute in the same non-English language, including: notices advising LEP persons of the availability of no-cost translation and interpretation services; and a health care service plan shall use a trained and qualified translator for all written translations of marketing and advertising materials relating to health care service plan products, and for all of the documents specified in the statute.
AGY, TRA	Cal. Health & Safety Code § 1351.2(c)(3)(A)	The Office of Patient Advocate will develop educational and informational guides for consumers describing enrollee rights and responsibilities, and informing enrollees on effective ways to exercise their rights to secure health care services that are easy to read and understand, available in English and other languages, and publicly available.
LTC	Cal. Health & Safety Code § 1568.02(c)(4)	Residential care facilities (defined as a residential care facility for persons with chronic, life-threatening illness who are 18 years of age or older or are emancipated minors, and for family units) for persons with chronic, life threatening illness must demonstrate ability to provide linguistic services for non-English speaking patients as a condition of licensure.
TRA	Cal. Health & Safety Code § 1569.267(c)	In a residential care facility for the elderly (defined as a housing arrangement chosen voluntarily by persons 60 years of age or over, or their authorized representative, where varying levels and intensities of care and supervision, protective supervision, or personal care are provided, based upon their varying needs, as determined in order to be admitted and to remain in the facility. Persons under 60 years of age with compatible needs may be allowed to be admitted or retained in a residential care facility for the elderly as specified in § 1569.316), the rights in this statute and the personal rights in Cal. Code Regs. tit. 22, § 87468 shall be posted in English and in any other language in a facility in which 5 percent or more of the residents can only read that other language.

## California continued

Type	Provisions	Description
AGY, LTC, MFA, RGT, TRA	Cal. Health & Safety Code §§ 1599.61(d)–(f), 1599.74(a)	The Department of Health Licensing shall ensure the translation of the comprehensive Patients’ Bill of Rights into Spanish, Chinese, and other languages as needed to provide copies to members of any ethnic group that represents at least 1 percent of the state’s skilled nursing facility, intermediate care facility, and nursing facility population. Translated copies of the Patients’ Bill of Rights shall be made available to all long-term health care facilities in the state, including skilled nursing facilities, intermediate care facilities, and nursing facilities, and be included with admissions agreements, when appropriate. The department shall translate the Patients’ Bill of Rights into Braille or have it recorded for the use of blind patients, or both. Additionally, the text of the Patients’ Bill of Rights shall be in legible print of no less than 12-point type and the text given to non-English-speaking residents shall be in their language.
WOM	Cal. Health & Safety Code § 1691	Physicians are required to inform a patient by written consent of possible alternatives to a hysterectomy in a language understood by the patient.
CON, RGT, XXX	Cal. Health & Safety Code §§ 24172, 24173(c)	The subject in a medical experiment is entitled to an “experimental subject’s bill of rights” written in a language in which he or she is fluent. Informed consent must occur in a language in which the subject is fluent.
AGY	Cal. Health & Safety Code § 106005(a)(1)	The duties of the Urban Community Health Institute include designing and conducting a series of projects to eliminate racial, ethnic, cultural, and linguistic health disparities through culturally sensitive preventive health education, health risk appraisal, risk factor screening, and programs to facilitate appropriate medical follow-up and treatment.
WOM, TRA	Cal. Health & Safety Code § 109275(b)	Physicians and surgeons must inform patients being treated for any form of breast cancer of alternative treatment methods by providing the patient with a written summary in a language understood by the patient.
WOM, TRA	Cal. Health & Safety Code § 109277	Requires health facilities or clinics where a physician or surgeon performs breast cancer screening or biopsy as an outpatient service to post a specific sign in English, Spanish, and Chinese that upon diagnosis of breast cancer, the physician or surgeon must provide a written summary of alternative efficacious methods of treatment. See statute for specific verbiage as well as format and size.

## California continued

Type	Provisions	Description
TRA, WOM	Cal. Health & Safety Code § 109278(a)	The medical provider primarily responsible for providing to a patient an annual gynecological examination shall provide to that patient during the annual examination a standardized summary in a language understood by the patient containing a description of the symptoms and appropriate methods of diagnoses for gynecological cancers. For the purposes of this section, “medical care provider” means a health care professional licensed pursuant to Division 2 of Business and Professions Code or pursuant to an initiative act referred to in that division providing medical care within his or her lawful scope of practice.
AGY, TRA	Cal. Health & Safety Code § 109280(a)	Requires that the State Department of Health Services approve a written standardized summary of treatment for prostate cancer in a language understood by patients and made available to patients.
CHC, HOS, TRA	Cal. Health & Safety Code § 109282	Requires health facilities or clinics where prostate cancer screening or treatment is performed to post a specific sign in English, Spanish, and Chinese that prior to a biopsy or upon treatment of prostate cancer, the physician and surgeon is urged to provide a written summary of alternative efficacious methods of treatment. See statute for specific verbiage as well as format and size.
AGY, HIV, TRA	Cal. Health & Safety Code § 120805(a)(10)	In coordination with other state agencies, the State Department of Public Health for HIV prevention and education is required to establish centralized translation services to facilitate the development of multilingual, culturally relevant educational materials on HIV infection.
HIV	Cal. Health & Safety Code § 120830(d)(4)	Pilot projects to demonstrate the cost effectiveness of home health, attendant, or hospice care of AIDS patients shall provide services that are culturally and linguistically appropriate to the population served.
HIV	Cal. Health & Safety Code § 120900(a).	The director shall award contracts to early intervention projects to provide long-term services to persons infected with HIV and ensure that each early intervention project will respond to the needs of its projected service area, will be sensitive to linguistic, ethnic, and cultural differences, and will accommodate the special needs of clients.

## California continued

Type	Provisions	Description
AGY, HIV, TRA	Cal. Health & Safety Code § 120968(c)	The Office of AIDS shall report to the Legislature the status of consumer protections for the AIDS drug program including a report on the contractor's performance in the provision of information regarding program policies, procedures, enrollment procedures, eligibility guidelines, and lists of drugs covered in appropriate literacy levels in English, Spanish, Mandarin/Cantonese, Tagalog, and in other languages as determined by the State Department of Public Health for HIV prevention and education.
HIV, TRA	Cal. Health & Safety Code § 120970(j)	Contractors and subcontractors used by the State Department of Public Health for HIV prevention and education charged with HIV/AIDS issues are required to provide information regarding program policies and procedures, including eligibility guidelines and lists of drugs covered, to clients in appropriate literacy levels in English, Spanish, Mandarin/Cantonese, Tagalog, and other languages, as determined by the department.
PUB	Cal. Health & Safety Code § 121369(a)	For individuals suspected to have active tuberculosis, and therefore subject to removal to a health facility, language interpreters and persons skilled in communicating with vision-impaired and deaf or hard-of-hearing individuals will be provided in accordance with law.
CHC, HHC, HOS, LTC, MFA	Cal. Health & Safety Code § 123147	All health facilities and all primary care clinics shall include the patient's principal spoken language on the patient's health records.
AGY, CHI, TRA, WOM	Cal. Health & Safety Code § 123232(e)	The State Department of Health Services shall develop or obtain a brochure to educate pregnant women and new parents about the important role in maintaining a healthy lifestyle, preventing chronic diseases, and the critical role of fruits and vegetables in one's diet in both English and Spanish.
AGY, TRA, WOM	Cal. Health & Safety Code § 123371(b)	The State Department of Health Services shall develop standardized, objective information about umbilical cord blood donation that is sufficient to allow a pregnant woman to make an informed decision on whether to participate in a private or public umbilical cord blood banking program in Cantonese, English, Spanish, and Vietnamese.

## California continued

Type	Provisions	Description
AGY, TRA, WOM	Cal. Health & Safety Code § 123472(a), (b) (definition of “Medi-Cal threshold languages” in Cal. Health & Safety Code § 128565(c))	A licensed covered facility for maternal health shall disseminate to clients on site the notice in this statute in English and in the primary threshold languages for Medi-Cal beneficiaries as determined by the State Department of Health Care Services for the county in which the facility is located. An unlicensed covered facility for maternal health shall disseminate to clients on site and in any print and digital advertising materials including internet websites the notice in this statute in English and in the primary threshold languages for Medi-Cal beneficiaries as determined by the State Department of Health Care Services for the county in which the facility is located.
WOM	Cal. Health & Safety Code § 123492(g)	Counties receiving grants for the startup, continuation, and expansion of community-based perinatal programs must ensure that, to the extent possible, services shall be rendered in a culturally and linguistically competent manner.
WOM	Cal. Health & Safety Code §§ 123515(e), 123520(b)	Community-based, low-income perinatal health care providers receiving funding from the State Department of Health Services must document the providers’ ability to have staff who reflect, to the maximum extent feasible, the cultural, linguistic, ethnic and other social characteristics of the community served. Community-based perinatal health care providers must provide all services and educational materials in the primary languages of the clients served, provided that there are at least 5 percent or 100 persons, whichever is less, of the total beneficiary population served annually by each facility who share language other than English and who are limited-English speaking. “Limited-English speaking” means a person who uses a language other than English in order to communicate effectively.
AGY, WOM	Cal. Health & Safety Code § 124300	Local health departments are directed to make family planning pamphlets and circulars available in languages other than English spoken by 10 percent or more of the county’s population, as determined by the Population Research Unit of the Department of Finance. The State Department of Health Services, upon request, shall make a translation available in other than English of family planning informational materials normally distributed to the general public.

## California continued

Type	Provisions	Description
HIV, MED, TRA, WOM	Cal. Health & Safety Code § 125092	The State Department of Health Services, in consultation with the Office of AIDS and with other stakeholders shall develop culturally sensitive informational material adequate to inform of the risks and benefits of performing a prenatal test for HIV in English, Spanish, and other languages used by the department when providing information to clients under the Medicaid program. The material must include information on available referral and consultation resources of experts in prenatal HIV treatment.
CON, TRA, WOM	Cal. Health & Safety Code §§ 125335, 125340	Prior to obtaining informed consent from a subject for ovarian retrieval for the purpose of procuring oocytes for research or the development of medical therapies, a physician and surgeon shall provide to the subject a standardized medically accurate written summary of health and consumer issues associated with oocyte retrieval. This summary as well as the informed consent form shall be made available in languages spoken by subjects in the study if their proficiency is largely in a language other than English. "Written summary of health and consumer issues" means the guide published and updated by the American Society for Reproductive Medicine entitled, "Assisted Reproductive Technology: A Guide for Patients" or an alternative written medically accurate document prepared by a recognized authority on oocyte retrieval for medical research that has been approved and recommended by the State Department of Public Health.
HOS	Cal. Health & Safety Code § 127410	Each hospital shall provide patients with a written notice that contains information about availability of the hospital's discount payment and charity care policies, including information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies in English and in languages other than English. Written correspondence to the patient required by this article shall also be in the language spoken by the patient.



## California continued

Type	Provisions	Description
MED, PRO	Cal. Health & Safety Code § 127929	The Medical and Dental Student Loan Repayment Program provides funds to applicants who agree to work up to 3 years in underserved areas, with priority consideration to those who are best suited to meet the cultural and linguistic needs of the underserved population and speak a Medicaid threshold language, have received significant training in cultural and linguistically appropriate service delivery, amongst other specific requirements.
XXX	Cal. Health & Safety Code § 128456	In developing the program, the Health Professions Education Foundation shall solicit the advice of representatives who reflect the demographic, cultural, and linguistic diversity of the state.
MED, PRO	Cal. Health & Safety Code § 128553(C)(1)	The physician corps program for underserved areas gives priority consideration to physicians who are best suited to meet the cultural and linguistic needs of the underserved population and either speak a Medicaid threshold language or have received significant training in cultural and linguistically appropriate service delivery.
PRO, XXX	Cal. Health & Safety Code § 128456 (definition of “Medi-Cal threshold language” in Cal. Health & Safety Code § 128565(c))	The selection committee for the Steven M. Thompson Medical School Scholarship Program shall provide priority consideration to applicants who are best suited to meet the cultural and linguistic needs and demands of patients from medically underserved populations and who speak a Medi-Cal threshold language.
HOS, MFA	Cal. Health & Safety Code § 129065	General acute care hospitals or acute psychiatric hospitals borrowing to finance construction or modification of a health facility must: 1) make available to any interested person a list of physicians with staff privileges at the borrower’s facility that includes language spoken, and 2) post notices which shall be multilingual, where the borrower serves a multilingual community, in appropriate areas within the facility. The notices include statements that the facility has agreed to make services available to all in the area and cannot discriminate against Medicaid or Medicare patients. Specific verbiage for each notice can be found in the statute.

## California continued

Type	Provisions	Description
INS, TRA	Cal. Ins. Code § 394	The California Insurance Commissioner may approve insurance policies and associated materials in languages other than English under certain conditions including the condition that the policyholder document contains a disclosure statement in both that language and in English that explains that the English version is the official version and the foreign language version is for informational purposes only.
INS	Cal. Ins. Code § 762(c)(6)(A)	The disclosures required when a consumer makes an initial purchase of an insurance product shall be in the same language as principally used in any oral solicitation leading to the execution of the purchase by the consumer of the insurance product.
INS	Cal. Ins. Code § 1764.1(b)	Insurers that are not licensed by California must provide policyholders and applicants for insurance with a notice in English and in the language principally used by the insurer and non-admitted insurer to advertise, solicit, or negotiate the sale and purchase of the surplus line insurance.
INS, TRA	Cal. Ins. Code § 10133.10(a)(3), (b)	An insurer that markets, advertises, or produces educational materials for a health insurance policy in the individual or small group health insurance markets, or allows any other person or business to market or advertise on its behalf in the individual or small group health insurance markets, in a non-English language that does not meet the requirements in Cal. Ins. Code § 10133.8 and § 10133.9, shall provide notices advising LEP persons of the availability of no-cost translation and interpretation services listed in this statute in the same non-English language. An insurer shall use trained and qualified translators for the translation of all marketing and advertising materials relating to health insurance products and for all of the documents specified in this statute.

## California continued

Type	Provisions	Description
INS, INT, MEN	Cal. Ins. Code § 10133.15(g)(1)	A life and disability directory or directories shall include disclosures informing enrollees that they are entitled to language interpreter services, at no cost to the enrollee, including how to obtain interpretation services in accordance with Cal. Ins. Code § 10133.8. A listing of non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter, in accordance with Cal. Ins. Code § 10133.8, if any, on the provider's staff that are under contract shall be provided. A vision, dental, or other specialized health care service plan, except for a specialized mental health plan, shall include the non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter, in accordance with § 10133.8, if any, on the provider's staff.
INS, TRA	Cal. Ins. Code § 12693.30	The board of the Healthy Families program shall assure that written enrollment information provided by the program is available to program subscribers and applicants in each of the languages and that phone services provided to program subscribers and applicants by the program are available in all of the languages, identified in Cal. Gov't Code tit. 1, § 7290. The board shall assure that interpreter services are available between subscribers and contracting plans. The board shall assure that subscribers are provided information within provider network directories of available linguistically diverse providers. The board shall assure that participating health, dental, and vision plans provide documentation on how they provide linguistically and culturally appropriate services, including marketing materials, to subscribers.
INS	Cal. Ins. Code §§ 12693.37(b)(2) (B), 12693.38(b)(2)	Participating health plans, and dental and vision plans in the healthy families program shall be required to submit to the Managed Risk Medical Insurance Board on an annual basis a report as it relates to linguistic services.
TRA, XXX	Cal. Penal Code § 680.2(a)	Upon the initial interaction with a sexual assault victim, the medical provider shall provide the victim with a card to be developed by every local law enforcement agency, in consultation with sexual assault experts that explains all of the rights of sexual assault victims in all major languages of the state.

## California continued

Type	Provisions	Description
CON, STA	Cal. Prob. Code § 1951(a), (b)(1), (c)	No person who has the ability to consent to his or her sterilization shall be sterilized. The court shall appoint a facilitator or interpreter if such a person's assistance would enable the person named in the petition to understand the nature and consequences of sterilization. "Consent to sterilization" means making a voluntary decision to undergo sterilization after being fully informed about, and after fully understanding the nature and consequences of, sterilization.
MFA	Cal. Welf. & Inst. Code § 4080(e)(1) (T)	Psychiatric Health Facilities (defined to mean a health facility, licensed by the State Department of Health Care Services that provides 24-hour inpatient care for people with mental health disorders or other persons described in Division 5 or Division 6 of the Welfare and Institutions Code. This care shall include, psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings) will have aspects of their programs, including linguistic access and cultural competence, reviewed for approval by the State Department of Mental Health.
AGY, MEN	Cal. Welf. & Inst. Code § 4341(d)	The Department of Mental Health shall implement a Human Resources Development Program, which shall give particular attention to areas of specific expertise where local programs and state hospitals have difficulty recruiting qualified staff, including ensuring the development of a mental health work force with the necessary bilingual and bicultural skills to deliver effective service to the diverse population of the state.
AGY, MEN	Cal. Welf. & Inst. Code §§ 4355, 4357(d)(2)	The Department of Mental Health shall designate sites in order to develop a system of post-acute continuum-of-care models for persons with an acquired traumatic brain injury. The sites must provide a coordinated service model that shall be designed and modified with advice from clients and their families, and shall be accessible to the population in need, taking into account linguistic and cultural factors.

## California continued

Type	Provisions	Description
MEN, RGT, TRA	Cal. Welf. & Inst. Code § 4502.1	A regional center for persons with developmental disabilities (“regional centers”) shall provide consumers with relevant information in an understandable form to aid the consumer in making a decision in a manner that is culturally and linguistically appropriate for the consumer, or, when appropriate, the consumer’s parents, legal guardian, conservator, or authorized representative, including providing alternative communication services.
CHC, HHC, HOS, LTC, MEN, MFA	Cal. Welf. & Inst. Code § 4503 (definition of “community care facility” in Cal. Health & Safety Code § 1502 & definition of “health facility” in Cal. Health & Safety Code § 1250)	State hospitals, community care facilities, or a health facility must post notice of the rights of developmentally disabled persons in Spanish and English, and other appropriate languages, in all facilities providing those services or by any additional means as the Director of Development Services may designate by regulation.
MEN, TRA	Cal. Welf. & Inst. Code § 4519.5(a) (3), (a)(6), (g)(1)	The State Department of Developmental Services and the regional centers shall annually compile data regarding the primary language spoken by the consumer and number of times when the written copy of the individual program plan was provided at the request of the consumer in a language other than a threshold language. The department shall consult with stakeholders, including consumers and families that reflect the ethnic and language diversity of regional centers.
MEN,	Cal. Welf. & Inst. Code § 4544(a)(1)	The state council on developmental disabilities may establish regional offices that are accessible to and responsive to the diverse geographic, ethnic, and language needs of consumers and families throughout the state. “Regional office” is a reference to state council regional offices.
AGY, MEN	Cal. Welf. & Inst. Code § 4571(b)	The State Department of Developmental Services, in consultation with stakeholders, shall identify a valid and reliable quality assurance instrument that assesses consumer and family satisfaction, provision of services in a linguistically and culturally competent manner and personal outcomes.

## California continued

Type	Provisions	Description
MEN	Cal. Welf. & Inst. Code § 4622(g)(1)	The governing board of the regional centers for persons with developmental disabilities shall provide necessary training and support to these board members to facilitate their understanding and participation, including issues relating to linguistic and cultural competency.
MEN	Cal. Welf. & Inst. Code § 4629(c)(1)(A)(iii)	California shall enter into five-year contracts with regional centers for persons with developmental disabilities. The contracts shall include annual performance objectives and are designed to develop services and supports identified as necessary to meet identified needs, including culturally and linguistically appropriate services and supports.
MEN	Cal. Welf. & Inst. Code § 4641	Regional centers for persons with developmental disabilities must conduct case finding activities, including notification of availability of service in English and such other languages as may be appropriate to the service area.
MEN, TRA	Cal. Welf. & Inst. Code § 4642(b)	Any person believed to have a developmental disability, and any person believed to have a high risk of parenting a developmentally disabled infant shall be eligible for initial intake and assessment services in the regional centers. A regional center shall communicate with the consumer and his or her family in their native language, including providing alternative communication services.
MEN, TRA	Cal. Welf. & Inst. Code § 4643(d)	A regional center shall communicate with the consumer and his or her family regarding the assessment to determine if an individual meets the definition of developmental disability in their native language, including providing alternative communication services.
TRA	Cal. Welf. & Inst. Code § 4646(h)(1)	A regional center shall communicate in the consumer's native language, or the native language of his or her family, legal guardian, conservator, or authorized representative, during the planning process for the individual program plan, including the program plan meeting, and including providing alternative communication services as required by Cal. Gov't Code § 1135 - § 1139.7.

## California continued

Type	Provisions	Description
MEN, RGT, TRA	Cal. Welf. & Inst. Code § 4648(a)(9) (E)	Regional centers and the Director of Developmental Services must prepare, provide, and require to be clearly posted in all residential facilities and day programs a poster using simplified language and pictures that is designed to be more understandable by persons with intellectual disabilities and that the rights information shall also be available through the regional center to each residential facility and day program in alternative formats, including, but not limited to, other languages, braille, and audio tapes, when necessary to meet the communication needs of consumers.
AGY, MEN, TRA	Cal. Welf. & Inst. Code § 4656(c)	A list of the name and address of each regional center for persons with developmental disabilities and such other pertinent information as the State Department of Mental Health deems appropriate shall be transmitted, both in English and Spanish, to every physician and surgeon licensed to practice in this state and every licensed general acute care hospital.
MEN, XXX	Cal. Welf. & Inst. Code § 4679(a)	Community resource development plan guidelines for services for the developmentally disabled shall include requirements that community resource development plan funds be expended in accord with the principles of person-centered planning and that funded services be culturally and linguistically appropriate to the population served by the regional center.
HEA, MEN, RGT	Cal. Welf. & Inst. Code § 4701(f)(5)	For the purposes of adequate notice in a fair hearing, a developmentally disabled claimant has the right to an interpreter. "Adequate notice" means a written notice informing the applicant, recipient, and authorized representative of listed items specified in the statute.
HEA, MEN, TRA	Cal. Welf. & Inst. Code § 4705	Every service agency for the developmentally disabled shall, as a condition of continued receipt of state funds, has an agency fair hearing procedure for resolving conflicts. The service agency's mediation and fair hearing procedure shall be stated in writing, in English and any other language that may be appropriate to the needs of the consumers of the agency's service. All recipients and applicants, and persons having legal responsibility for recipients or applicants, shall be informed verbally of, and shall be notified in writing in a language which they comprehend of, the service agency's mediation and fair hearing procedure when they apply for service, when they are denied service, and when notice of service modification is given.

## California continued

Type	Provisions	Description
HEA, MEN	Cal. Welf. & Inst. Code §§ 4710.8(c), 4712(l)	With respect to services for the developmentally disabled, state or service delivery agency must provide non-English speaking claimants with interpreters at internal meetings and fair hearings that is competent and acceptable to both the person requiring the interpreter and the service agency director or the director's designee. Any cost of an interpreter shall be borne by the service agency.
HEA, MEN	Cal. Welf. & Inst. Code § 4713(b)	If the developmentally disabled fair hearing claimant, the claimant's guardian or conservator, parent of a minor claimant, or authorized representative cannot understand English, the written fair hearing decision shall be provided by the responsible state agency to that person in English and in such language which such person comprehends.
MEN, HEA	Cal. Welf. & Inst. Code § 4728	Each developmental disability service agency shall adopt procedures for granting of requests for access to appeal procedure records, notice of the location of all records, and the provision of qualified personnel to interpret records if requested.
MEN, RGT, TRA	Cal. Welf. & Inst. Code § 4731(f)	All consumers of services for the developmentally disabled or, where appropriate, their parents, legal guardian, conservator, or authorized representative, shall be notified in writing in a language which they comprehend, of the right to file a complaint relating to treatment at a regional or developmental center or service provider when they apply for services from or are admitted to a developmental center, and at each regularly scheduled planning meeting.
MEN, MFA, RGT, TRA	Cal. Welf. & Inst. Code § 5325	Individuals subjected to involuntary mental health treatment must receive an explanation of their rights in a language or modality that is accessible to them. A list of such rights, written in the predominant languages of the community, will be prominently posted.



## California continued

Type	Provisions	Description
MEN	Cal. Welf. & Inst. Code § 5348	Any county that chooses to provide assisted outpatient treatment services for the mentally ill shall offer a service planning and delivery process that includes plans for services that contain evaluation strategies which consider cultural and linguistic needs of minorities in the target populations. Provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services as a result of having limited-English-speaking ability and cultural differences.
MEN	Cal. Welf. & Inst. Code § 5523(c)	Any agreement with any county patients' rights advocate entered into by a mental health client shall be made knowingly and voluntarily or by a guardian ad litem, and in a language or modality which the client understands.
MEN	Cal. Welf. & Inst. Code § 5600.2(g) (2)	To the extent resources are available, public mental health services should be provided to priority target populations in systems of care (the mental health system should develop coordinated, integrated, and effective services organized in systems of care to meet the unique needs of children and youth with serious emotional disturbances, and adults, older adults, and special populations with serious mental illnesses. These systems of care should operate in conjunction with an interagency network of other services necessary for individual clients) that are client-centered, culturally competent, and fully accountable which include factors like cultural competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity. Systems of care should recognize that culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups.
MFA	Cal. Welf. & Inst. Code § 5693(b)(1)	In conducting independent clinical reviews of minors in cases of voluntary admission into a mental hospital, it is the responsibility of the psychiatrist to retain an interpreter if any of the parties to the independent clinical review does not comprehend the language used during the review.

## California continued

Type	Provisions	Description
MEN	Cal. Welf. & Inst. Code § 5806(a)(2)	Plans for outreach and services to the mentally ill must consider cultural and linguistic needs of minorities in the target populations. Provisions shall also be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services due to limited English speaking ability and cultural differences.
CHI, MEN	Cal. Welf. & Inst. Code § 5868(b)(4)	Children’s mental health programs must make provisions for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services resulting from a limited ability to speak English or from cultural differences.
INS, MEN	Cal. Welf. & Inst. Code § 6002.40(a)	For any insurance contracts where any private insurer, certified medical plan, or private health service plan is liable to pay or reimburse a professional provider or institutional provider for the costs of medically necessary mental health services provided to the patient, the costs of the clinical review including the costs of the interpreter shall be borne by the insurer, certified medical plan, or the health service plan.
OAA	Cal. Welf. & Inst. Code § 9015	For the purposes of the Mello-Grandlund Older Californians Act regarding programs for the elderly, “greatest social need” means the need caused by non-economic factors including language barriers and cultural or social isolation, including that caused by racial and ethnic status that restrict an individual’s ability to perform normal daily tasks or that threaten his or her capacity to live independently.
OAA	Cal. Welf. & Inst. Code § 9103.1(a)	The California Department of Aging shall ensure all older adults have equal access to programs and services provided through the Older Americans Act in each planning and services area, regardless of language barriers, cultural or social isolation, or by association with a person or persons with one or more of these characteristics, that restrict an individual’s ability to perform normal daily tasks or that threaten his or her capacity to live independently.
OAA	Cal. Welf. & Inst. Code § 9661(a)(3)	Stay Well, the state senior wellness program, must have educational materials on the resources and services available for seniors from both private and public entities and the area agencies on aging that accommodates diverse linguistic needs of the state, including English, Spanish, Russian, Chinese and Braille.

## California continued

Type	Provisions	Description
AGY, MED, TRA	Cal. Welf. & Inst. Code § 10618.5(b) (6)	Each county welfare department shall develop a notice informing identified individuals that they may be entitled to receive Medicaid benefits and requesting their permission to use the information in the food stamp recipient's case file to make a determination of eligibility for the Medicaid program. The notice shall be written in culturally and linguistically appropriate language and at an appropriate literacy level.
AGY, TRA	Cal. Welf. & Inst. Code §§ 10607, 10746	Informational materials about state administration of public assistance must be printed in English and may be printed separately in Spanish, or in English and Spanish, at the State Department of Social Services' discretion and in numbers the State Department of Social Services' may determine.
TRA, XXX	Cal. Welf. & Inst. Code § 13600(a), (e)(1)(2)	All applications, forms, and other written materials presented to persons seeking assistance for supplemental grants to meet disaster-related necessary expenses such as those for medical assistance, shall be available in English and in the same language as that used by the major non-English-speaking group within the disaster area. Additionally, bilingual staff who reflect the demographics of the disaster area shall be made available to applicants.
PWD, TRA	Cal. Welf. & Inst. Code § 14000.7(b)	Assistance to applicants or beneficiaries that request help with the application or redetermination process for health care assistance shall be available to the individual in person, over the phone, and online, and in a manner that is accessible to individuals with disabilities and those who have LEP.
AGY	Cal. Welf. & Inst. Code § 14007.5(j)	The County department must provide an understandable explanation of the requirements for medical benefits to resident immigrant beneficiaries who are not fluent in English in a language in which the immigrant is fluent.
MCO, MED, TRA	Cal. Welf. & Inst. Code § 14029.91(a), (a)(1) (A), (a)(D)(ii)(3)	All managed care plans contracting with the department to provide Medi-Cal services must provide language assistance services to LEP Medi-Cal beneficiaries who are mandatorily enrolled in managed care and oral interpretation services shall be provided in any language on a 24-hour basis at key points of contact. Written notice of the availability of free language assistance services shall be provided in English and in the top 15 languages spoken by LEP individuals in California.

## California continued

Type	Provisions	Description
AGY, MED	Cal. Welf. & Inst. Code § 14067(c)(2) (C)(i)  Cal. Ins. Code § 12693.29(b)	The State Department of Health Services, in conjunction with the Managed Risk Medical Insurance Board, must develop and conduct a community outreach and education campaign to help families learn about and apply for Medicaid and the Healthy Families Program. In awarding contracts for outreach and enrollment activities, the Department must consider the ability of the community-based organizations, to provide culturally and linguistically appropriate outreach and education strategies.
AGY, MCO, MED	Cal. Welf. & Inst. Code § 14087.48(b)(2)	Before a Medicaid managed care plan commences operations based upon an action of the director that expands the geographic area of Medicaid managed care, the department shall perform an evaluation to determine the readiness of any affected Medicaid managed care plan to commence operations. The evaluation shall consider the extent to which the Medicaid managed care plan has an adequate provider network, including the language capabilities of primary care physicians and, if applicable, non-physician medical practitioners, specialists, pharmacies, and hospitals that the types of specialists in the provider network are based on the population makeup and particular geographic needs.
MCE, MED, TRA	Cal. Welf. & Inst. Code § 14087.54(b)(7)(D)	Any material provided to a person who is dually eligible to receive medical benefits under both Medicaid and Medicare, regarding the enrollment or availability of enrollment in Medicare services established by a special commission shall include notice of information surrounding dual eligibility. The notice shall be in plain language, prominently displayed, and translated into other than English that the commission is required to use in communicating with Medi-Cal beneficiaries.
AGY, MCO, MED	Cal. Welf. & Inst. Code § 14087.305(i)(3)	In developing the standards for Medicaid transportation to be included in Medicaid managed care plans, the department shall consider the provider's ability to render culturally and linguistically appropriate services.
AGY, MCO, MED	Cal. Welf. & Inst. Code § 14087.329(c)(5) (B)	In assessing whether the pilot two-plan managed care program creates any additional cost, the State Department of Health Services shall specifically consider factors such as the necessity for a plan to assign Medicaid plan members to specific primary care providers to meet their unique cultural and linguistic needs.

## California continued

Type	Provisions	Description
XXX, CHI	Cal. Welf. & Inst. Code § 14094.18(b)	For participants in the Whole Child Model program, evaluations shall evaluate whether the inclusion of CCS services in a managed care delivery system improves access to care, quality of care, and the patient experience by analyzing all of the following, and when possible, disaggregating the results based on the child's primary language spoken at home.
AGY, MED, TRA	Cal. Welf. & Inst. Code § 14107.13(f)	The State Department of Health Services shall provide a notice to recipients of Medicaid fee-for-service benefits that details all benefits reportedly received that are relevant to suspected fraudulent or abusive activity in the Medicaid threshold languages that apply to Medicaid managed care plans.
AGY, CON, DEF, WOM	Cal. Welf. & Inst. Code § 14132(aa)(8)(C)	Under the Family PACT Waiver program, the provision of comprehensive clinical family planning services includes culturally and linguistically appropriate health education and counseling services, including informed consent. For purposes of this section, "comprehensive clinical family planning services" means the process of establishing objectives for the number and spacing of children, and selecting the means by which those objectives may be achieved.
MED	Cal. Welf. & Inst. Code § 14132.44(e)(2)	Targeted case management ("TCM") shall be covered as a Medicaid benefit. A TCM service provider, a nongovernmental entity or the University of California, or both, under contract with a TCM provider may provide TCM services to Medicaid beneficiaries who have language or other comprehension barriers.
WOM	Cal. Welf. & Inst. Code § 14134.5(l)(2)	A health care provider may employ or contract with other medical practitioners for the purpose of providing comprehensive perinatal services. Providers shall, as feasible, utilize staffing patterns which reflect the linguistic and cultural features of the populations they serve. "Comprehensive perinatal services" must include the provision of the combination of services developed through the former Department of Health Services Obstetrical Access Pilot Program provided or coordinated by a comprehensive perinatal provider.

## California continued

Type	Provisions	Description
LTC	Cal. Welf. & Inst. Code § 14139.3(b)(3)(G)	Sites for the Long-Term Care Integration Pilot Program shall develop and provide to the State Department of Health Services an administrative action plan that must include reasonable assurance that services provided will be responsive to the religious, cultural, and language needs of beneficiaries.
AGY, MED	Cal. Welf. & Inst. Code § 14146(a)	The State Department of Health Services shall work with identified stakeholders to conduct a study to identify current requirements for medical interpretation services as well as education, training, and licensure requirements, analyze other state Medicaid programs, and make recommendations on strategies that may be employed regarding the provision of medical interpretation services for Medi-Cal beneficiaries who are LEP.
CON, MED, STA	Cal. Welf. & Inst. Code § 14191	Physicians and hospitals performing voluntary, non emergency sterilizations on Medicaid beneficiaries must provide informed consent forms in English and Spanish.
HHC, PRO	Cal. Welf. & Inst. Code § 14552(f)	A provider of adult day health care serving a “substantial number” of participants of a particular racial or ethnic group, or participants whose primary language is not English, shall employ staff who can meet the cultural and linguistic needs of the participant population. The term “substantial number” is not defined.
INT, MED, TRA	Cal. Welf. & Inst. Code § 14717.5(a)(5)	A mental health plan review shall be conducted annually by an external quality review organization (“EQRO”) and shall include translation and interpretation services available to Medi-Cal eligible minor and non-minor dependents in foster care.
MEN, TRA	Cal. Welf. & Inst. Code § 14727	A mental health plan must notify enrollees and prospects of the availability of free language assistance services in a timely manner, and the availability of auxiliary aids and services. Notice shall be provided in English and the top 15 languages spoken in California.

## California continued

Type	Provisions	Description
INS, MCO, MED	Cal. Welf. & Inst. Code § 15926(k)(2)	Forms and notices for the Health Care Reform Eligibility, Enrollment, and Retention Act shall be provided in a manner that affords meaningful access to LEP individuals, and at a minimum, provided in the same threshold languages as required for Medi-Cal managed plans. For purposes of this statute, “limited-English-proficient or LEP” means not speaking English as one’s primary language and having a limited ability to read, speak, write, or understand English.
HOS	Cal. Welf. & Inst. Code § 16946(h)(1)(D)-(E)	In any county that comprises not more than one-half percent of the total state population and in which there are a county hospital and a non-county hospital with emergency room permits located within two miles of each other, the county hospital may surrender its emergency room permit without any penalty if it provides adequate initial public hearings and ongoing public notice of availability emergency, urgent care, and non urgent clinical services and how to obtain those services in Spanish and English. The county must provide for an outreach program to ensure that the medically indigent community, particularly cultural and linguistic minority patients, is effectively made aware of the alternative system of care and the ways to access it. In addition the county has to ensure that there are adequate Spanish translation services and referral services on a 24-hour basis at the non-county hospital emergency department, and at the county hospital clinics, during their hours of operation.
AGY, TRA	Cal. Welf. & Inst. Code § 18925(e)	The county welfare department shall develop a notice, written in culturally and linguistically appropriate language and at an appropriate literacy level, informing individuals who reside in food stamp households who are not enrolled in Medicaid or Healthy Families that they may be entitled to receive benefits under Medicaid or Healthy Families.
AGY, MEN	Cal. Welf. & Inst. Code § 19013.5(a)	The Department of Rehabilitation must take into consideration the needs of non-English speaking individuals with disabilities in providing rehabilitation services or contracting with public or private agencies for rehab services and provides language assistance to those individuals participating in the department’s public or private rehabilitation programs.

## California continued

Type	Provisions	Description
AGY, CON, WOM	Cal. Welf. & Inst. Code § 24007(a)(3)	The State Department of Health Care Services shall determine the scope of benefits for the state-only family planning program, which shall include culturally and linguistically appropriate health education and counseling services, including informed consent.



# Colorado

Type	Provisions	Description
MCO	Colo. Rev. Stat. Ann. § 10-16-704(9)(e)	All managed care plans must have an access plan that includes the carrier's efforts to address the needs of covered persons with limited English proficiency and with diverse cultural and ethnic backgrounds.
AGY, CHI, DEF	Colo. Rev. Stat. Ann. § 19-1-103(22)	<p>When any racial, ethnic, or linguistic minority group constitutes a significant portion of the population of the jurisdiction of the child protection team, a member of each such minority group shall serve as an additional lay member of the child protection team.</p> <p>Child protection team is defined as a multidisciplinary team consisting, where possible, of a physician, a representative of the juvenile court or the district court with juvenile jurisdiction, a representative of a local law enforcement agency, a representative of the county department, a representative of a mental health clinic, a representative of a county, district, or municipal public health agency, an attorney, a representative of a public school district, and one or more representatives of the lay community, at least one of whom shall be a person who serves as a foster parent in the county.</p>
HOS	Colo. Rev. Stat. Ann. § 25-3-112(1)	Each hospital shall make information available to each patient about the hospital's financial assistance, charity care, and payment plan policies. Each hospital shall communicate this information in a clear and understandable manner and in languages appropriate to the communities and patients the hospital serves.

## Colorado continued

Type	Provisions	Description
MED	Colo. Rev. Stat. Ann. § 25.5-4-212(3)(d), (e)	The state department shall improve Medicaid client correspondence by ensuring that client correspondence revised or created after January 1, 2018: (1) is accurately translated into the second most commonly spoken language in the state if a client indicates that this is the client's written language of preference or as required by law; and (2) includes a statement translated into the top fifteen languages most commonly spoken by individuals in Colorado with limited English proficiency informing an applicant or client how to seek further assistance in understanding the content of the correspondence.
MED	Colo. Rev. Stat. Ann. §§ 25.5-5-403(4), 5-406.1(1)(l)	An entity enters into a contract to provide services in the statewide managed care system (managed care entity) shall provide and facilitate the delivery of services in a culturally competent manner to all members, including those with limited English proficiency, diverse cultural and ethnic backgrounds, and disabilities.
MEN	Colo. Rev. Stat. Ann. § 25.5-10-229	Each person receiving services for developmental disabilities shall have the right to read or have explained, in each person's or family's native language, any rules or regulations adopted by the service agency and pertaining to such person's activities.
WOM	Colo. Rev. Stat. Ann. § 25-6-206	In all cases where the recipient does not speak or read the English language, family planning and birth control services shall not be given unless the interviews are conducted and all literature is written in a language which the recipient understands.
OAA, DEF	Colo. Rev. Stat. Ann. § 26-11-201(6)	Under the Older Coloradans Act, "greatest social need" means the need caused by non-economic factors which include language barriers and cultural isolation, including that caused by racial and ethnic status, which restrict an individual's ability to perform normal daily tasks or which threaten his capacity to live independently.
MEN	Colo. Rev. Stat. Ann. § 27-10.5-107(3)(a)	To resolve disputes regarding the eligibility, modification of services or supports, and termination of services or supports of individuals with developmental disabilities require that all applicants for services and supports and the parents or guardian of a minor, the guardian, or an authorized representative be informed orally and in writing, in their native language, of the dispute resolution procedures at the time of application, at the time the individualized plan is developed, and any time changes in the plan are contemplated.

## Colorado continued

Type	Provisions	Description
MEN, RGT, TRA	2 Colo. Code Regs. § 502- 1:21.280.25-26	Facilities providing evaluation or short or long term services for individuals with mental illness shall furnish all persons receiving evaluation, care or treatment with a written copy of their individual rights (translated into language that the person understands) upon admission. If the person is not able to read the rights, the person shall be read the rights in a language that s/he understands. The facility shall post the list of patient rights (in appropriate languages) in prominent places frequented by patients and their families.
MEN	2 Colo. Code Regs. § 502- 1:21.190.41(E)	When preparing service plan for patients with substance use and mental health disorder, the service plan shall reflect findings of a cultural assessment, including ethnicity and linguistics.

## Colorado continued

Type	Provisions	Description
INS, MEN	<p>3 Colo. Code Regs. §§ 702-4:4-2-55 Section 5(9), Section 8(C)(8), 702-4:4-2-41 Section 8(E)</p> <p>3 Colo. Code Regs. §§ 702-4:4-2-20 Section 5(L), 702-4:4-2-54 Section 8(B)(5)</p>	<p>Pursuant to the Patient Protection and Affordable Care Act, carriers – including those that issue dental plans, pharmacy plans, short term limited duration health insurance, and carriers issuing individual, small group, and/or large group non-grandfathered, grandfathered health benefit plans–must maintain provider directory. Whether provided in electronic or print format, the provider directory shall accommodate the communication needs of individuals with disabilities, and include a link to or information regarding available assistance for persons with limited English proficiency. A provider directory shall also be available in Spanish. Carriers shall provide all policy forms in a manner that is accessible and timely to individuals living with disabilities, or with limited English proficiency. Carriers with service areas which include a county where ten percent (10%) or more of the population are only literate in the same non-English language must include on each English version of the Summary of Benefits and Coverage and Colorado Supplement to the Summary of Benefits and Coverage forms, a statement, in the non-English language, in a conspicuously-visible font size, an offer to provide, upon request, a fully-translated version of these notices in the non-English language and which clearly indicates how to access the alternate language services provided by the carrier. Once a request has been made by an individual, the carrier must provide all subsequent forms to the policyholder in the non-English language. In the network access plan for each network offered, the carrier shall explain its method for informing covered persons of the plan’s services and features through disclosures and notices to policyholders. The required disclosure shall include the carrier’s documented process to address the needs, including access and accessibility of services, of covered persons with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds, and with physical or mental disabilities;</p>
LTC	6 Colo. Code Regs. § 1011-1:7-7.9	<p>Within 30 days of hire, an assisted living residence shall provide each staff member with training relevant to that staff member’s duties and responsibilities. The staff training shall include how to effectively communicate with residents that have hearing loss, limited English proficiency, dementia, or other conditions that impair communication.</p>

## Colorado continued

Type	Provisions	Description
LTC	6 Colo. Code Regs. § 1011-1:7-18., 18.9	At the time of admission to an assisted living residence, each resident's record must contain a face sheet which shall be updated at least annually and contain information relating to the resident's primary spoken language and any issues with oral communication.
CHC	6 Colo. Code Regs. § 1011-3:4.3  6 Colo. Code Regs. § 1011-3:8	<p>An applicant for Community Integrated Health Services license shall provide an identification of a community's specific needs, such as communication or language barriers, social support systems, environmental concerns, transportation accessibility issues, and any other appropriate information regarding barriers to meeting a consumer's non-medical goal and/or health related outcomes within the community.</p> <p>A Community Integrated Health Services Agency must ensure that a provider conducts an assessment of the consumer's immediate needs at the initial encounter. The assessment shall evaluate the consumer's physical and psychological status, if applicable, including but not limited to the consumer's special needs, communication or language barriers, capabilities, limitations, and short-term and long-term goals.</p>
CRD	6 Colo. Code Regs. § 1014-4 (Form II)	The health care professional credentialing form requests applicants to list all languages other than English available in this office.
MEN	7 Colo. Code Regs. § 1105-1:9.203	Independent living services includes the independent living core services including Services and training for individuals with cognitive and sensory disabilities, including life skills training and interpreter and reader services.
AGY, CHI	9 Colo. Code Regs. § 2503-9:3.904.1	Under the Child Care Assistance program, the county shall make services available to all eligible adult caretaker(s) and teen parents, subject to appropriations, including those with mental and physical disabilities and non-English speaking individuals, through hiring qualified staff or through purchase of necessary services.

## Colorado continued

Type	Provisions	Description
LTC	10 Colo. Code Regs. §§ 2505-10:8.390.1, 8.393.2E	<p>A nursing facility that is the provider of Single Entry Point agency functions within a Single Entry Point district shall be responsible for developing a support plan for individuals residing in nursing facilities. The Support Plan shall reflect cultural considerations of the individual and be conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.</p> <p>The long term care Single Entry Point system consists of Single Entry Point agencies, representing geographic districts throughout the state, for the purpose of enabling persons in need of long term services and supports to access appropriate services and supports.</p>
CHI, TRA	10 Colo. Code Regs. § 2505-3:600.2	For the Children's Health Insurance Program, the Department or its designee shall notify the applicant within ten (10) business days of a decision regarding eligibility, enrollment and cost sharing and provide the notice shall be in his/her primary language.
HEA, MED	10 Colo. Code Regs. § 2505-10:8.057.7H	For Medicaid, if the appellant is not fluent in English or has a language difficulty, the Department will arrange with county assistance to have present at a hearing a qualified interpreter who will be sworn to translate correctly.
MCO, MED, TRA	10 Colo. Code Regs. §§ 2505-10:8.209.4.A(1), 8.209.4.C, 8.209.7.F	For each action, a Medicaid managed care organization (MCO) or pre-paid in-patient health plan (PIHP) must send the member written notice which must be available in English and the prevalent non-English languages spoken by members throughout the State. "Prevalent" means a non-English language spoken by a significant number or percentage of members in the service area as identified by the State. The MCO or PIHP shall give members reasonable assistance in completing any forms required by the MCO or PIHP, putting oral requests for a State fair hearing into writing and taking other procedural steps, including, but not limited to, providing interpretive services and toll-free numbers that have adequate interpreter capability. MCOs shall ensure that neither cultural, expressive, or receptive communication differences negatively impact the Complaint process and shall provide services to facilitate clients' and the Department's effective use of the Complaint process, inclusive of qualified interpreters for non-English-speaking clients.

## Colorado continued

Type	Provisions	Description
EPS	10 Colo. Code Regs. §§ 2505-10:8.280.4(4), 8.281.2.4	For ESPDT eligibility, written and oral information shall be culturally appropriate and provided in a manner and format appropriate for children, or their parents or legal guardians, who have limited English proficiency or sensory impairments. The provider shall perform age appropriate screenings in a culturally and linguistically sensitive manner.
MED	10 Colo. Code Regs. § 2505-10:8.290.7.B(3)	<p>Under Medicaid, Translation Related to Medicaid Services are translation services provided solely to assist individuals with access to Medicaid covered services, which services are not included in or paid for as part of a School Health Service. Translation services may be provided by employees of, or subcontractors with Participating Districts.</p> <p>Translation Related to Medicaid Services may include arranging for or providing oral or signing translation services that assist individuals with accessing and understanding necessary care or treatment covered by Medicaid or developing associated translation materials.</p>
CHI, RGT	10 Colo. Code Regs. § 2505-10:8.508.8.180.B.2	All facilities providing children's habilitation residential program services must post a list of patient rights prominently in the facility and translated into Spanish or may other appropriate language as needed.
MED, PWD, TRA	10 Colo. Code Regs. §§ 2505-10:8.600, 8.604.2	<p>With respect to services and supports provided to individuals with developmental disabilities authorized and funded in whole or part through Colorado Department of Health Care Policy and Financing, all regional centers, community centered boards, and program approved service agencies shall have written procedures for the protest of agency decisions or actions of the agency's employees or contractors by the person receiving services or parent of a minor or guardian of such person, or authorized representative if within the scope of his/her duties. Interpretation in native languages other than English and through such modes of communication as may be necessary shall be made available upon request.</p> <p>Agencies shall provide persons with developmental disabilities receiving services, parents or guardians with information regarding their rights in a manner that is easily understood, verbally and in writing, in the native language of the person, or through other modes of communication as may be necessary to enhance understanding.</p>

## Colorado continued

Type	Provisions	Description
MED, AGY	10 Colo. Code Regs. §§ 2505- 10:8.605.2(A), (C), 2503-8:3.840.26	Under the Medical Assistance Program, every community centered board, regional center and program approved service agency shall have procedures for resolution of disputes involving a person's eligibility for services, termination of services, change, reduction or denial of a service. The dispute resolution procedure shall be stated in writing, in English. Interpretation in native languages other than English and through such modes of communication as may be necessary shall be made available upon request.
MED, STA, CON	10 Colo. Code Regs. § 2505- 10:8.730.5(2), (8)	For Medicaid payment of sterilization, an interpreter shall be provided if the individual to be sterilized does not understand the language used on the consent form or the language used by the person obtaining consent. If an interpreter is provided, the interpreter shall, by signing the consent form, certify that he or she translated the information presented orally, read the consent form and explained its contents to the individual and that to the best of the interpreter's knowledge the individual understood the information provided.
HEA, MED	10 Colo. Code Regs. § 2505- 10:8.1000.3.H(6)	For Medicaid fair hearings, if the appellant is not fluent in English, the Department will arrange with county assistance to have a qualified interpreter present who will be sworn to translate correctly at the hearing.
CHI, MEN	12 Colo. Code Regs. § 2509- 8:7.713.23(B)	Within thirty (30) days of admitting a youth into care, a secure residential treatment center shall conduct a comprehensive assessment of the youth. All methods and procedures used in this assessment shall be appropriate to the age, cultural background, and dominant language or mode of communication of the youth.



**Colorado** continued

Type	Provisions	Description
EIS	12 Colo. Code Regs. §§ 2509-10:7.901, 7.980(D)(3), 7.950(A)(6)	<p>Under the Early Intervention Program, consent means that the parent has been fully informed of all information relevant to the activity for which consent is sought in the parent’s native language and the parent understands and agrees in writing to the carrying out of the activity. Native language, when used with respect to an individual who has limited English proficiency means the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child. For evaluations and assessments, native language means the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation and assessment.</p> <p>Written notice to propose or refuse to initiate or change the identification, eligibility, evaluation, early intervention service setting, the provision of appropriate early intervention services to his or her child and family, or the sharing of personally identifiable information must be provided in the native language of the parent, and if the native language of the parent is not a written language, a Community Centered Board shall take steps to ensure that the prior written notice is translated orally by an interpreter or by other means to the parent in the parent’s native language or other mode of communication.</p> <p>Early Intervention Services shall be provided in a culturally relevant manner, including use of an interpreter, if needed.</p>

## Colorado continued

Type	Provisions	Description
OAA	12 Colo. Code Regs. § 2510-1:10.401.2(A), (B), 10.419.2	<p>In areas where a predominate number of older individuals speak a language other than English as their principal language, the Area Agencies on Aging shall provide information, assistance and outreach services in that language and the outreach service shall also be provided in that language.</p> <p>Preference and priority in the delivery of services shall be given to older adults with the greatest social or economic need with particular attention to low-income minority older adults and individuals who are otherwise isolated, including isolation based on language barriers, and limited English proficiency.</p> <p>Program provider, the attorney and/or agency supervising attorney shall Have the capacity and ability to provide legal assistance In the principal language spoken by older adults in planning and service areas where a majority of older adults do not speak English.</p>

# Connecticut

Type	Provisions	Description
AGY, MED	Public Act No. 07-185(1)(b) (2007)	The Commissioner of Social Services shall amend the Medicaid state plan to include foreign language interpretation services provided to any limited English proficiency beneficiary as a Medicaid covered service.
MED	Conn. Gen. Stat. § 17b-28(e)	The Council on Medical Assistance Program Oversight shall make recommendations concerning the linguistic and cultural competency of providers and other program facilitators and data on the provision of Medicaid linguistic translation services.
HOS, MCO	Conn. Gen. Stat. § 19a-127k(c)(4)	A managed care organization or hospital may develop community benefit guidelines intended to promote preventive care and to improve the health status for working families and populations at risk, whether or not those individuals are enrollees of the managed care plan or patients of the hospital. The guidelines shall focus on developing its program based upon an assessment of the health care needs and resources of the targeted populations, particularly barriers to accessing health care, including, but not limited to, cultural and linguistic barriers to accessible health care.
AGY, TRA, HOS	Conn. Gen. Stat. § 9a-266a	The Department of Public Health shall develop multilingual versions of a pamphlet for use by Spanish speaking and other non-English speaking patients containing information concerning gynecologic cancers, including cervical, ovarian and uterine cancer. The Department shall make the pamphlets available to hospitals, physicians and other health care providers for distribution to patients.
AGY, HHC, LTC, TRA	Conn. Gen. Stat. § 19a-490g	The Department of Public Health shall develop and produce a consumer guide of bilingual information on home health care agencies and homemaker-home health aide agencies.

## Connecticut continued

Type	Provisions	Description
HOS	Conn. Gen. Stat. § 19a-490i	Each acute care hospital shall: (1) develop and annually review a policy on the provision of interpreter services to non English speaking patients; (2) ensure the availability of interpreter services to patients whose primary language is spoken by a group comprising not less than 5 percent of the population residing in the geographic area served by the hospital; (3) prepare and maintain a list of qualified interpreters; (4) notify hospital staff of the requirement to provide interpreters to non English speaking patients; (5) post multilingual notices of the availability of interpreters to non-English speaking patients; (6) review standardized forms to determine the need for translation for use by non English speaking patients; (7) consider providing hospital staff with picture and phrase sheets for communication with non English speaking patients; and (8) establish liaisons to non English speaking communities in the geographic area served by the hospital.
HOS, TRA	Conn. Gen. Stat. § 19a-509b(b)(1), (c)	Each hospital which holds or administers one or more hospital bed funds shall post or cause to be posted in a conspicuous public place in each patient admitting location, including, but not limited to, the admissions office, emergency room, social services department and patient accounts or billing office, information in English and Spanish regarding the availability of its hospital bed funds (in plain language in a forty-eight to seventy-two point type size) and shall make available in a place and manner allowing individual members of the public to easily obtain it, a one-page summary in English and Spanish.
AGY, CRD	Conn. Gen. Stat. § 20-13j(b)(2)(E)	The department, after consultation with the Connecticut Medical Examining Board and the Connecticut State Medical Society, and any other appropriate state board, shall collect the following information to create an individual profile on each physician and advanced practice registered nurse for dissemination to the public, including a list of languages, other than English, spoken at the physician's, advanced practice registered nurse's or other health care provider's primary practice locations.

## Connecticut continued

Type	Provisions	Description
INS	Conn. Gen. Stat. § 38a-297(d)	For insurers, any non-English-language policy shall be deemed to be in compliance if the insurer certifies that such policy is translated from an English-language policy which complies with the other requirements of state law.
EIS, TRA	Conn. Agencies Regs. § 17a-248-7(c)	For early intervention services, notice shall be written in language understandable to the general public and provided in the native language of the parent, unless it clearly is not feasible to do so. If the native language of the parent is not a written language, the agency shall ensure that the notice is translated orally or by other means to the parent in the parent's native language, the parent understands the notice, and there is written evidence that the requirements of this section have been met.
EIS	Conn. Agencies Regs. § 17a-248-8(d)(4)	Any parent requesting mediation under the early intervention services has the right to interpreter services or alternative communication services, if any are needed.
OAA, PWD	Conn. Agencies Regs. § 17a-301-2(e)	The Department of Social Services shall not contract for elderly independent living services with any agency not able to provide for necessary services for people who are non-English speaking.
HHC	Conn. Agencies Regs. § 17b-342-1(h)(8)	As part of the Home Care Program for Elders, each Access Agency (organizations which assist individuals in receiving home and community based services) shall have the capacity to provide or arrange necessary services for individuals who are non-English speaking.
OAA	Conn. Agencies Regs. § 17b-423-1(a)	For Older Americans Act programs, "greatest social need" means the need caused by non-economic factors which include language barriers and cultural isolation, including that caused by racial or ethnic status which restrict an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.
OAA, TRA	Conn. Agencies Regs. § 7b-423-4(b)(4)(B)(iv)	For Area Agency on Aging hearings, notice of public hearing(s) shall be published in a language other than English, when deemed appropriate by the Area Agency on Aging and/or the Department on Aging.

## Connecticut continued

Type	Provisions	Description
CON, STA	Conn. Agencies Regs. § 19a-116-1(c) (1)(D)	For abortion services in outpatient clinics, providers must assure the patient that an interpreter is provided to assist the patient if she does not understand the language used on the consent form or the language used by the counselor obtaining consent.
INS	Conn. Agencies Regs. § 38a-472f-4(13)	Each health carrier that delivers, issues for delivery, renews, amends or continues any individual or group health insurance policy or certificate in this state that uses a provider network shall ensure the provider directory accommodates the communication needs of individuals with disabilities or limited English proficiency and provides information on how to receive assistance.
INS, DEF	Conn. Gen. Stat. § 38a-297	Any non-English-language insurance policy shall be deemed to be readable if the insurer certifies that such policy is translated from an English-language policy that is readable.
INS	Conn. Gen. Stat. § 38a-472f(c)(2) (G), (h)(2)(D)	<p>The Insurance Commissioner shall determine the sufficiency of a health carrier's network in accordance with the provisions of this subsection and may establish sufficiency by reference to any reasonable criteria, including, but not limited to, the ability of the network to meet the needs of covered persons that may include low-income individuals, children and adults with serious, chronic or complex conditions or physical or mental disabilities or individuals with limited English proficiency.</p> <p>Each insurance access plan must describe the health carrier's efforts to address the needs of covered persons, including, but not limited to, children and adults, including those with limited English proficiency or illiteracy, diverse cultural or ethnic backgrounds. Connecticut Health Insurance Exchange must provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the exchange.</p>
INS	Conn. Gen. Stat. § 38a-1084(19)(E)	Connecticut Health Insurance Exchange must provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the exchange.

# Delaware



Type	Provisions	Description
MEN, RGT, TRA	Del. Code Ann. tit. 16, § 5161(b)	Mental health hospitals and residential centers must display patient rights in English and Spanish and must provide a list of rights to each patient.
CHI, LTC	16-3000-3210 Del. Admin. Code § 7.1	Nursing homes admitting pediatric residents shall ensure that qualified individuals specializing in the healthcare of children with special needs, including a qualified interpreter, plan and administer the treatments for each pediatric resident.
LTC	16-3000-3225 Del. Admin. Code § 13.2.12	Assisted Living Facilities must provide qualified interpreters for people who do not speak English.
CON, MED, STA	40-800-103 Del. Admin. Code § 2.2.2	For Medicaid payment of sterilization, if the client is not able to read/write/understand the English language, an interpreter must be present to translate the information presented on the consent form orally. The interpreter must sign, date, and indicate the language used for translation on the Interpreter's Statement.
MED	16-5000-5100 Del. Admin. Code § 14100	Assistance will be provided to any individual seeking help with the [Medicaid] application or renewal process in person, over the telephone, online, and in a manner that is accessible to individuals with disabilities and those who are limited English proficient.
INS	18-1300-1317 Del. Admin. Code § 7.1	A health insurance provider directory, whether in electronic or print format, shall accommodate the communication needs of individuals with disabilities, and include a link to or information regarding available assistance for persons with limited English proficiency.
HEA, LTC	16-3000-3102 Del. Admin. Code § 5.1	An impartial hearing may be requested by a resident who believes a long term care facility has erroneously determined that he or she must be transferred or discharged. Such impartial hearing must be conducted with appropriate translation services available to parties or witnesses as needed to be provided at State expense.

# District of Columbia

Type	Provisions	Description
AGY, TRA	D.C. Code § 2-1375	The Mayor shall make available to persons whose primary language of communication is Chinese, Vietnamese, or Korean, a text version translated into these languages of any government published application, informational brochure or pamphlet which is essential to obtain services relating to the health of Asian or Pacific Islander residents.
AGY, HEA	D.C. Code §§ 2-1901-1912	Establishing standards for interpreters to facilitate use of interpreters in administrative, judicial, and legislative proceedings and outlining its duties.
AGY	D.C. Code §§ 2-1931-1935	<i>Language Access Act of 2004:</i> Any District government agency, department, or program that furnishes information or renders services, programs, or activities directly to the public or contracts with other entities, either directly or indirectly, to conduct programs, services, or activities shall provide oral language services to a person with limited or no-English proficiency who seeks to access or participate in the services, programs, or activities offered by the covered entity. It shall determine annually what types of oral language services are needed and shall hire the necessary bilingual personnel into existing budgeted vacant public contact positions.
LTC, RGT, TRA	D.C. Code § 7-703.01(k)	Long term care facilities must post a notice prescribed by the Office of the Long Term Care Ombudsman that describes the rights of a resident and the telephone number of the ombudsman shall be posted in a conspicuous place at or near the entrance to the long-term care facility and on each floor of the facility and shall be provided in the appropriate language to those residents who do not speak or understand English.



## District of Columbia continued

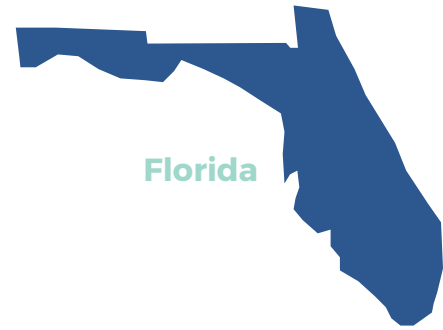
Type	Provisions	Description
TRA	D.C. Code § 7-2071.01(1) (A)-(B)	For the purposes of the Health Care Ombuds program, "accessible" means providing the program's written materials in Spanish and English, and in other languages when required by Title VI of the Civil Rights Act of 1964 or District law and interpreters to communicate with consumers in Spanish, and in other languages when required by Title VI or District law.
CHI, TRA	D.C. Code § 7-1651.04(b)	A form allowing parents to opt-out of a requirement to have female children inoculated against the HPV virus must be available in English, Spanish, and any other language that the Mayor considers culturally appropriate.
EIS	D.C. Mun. Regs. tit. 22, § 2100.3	For newborn hearing screening, if the parents do not understand English well enough to comprehend the information on hearing screening, the institution shall provide it in the parents' native language.
HOS	D.C. Mun. Regs. tit. 22, §§ 2710.11(e), 2810.10(e)	Each ICU and PICU for trauma care shall have support personnel available including interpreters.
MEN	D.C. Mun. Regs. tit. 22, §§ 3823.5, 3825.6	Prior to admission to a mental health community residence facility (MHCRF), if a resident cannot read or understand English, the notice shall be given orally and in writing in a language the resident can understand. No MHCRF shall refuse to make reasonable accommodations necessary to admit or retain a resident who is non-English speaking.
HHC	D.C. Mun. Regs. tit. 22, § 3912.6	Each home care agency must take appropriate steps to ensure that all information is conveyed to any patient who cannot read or who otherwise needs accommodations in an alternative language or communication method.
AGY, HHC, HOS, LTC	D.C. Mun. Regs. tit. 22, § 4012.11(A) (1)	Applicants for a certificate of need shall provide evidence and assurances that the project will not negatively impact services available to a project shall not negatively impact services available to service area ethnic populations who speak a language other than English.

## District of Columbia continued

Type	Provisions	Description
HOS, HHC, LTC, TRA	D.C. Mun. Regs. tit. 22, § 4405.5	Each Certificate of Need holder must post a prescribed notice of availability of uncompensated care in English, Spanish, and any other language that is the usual language of households of ten percent (10%) or more of the population, according to the most recent figures published by the Bureau of Census.
TRA	D.C. Mun. Regs. tit. 22, § 6000.3	Regarding health benefits plans, each insurer shall provide each member with written notice in English or Spanish, as appropriate, of the components of a grievance at the time the member first enrolls with the insurer.
MEN	D.C. Mun. Regs. tit. 22A, § 502.3	Each mental health provider shall communicate its restraint and seclusion policy in a language the consumer, or the consumer's parent(s) or legal guardian(s) understand. When necessary, the mental health provider shall provide interpreters or translation.
MEN	D.C. Mun. Regs. tit. 22A, § 3410.21	Each mental health rehabilitation services provider shall make language interpreters available as needed for persons who do not use English as a first language or use a non-primary language for communication.
MEN, TRA	D.C. Mun. Regs. tit. 22A, § 3411.4(g) (5)	Each Core Service Agency (a community agency certified by the Department of Mental Health to coordinate patient care for eligible consumers) shall provide materials on how to access crisis/emergency services, writing at the 4th grade level and printed in English and either Spanish or other language conducive to facilitating communication with the majority of the CSA's target population.
MED, HHC, PWD	D.C. Mun. Regs. tit. 29, § 4204.5(a) (2)	Each provider of home and community-based waiver services for persons who are elderly and individuals with physical disabilities shall develop a Person-Centered Service Plan (PCSP) for each individual that addresses the beneficiary's preferences in order to tailor the plan to reflect any unique cultural or spiritual needs or be developed in a language or literacy level that the beneficiary and representative can understand, among other things.

## District of Columbia continued

Type	Provisions	Description
MED, HHC, RGT	D.C. Mun. Regs. tit. 29, § 5014.5	Each Provider of personal care services and home health services reimbursed by Medicaid shall take appropriate steps to ensure that each patient, including patients who cannot read or have a language or communication barrier, has received the required information on patient's rights.
MED	D.C. Mun. Regs. tit. 29, § 5403.6	Each Medicaid fee-for-service primary care provider shall provide health education programs for its enrollees in languages understood by the population being served.
MED, RGT	D.C. Mun. Regs. tit. 29, § 6411.5	Each provider participating in the Medicaid Health Care Reform Demonstration Project must take appropriate steps to ensure that each recipient, including patients who cannot read or have a language or communication barrier, has received the required information on patient's rights.
MED	D.C. Mun. Regs. tit. 29, § 4206	Each provider shall develop an effective plan on language assistance for beneficiaries who are limited English proficient, and ensure access to translation services and free interpretation services in accordance with guidance from Department of Health and Human Services, Office of Civil Rights.
HHC, RGT	D.C. Mun. Regs. tit. 29, § 9712	For adult day health program services, providers shall take appropriate steps to ensure that each participant, including participants who cannot read or those who have a language or a communication barrier, has received the information required regarding their rights and responsibilities.



# Florida

Type	Provisions	Description
AGY, HIV, PUB	Fla. Stat. § 381.0038(1)(b)	The Department of Health shall establish an AIDS education program containing special components to reach non English speakers and other minority groups.
RGT	Fla. Stat. § 381.026(4)(b)(7) ("Health care facility" means a facility licensed under chapter 395. Fla. Stat. § 381.026)	A patient in a health care facility who does not speak English has the right to be provided an interpreter when receiving medical services if the facility has a person readily available who can interpret on behalf of the patient.
AGY, PUB, TRA	Fla. Stat. § 381.984(3)	The State Surgeon General and his or her designee shall develop culturally and linguistically appropriate information and distribution methods regarding childhood lead poisoning, the importance of testing for elevated blood-lead levels, prevention of childhood lead poisoning, and treatment of childhood lead poisoning.
MEN, HEA	Fla. Stat. § 393.11(3) (a)	Notice of the filing of a petition for involuntary admission to residential services provided by the developmental services program of the Department of Children and Family Services for a person with developmental disability shall be given verbally and in writing in the language of the client, or in other modes of communication of the client, and in English.
AGY, INS, TRA	Fla. Stat. § 408.9091(4)(a)(4)	The Cover Florida Health Care Access Program, established by the Agency for Health Care Administration to develop an affordable health care product that expands the availability of health care options for uninsured residents of Florida, must make all benefit plan and marketing materials available in English and Spanish.

## Florida continued

Type	Provisions	Description
INS, TRA	Fla. Stat. § 627.4145(1), (4)	Every insurance policy must be readable. Any non-English language insurance policy shall be deemed to be in compliance with this section if the insurer certifies that such policy is translated from an English language policy which complies with this section.
INS	Fla. Stat. § 627.419(8)	If an insurer or licensee advertises a policy in a language other than English, the advertisement shall not be construed to modify or change the policy written in English. The advertisement must disclose that the policy written in English controls in the event of a dispute and that statements contained in the advertisement do not necessarily, as a result of possible linguistic differences, reflect the contents of the policy written in English.
MCO, INS, TRA	Fla. Stat. §§ 636.015, 641.305, 641.421	Prepaid limited health service organizations, health maintenance organizations, and prepaid health clinics that negotiate contracts in languages other than English, must provide non-English speaking members with written translations of their contract. These translations must be identical to the English language versions, approved in advance by the Department of Insurance, and certified as accurate. All advertisements by these entities, if printed or broadcast in a language other than English, also must be available in English.
MCO, TRA	Fla. Stat. § 641.54(5)(e)	Every health maintenance organization must provide to subscribers, on request, their policies for addressing the needs of non-English-speaking subscribers.
LTC	Fla. Admin. Code Ann. r. 58A- 5.0181(3)(c)	Assisted Living Facilities must explain their policies to a family member or friend of the resident or another individual who can communicate the information to the resident if the resident does not speak English and the information is not available in a translated form.
HOS	Fla. Admin. Code. r. 59A-3.254(3)(b)	Each hospital shall provide the patient and family with education specific to the patient's assessed needs, capabilities, and readiness including language barriers when indicated.

## Florida continued

Type	Provisions	Description
HOS, RGT, TRA	Fla. Admin. Code Ann. r. 59A- 3.255(1)(a)	Each hospital offering emergency services must post notices in English and Spanish stating patients' rights to receive such services.
HHC, TRA	Fla. Admin. Code Ann. r. 59A- 8.020(1)	When a home health agency accepts a client, there shall be a reasonable expectation that the services can be provided safely, including being able to communicate with the patient or person designated by the patient, either through a staff person or interpreter who speaks the same language, or through technology that translates so that the services can be provided.
XXX	Fla. Admin. Code Ann. r. 59A- 25.004(1)(b)(6), (3) (a)	Home medical equipment providers shall assure that staff, including delivery personnel, can accommodate the patient's language.
AGY, CHI, MFA	Fla. Admin. Code Ann. r. 63M- 2.0046(4)	All facilities governed by the Department of Juvenile Justice are required to provide a healthcare orientation for committed youth to the health care delivery services of the facility when they are admitted. The orientation must be provided in Spanish or other languages that youth use as a primary language.
EIS, TRA, WOM	Fla. Admin. Code Ann. r. 64C-7.008	As a part of prenatal and postnatal infant risk screening procedures, the Prenatal Risk Screening and Infant Risk Screening instruments are available in Spanish, and shall be fully explained to any pregnant woman who objects to either risk screening.
AGY, TRA	Fla. Admin. Code Ann. r. 64D- 3.046(2), (6)	Department of Health forms for notification and opting out of immunizations required for public and non-public schools must be made available in English, Spanish, and Haitian-Creole.
PUB, TRA	Fla. Admin. Code Ann. r. 64E-8.008	When an acute health risk exists in the drinking water systems, the water supplier shall provide public notification of the risk and shall take special actions where consumers are not capable of reading printed material, such as verbal notification and disabling of water outlets. Where non-English speaking persons consume the water, the notice shall be translated into the prevalent languages of the consumers.

## Florida continued

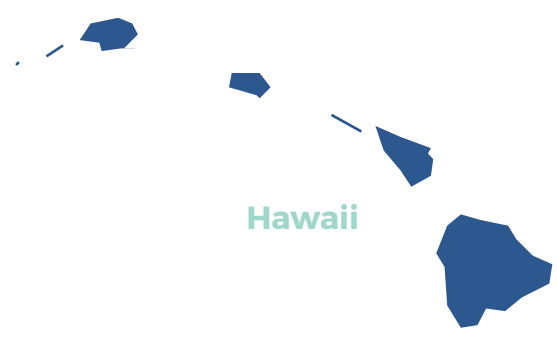
Type	Provisions	Description
CHI, MFA, TRA	Fla. Admin. Code Ann. r. 65E-9.006(10) (“Residential treatment centers” defined by Fla. Admin. Code Ann. r. 65-6.010.)	Program standards for the licensure (by the Department of Children and Families) of residential treatment centers for children include the provider establishing procedures for identifying and assessing the language needs of each child. A provider then must provide a range of oral and written assistance including American Sign Language, written materials in a language other than English, and oral language interpretation for children with limited English proficiency.
CHI, MEN	Fla. Admin. Code Ann. r. 65E-9.013	When providers use restraint, seclusion, or time-out in residential treatment centers for children, they must communicate the procedures in a language that the child and the parent or guardian understands, including American Sign Language, or through an interpreter or translator if needed. After the use of restraint or seclusion, staff involved in an emergency intervention and the child shall have a face-to-face discussion, also known as a debriefing, which shall be conducted in a language that is understood by the child and the child’s parent or guardian.



# Georgia

Type	Provisions	Description
STA	Ga. Code Ann. § 31-9A-3(1)(C)	The information that the law requires a woman to be told if she is considering an abortion must be provided in a language understood by the patient through a translator.
TRA, WOM	Ga. Code Ann. § 31-9A-4	The Department of Human Resources shall publish in English, and in each language which is the primary language of two percent or more of the state's population, and make available on the state website information to help a woman through pregnancy and information about different stages of fetal development.
CON, MEN	Ga. Comp. R. & Regs. 510-4-.02(9)(b)(3)(c), (c)(3)(c)	Psychologists must use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues. Psychologists using the services of an interpreter must obtain informed consent from the client/patient to use the interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, and discussion of any limitations on the data obtained.





# Hawaii

Type	Provisions	Description
OAA, PWD, TRA	2007 Hi. SB 1916	The aging and disability resource center will contract with a management information consultant to coordinate and implement consumer education and outreach campaigns, including bilingual translation and other activities that will educate the consumers and general public about aging and disability resource center services.
XXX	Haw. Rev. Stat. Ann. § 321-301	Bilingual health education aides shall assist in the provision of health education and public health services to non- and limited- English speaking persons living in the State.
MEN, PWD	Haw. Rev. Stat. Ann. § 333F-1	Services for persons with developmental disabilities or mental retardation include, but are not restricted to, development of language and communications skills and interpretation.
AGY, MEN	Haw. Rev. Stat. Ann. § 334-12	Establishes a mental health unit in the Department of Health to provide statewide bilingual services.
MCO, RGT	Haw. Rev. Stat. Ann. § 432E-5(b)	As a part of the Patients' Bill of Rights and Responsibilities Act, managed care plans shall at all times make their complaints and appeals procedures available in a form that is reasonably understandable to the average layperson. This information shall be provided in a language other than English upon request.
MEN, DEF	Haw. Code R. § 11-175-02	In the community-based mental health and substance abuse system, a "qualified interpreter" must demonstrate competence in both English and the other language for which interpretation is to be provided.
EPS	Haw. Code R. § 17-1737-55(b)(2)	The department shall seek out individuals and their families enrolled in the Medicaid program and inform them of the availability of EPSDT services by a combination of written and oral methods. Staff shall use appropriate informing procedures for recipients or their families who are deaf, blind, or who cannot read or understand the English language.

## Hawaii continued

Type	Provisions	Description
MEN	Haw. Code R. § 11-175-24	Consumers who speak no or limited English or who are hearing impaired shall be provided the services of a qualified interpreter for the purpose of interpretation and translation and assisting the consumer to obtain all needed mental health and substance abuse service elements.
LTC, HHC, RGT	Haw. Code R. § 11-100.1-21(a)(1) (B)	Residents of adult residential care homes shall have the right to [b]e fully informed that interpreter services including but not limited to translation, sign language or visual services will be provided if the resident requires such services. Should the resident require the assistance of an interpreter, the licensee or primary care giver shall attempt to facilitate reasonable accommodations for interpreter services including but not limited to translation, sign language or visual services. The cost for interpreter services shall not be the responsibility of the licensee or primary care giver.
CON, CHI	Haw. Code R. § 11-140-8(d), (j)	<p>The Department of Health must obtain the consent of parents of infants or toddlers who receive early intervention services before information can be exchanged among agencies. Effective written consent requires that the parent has been fully informed of all information relevant to the activity for which consent is sought, in the family's native language, or other mode unless it is clearly not feasible to do so.</p> <p>Notice must be (1) written in language understandable to the general public; (2) provided in the native language of the parents, or other mode unless it is clearly not feasible to do so; and (3) if the native language or other mode of communication of the parent is not a written language, the department or early intervention provider must take steps to translate orally or by other means to the parent in the parent's native language or other mode of communication.</p>
CHI	Haw. Code R. § 11-140-5(l)	Unless clearly not feasible to do so, all evaluations and assessments of a child to determine eligibility for early intervention services shall be conducted in the native language of the child and family assessments shall be conducted in the native language of the family members.

## Hawaii continued

Type	Provisions	Description
CHI	Haw. Code R. § 11-140-6(e)	Individual family support plan meetings for Part C eligible children shall be conducted in settings and at times convenient to families and in the native language of the family, through the use of interpreters, or in any other mode of communication used by the family, unless it is clearly not feasible to do so. Meeting arrangements shall be made with, and written notice provided to, the parent, family, or other participants early enough to promote their attendance.
MED	Haw. Code R. § 17-1711.1-2(c)	An individual requesting information about the medical assistance program who is limited English proficient shall be provided language assistance services at no cost to the extent required by Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d, et seq.) to access the information listed in subsection (a).
LTC	Haw. Code R. § 11-94.1-27(15)	Nursing facility residents have the right to translation or interpretation services or other communication assistance as necessary.
HHC, LTC	Haw. Code R. § 17-1454-22(c)	The service plan for home and community based case management agencies shall be written in a language that is understandable to the individual, the individual's family, the individual's legal representative, and the primary and substitute caregivers.
MED	Haw. Code R. § 17-1703.1-3(d)(4)	Every individual shall be informed in writing at the time of application denial or adverse action of the availability of interpreter services for a limited English proficient individual.
MED	Haw. Code R. § 17-1713.1-2(b)	Notices regarding any decision by the department or designee affecting an individual's eligibility for Medicaid benefits and services approval, denial, termination, or suspension of benefits or services shall be written in plain language and be accessible to a person who is limited English proficient or has a disability.
MED	Haw. Code R. § 17-1703.1-8(c)(6)	Not less than fifteen (15) days prior to a Medicaid Med-QUEST hearing, the hearing office shall send a written notice containing information regarding individual's right to request an interpreter or auxiliary aids, if required and which shall be provided by the department at no cost.

## Hawaii continued

Type	Provisions	Description
TRA	Haw. Rev. Stat. § 321C-3	Each state agency and all covered entities shall take reasonable steps to ensure meaningful access to services, programs, and activities by limited English proficient persons, which will be determined by a totality of circumstances.
AGY	Haw. Rev. Stat. § 321C-7	Establishes a language access advisory council within the department of health.
WOM	Haw. Rev. Stat. § 321-561(b)	Notice specified in statute must be disseminated on-site to clients or patients at every limited service pregnancy center in the in Hawaii in English or another language requested by a client or patient.



# Idaho

Type	Provisions	Description
MED, STA, CON	Idaho Admin. Code r. 16.03.683.01(a)(ii), (c), (g)(i)-(iii).	For Medicaid payment of sterilization, to obtain consent, an interpreter must be provided if the recipient does not understand the language used on the consent form or the language used by the person obtaining the consent. The interpreter's name must be included on the consent form.
MED, CHI, PAY	Idaho Admin. Code r. 16.03.09.853	Medicaid payment for school-based services: Interpretive services needed by a student who does not adequately speak or understand English and requires an interpreter to communicate with the professional or paraprofessional providing the student with a health-related service may be billed with the following limitations: (i) Payment for interpretive services is limited to the specific time that the student is receiving the health-related service; documentation for interpretive service must include the Medicaid reimbursable health-related service being provided while the interpretive service is provided (ii) Both the Medicaid-covered service and the need for interpretive services must be included on the student's plan; and (iii) Interpretive services are not covered if the professional or paraprofessional providing services is able to communicate in the student's primary language.

## Idaho continued

Type	Provisions	Description
MED, LTC, TRA	Idaho Admin. Code r. 16.03.10.316-317	For Medicaid Enhanced Plan Benefits: Home and community based person-centered planning must be conducted in a manner that is accessible to participants with disabilities and persons who are limited English proficient as defined in 42 CFR 435.905(b). All person-centered service plans must reflect the following components: Understandable language. Be understandable to the participant receiving services and supports, and the individuals important in supporting him or her. At a minimum, the written plan must be understandable, and written in plain language in a manner that is accessible to participants with disabilities and persons who are limited English proficient, consistent with 42 CFR 435.905(b).
MFA	Idaho Admin. Code r. 16.03.22.220	Prior to or on the day of admission, the residential care or assisted living facility, each resident or the resident's legal guardian or conservator will enter into a written admission agreement that is transparent, understandable and translated into a language the resident or his representative understands.
MFA, LTC, FAM	Idaho Admin. Code r. 16.03.22.550(3)(b) (iii)	Residents in residential care or assisted living facilities have the right to be communicated with, orally or in writing, in a language they understand. If the resident's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate in a language familiar to the resident must be available and implemented. There are many possible methods such as bilingual staff, electronic communication devices, family and friends to translate.
MEN, HEA	Idaho Admin. Code r. 16.05.03.125	If necessary, an interpreter will be provided by the Department of Health and Welfare for contested case proceedings and declaratory hearings for clients with developmental disabilities or mental illness.



# Illinois

Type	Provisions	Description
AGY, OAA, TRA	20 Ill. Comp. Stat. 105/4.01(18)	The Department on Aging shall develop a pamphlet in English and Spanish which may be used by physicians licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, pharmacists licensed pursuant to the Pharmacy Practice Act, and Illinois residents 65 years of age or older for the purpose of assisting physicians, pharmacists, and patients in monitoring prescriptions provided by various physicians and to aid persons 65 years of age or older in complying with directions for proper use of pharmaceutical prescriptions.
AGY	20 Ill. Comp. Stat. 1705/64(c)	Advisory Committee on Geriatric Services membership shall be representative of different geographical sections of the State and Statewide organizations and as far as possible, representing the limited English-speaking elderly.
AGY, TRA	20 Ill. Comp. Stat. 2305/2	The Department of Public Health shall conduct a public information campaign to inform Hispanic women of the high incidence of breast cancer and the importance of mammograms and where to obtain a mammogram. This requirement may be satisfied by translation into Spanish and distribution of the breast cancer summaries required by state law.
AGY	20 Ill. Comp. Stat. 2310/210(e)(7), (9), 2310/215	Advisory Panel on Minority Health is established, in part, to address reduction of communication barriers for non-English speaking residents and improve data collection and reporting on minority health care issues.
CHI	20 Ill. Comp. Stat. 2310/255(2)(B), (6) (B)	Recognizes lack of access to childhood immunizations by LEP families; establishes permanent, temporary or mobile sites for immunizing children in places where high-risk families live.

## Illinois continued

Type	Provisions	Description
HIV, TRA	20 Ill. Comp. Stat. 2310/320(b)	The Department shall include in its AIDS campaign material information directed toward African-Americans and Hispanics. This information shall include educational videos, in English and in Spanish, directed toward teenagers who are members of high-risk population groups.
AGY, TRA, WOM	20 Ill. Comp. Stat. 2310/345(e)	Requires publication in Spanish of a pamphlet outlining the methods of detection of breast cancer and the available treatment options. Requires the Department of Public Health to conduct a public information campaign to distribute the pamphlets to Spanish speaking women.
AGY, TRA, HIV	20 Ill. Comp. Stat. 2310/380	The Department of Public Health shall develop and implement a public education program to reduce the prenatal transmission of HIV infection targeted toward population groups whose behavior places them at the risk of HIV infection. The program shall target women specifically, and any materials included in the program shall be in English and in Spanish.
AGY, TRA	20 Ill. Comp. Stat. 2310/425	The Department of Public Health shall publish in plain language, in both an English and a Spanish version, a pamphlet providing information regarding health care for women.
AGY, TRA, XXX	20 Ill. Comp. Stat. 2310/600(b)	The Department of Public Health shall publish Spanish language versions of the statutory Living Will Declaration form; the Illinois Statutory Short Form Power of Attorney for Health Care; the statutory Declaration of Mental Health Treatment Form; the summary of advance directives law in Illinois; and any statewide uniform Do Not Resuscitate forms.
MEN, PWD	20 Ill. Comp. Stat. 2407/15(1)	A person with a suspected disability who is applying for disability services must receive, after an initial screening and a determination of probable eligibility for a disability service or program, a comprehensive diagnosis and evaluation, including an assessment of skills, abilities, and potential for residential and work placement, adapted to his or her primary language, cultural background, and ethnic origin.



## Illinois continued

Type	Provisions	Description
CRD	210 Ill. Comp. Stat. 45/3-206	Regarding the Nursing Home Care Act licensing and enforcement, no person, except a volunteer who receives no compensation shall act as a nursing assistant, habilitation aide, or child care aide in a facility (defined as a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically or any similar institution operated by a political subdivision of the State of Illinois, which provides personal care, sheltered care or nursing for 3 or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities. It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs.), nor shall any person, under any other title, not licensed, certified, or registered to render medical care by the Department of Professional Regulation, assist with the personal, medical, or nursing care of residents in a facility, unless such person meets the following requirements: (2) Be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
HOS, TRA, WOM	210 Ill. Comp. Stat. 85/11.5	Each hospital shall develop a written policy statement that it may not promulgate policies or implement practices that determine differing standards of obstetrical care based upon a patient's source of payment or ability to pay for medical services and shall post written notices of this policy in the obstetrical admitting areas in the predominant language or languages spoken in the hospital's service area.

## Illinois continued

Type	Provisions	Description
FAM, HOS, LTC	210 Ill. Comp. Stat. 87/5-87/19  Ill. Admin. Code tit. 77, §§ 250.265, 940.100-160	To insure access to health care information and services for LEP or non-English speaking residents, a hospital or long term care facility must do one or more of the following: (1) review policies on the use of interpreters, including the availability of staff interpreters; (2) adopt and review annually new policies for providing language assistance, which shall include procedures for providing, to the extent possible as determined by the facility, an interpreter whenever a communication barrier exists, except where the patient, after being informed of the availability of the interpreter, chooses to use a family member or friend who volunteers to interpret; (3) prepare lists of qualified interpreters; (4) identify and track patients' language needs; (5) notify employees of the commitment to provide interpreters; (6) review standardized forms to determine which should be translated; (7) develop community liaison groups to insure adequacy of interpreter services; (8) provide non bilingual staff with phrase and picture sheets to assist them in communicating; (9) post notices in conspicuous locations advising patients of the availability of interpreter services.
HOS, TRA	210 Ill. Comp. Stat. 88/15	Each hospital shall post a notice regarding financial assistance conspicuously in the admission and registration areas of the hospital in English, and in any other language that is the primary language of at least 5% of the patients served by the hospital annually.
INS	215 Ill. Comp. Stat. 5/155.32	A company, as defined in Section 132.2 of this Code, may conduct transactions in a language other than English through an employee or agent acting as interpreter or through an interpreter provided by the customer.  An insurance carrier licensed to provide insurance as defined in subsections (a) and (b) of Section 143.13 of this Code may provide insurance policies, endorsements, riders, and any explanatory or advertising material in a language other than English. In the event of a dispute or complaint regarding the insurance or advertising material, the English language version of the insurance coverage shall control the resolution of the dispute or complaint.

## Illinois continued

Type	Provisions	Description
AGY, TRA	215 Ill. Comp. Stat. 134/90(a)(5)	The Office of Consumer Health Assistance must make related information available in languages other than English that are spoken as a primary language by a significant portion of the State's population, as determined by the Department of Insurance.
XXX	225 Ill. Comp. Stat. 110/8.7(a)(6)	A speech-language pathology assistant may act as an interpreter for non-English speaking patients or clients and their family members when competent to do so.
AGY	305 Ill. Comp. Stat. 5/5 19(g)(3)	To provide notice of eligibility and benefits provided under the "Healthy Kids Program," the Department of Public Aid shall use accepted methods of informing persons who cannot understand English, including but not limited to public service announcements and advertisements in foreign language media.
EIS, TRA	325 Ill. Comp. Stat. 20/12(f)	Procedural safeguards for early intervention services for children include written prior notice to fully inform the parents or guardians, in their primary language, in a comprehensible manner, of these procedural safeguards.
MEN, MFA, RGT	405 Ill. Comp. Stat. 5/2-102(a-5)	The rights of recipients of mental health and developmental disabilities services state that if the recipient is unable to communicate effectively in English, the facility shall make reasonable efforts to provide services to the recipient in a language that the recipient understands.
MEN, MFA, TRA	405 Ill. Comp. Stat. 5/3 204, 5/3 205	Whenever a statement or explanation is required to be given to a recipient (a person who has received or is receiving treatment or habilitation) and the recipient does not read or understand English, such statement or explanation shall be provided to him in a language which he understands. Such statement or explanation shall be communicated in sign language for any hearing impaired person for whom sign language is a primary mode of communication. When a statement or explanation is provided in a language other than English, or through the use of sign language, that fact and the name of the persons by whom it was provided shall be noted in the recipient's record. This Section does not apply to copies of petitions and court orders.

## Illinois continued

Type	Provisions	Description
MEN	405 Ill. Comp. Stat. 5/4-205	Regarding admission, transfer or discharge of developmentally disabled individuals in government or private facilities, when a statement or explanation is provided in a language other than English, that fact and the name of the person providing it shall be noted in the client's record.
MEN, MFA	405 Ill. Comp. Stat. 5/4-300(b)	For admission of a person with developmental disabilities to a mental health facility (any licensed private hospital, institution, or facility or section thereof, and any facility, or section thereof, operated by the State or a political subdivision thereof for the treatment of persons with mental illness and includes all hospitals, institutions, clinics, evaluation facilities, and mental health centers which provide treatment for such persons) to receive treatment, an evaluation shall include current psychological, physical, neurological, social, educational or vocational, and developmental evaluations and any tests which require language familiarity shall be conducted in the person's primary language.
MEN	405 Ill. Comp. Stat. 75/0.01-75/1	Mental Health Hispanic Interpreter Act requires that every State-operated mental health and developmental disability facility where at least 1% of total annual admissions for inpatient or outpatient care consists of recipients of Hispanic descent shall provide a qualified interpreter when such recipient lacks proficiency in the English language to such an extent that communication with facility staff for purposes of receiving care or treatment is prevented. An interpreter shall be provided at any time such a recipient is admitted to a State-operated facility or seeks or receives care or treatment at such a facility.
CHC	410 Ill. Comp. Stat. 66/5	In the Community Health Center Expansion Act, services that enable individuals to use the services of the health center (a site providing primary health care services either to a medically underserved population or area or to the uninsured population of this State) include, if a substantial number of the individuals in the population are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of those individuals.

## Illinois continued

Type	Provisions	Description
FAM, MEN, RGT	Ill. Admin. Code tit. 59, § 111.25(4)-(5)	Regarding mental health services, no individual shall, on the basis of an inability to communicate in the English language, be denied the benefits of, or be subjected to discrimination by, a Department of Human Services facility. Facilities shall provide interpreters during admission, when denying admission, during intake, or specifically during all assessments or evaluations while the individual is being interviewed or tested by a psychologist, psychiatrist or physician. Additionally, interpreters are to be used during therapy, when care and treatment information is being conveyed, when information is being conveyed regarding the individual's discharge, transfer, objection to discharge or transfer, or the individual's rights, when the individual is being examined for involuntary admission or certification at the request of the individual's family or guardian, or whenever necessary to provide effective treatment or habilitative services to the individual. The facility shall pay for the cost of the interpreters. Family members of the individual shall not be used as interpreters.
AGY, MEN, TRA	Ill. Admin. Code tit. 59, § 117.130	Annually, the Department of Human Services shall disseminate information in English and in Spanish to individuals who may be eligible for family assistance and home-based services for people with mental disabilities and to persons who have contact with individuals who may be eligible to participate in these programs.
AGY, TRA	Ill. Admin. Code tit. 59, § 117.135(a)	The Department of Human Services shall disseminate preliminary applications in English and Spanish annually to those individuals who may be eligible to participate in family assistance and home-based services for people with mental disabilities.
MED	Ill. Admin. Code tit. 59, §§ 132.100(a), 132.148(a)(3)(A)(i)	For Medicaid community mental health services, the client's clinical record and initial admission note shall contain identifying information, including primary language or method of communication (e.g., Spanish).
HOS	Ill. Admin. Code tit. 77, § 250.265	As a requirement of hospital licensure, hospitals shall comply with the Language Assistance Services 210 Ill. Comp. Stat. 87/5 et seq. and the Language Assistance Services Code (Ill. Admin. Code tit. 77, § 940).

## Illinois continued

Type	Provisions	Description
CRD, LTC, MFA	Ill. Admin. Code tit. 77, §§ 225.2020(c)(2), 300.660(c)(2)	Nursing assistants in long-term care facilities, skilled nursing facilities and intermediate care facilities must be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
LTC, TRA	Ill. Admin. Code tit. 77, § 295.2010(b)(4)	For involuntary termination of residency in a long-term care facility for assisted living or shared housing, if the resident or the resident's representative, if any, cannot read English, the notice of termination must be provided in a language the individual receiving the notice can read or the establishment must provide a translator who has been trained to assist the resident or the resident's representative in the appeal process.
LTC, MFA	Ill. Admin. Code tit. 77, §§ 340.1450, 300.340(c)(2)(xx), 350.1088, 350.340(c)(2)(VV), 390.1150, 390.340(c)(2)(ZZ)	Skilled nursing facilities, intermediate care facilities, long term care facilities, and intermediate care facilities for individuals with developmental disabilities must comply with the Language Assistance Services Code (Ill. Admin. Code tit. 77, § 940).
CRD, LTC	Ill. Admin. Code tit. 77, § 300.662(d)(2)	Resident attendants in skilled nursing facilities or intermediate care facilities must be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
CRD, MEN	Ill. Admin. Code tit. 77, §§ 350.680(c)(2), 350.682(d)(2)	Developmental disabilities aides and resident aides in intermediate care facilities for individuals with developmental disabilities must be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
CHI, CRD, LTC	Ill. Admin. Code tit. 77, §§ 390.680(c)(2), 390.682(d)(2)	Nurses' aides, habilitation aides, developmental disabilities aides and resident attendants in long-term care facilities serving individuals under the age of 22 must be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
XXX	Ill. Admin. Code tit. 77, §§ 518.1500, 518.1050(c)(2)(M)	Freestanding emergency centers may provide language assistance services in accordance with the Language Assistance Services Act.

## Illinois continued

Type	Provisions	Description
CHI, DEF, WOM	Ill. Admin. Code tit. 77, §§ 630.30(c)(2), 630.40(d)(2), 630.50(b)(2), 630.60(b)(2), 630.70	The Maternal and Child Health program may allocate funds for providing health services for women of reproductive age or providing health services for children through adolescence, including interpreters. “Medical services” mean those activities dealing directly with the health care of the client, including clinic interpreters.
CRD	Ill. Admin. Code tit. 77, § 965. Appx. A	The Health Care Professional Credentials Data Collection Act requires collection of a form from health care professionals by hospitals, health care entities, and health care plans that desire to credential such professional, including the language fluency of the applicant (noting English, Spanish and Other).
CHC	Ill. Admin. Code tit. 89, § 140.461(d)(2)(H)	Federally qualified health centers must comply with federal and State laws and regulations governing the provision of adequate notice to persons who are unable to read or understand the English language.
MEN, MFA	Ill. Admin. Code tit. 89, §§ 146.215(l), 146.240(f)	Supportive living services programs must ensure that limited English speaking residents have meaningful and equal access to benefits and services. Steps to ensure access may include, but are not limited to: hiring bi-lingual staff; hiring staff interpreters; contracting for interpreter services; engaging community volunteers; and contracting with a telephone interpreter service. The supportive living facility (“SLF”) shall ensure that all SLF materials, including the resident contract, shall be in a language appropriate to the resident population.
OAA	Ill. Admin. Code tit. 89, § 210.50	For Department of Aging programs, “greatest social need” means the need caused by non-economic factors which include language barriers or cultural isolation including that caused by racial or ethnic status which restrict an individual’s ability to perform normal daily tasks or which threaten his or her capacity to live independently.
OAA	Ill. Admin. Code tit. 89, § 220.600(f)(7)	Case Coordination Units with the Department on Aging shall arrange services to non-English speaking and hearing impaired applicants and/or clients.

## Illinois continued

Type	Provisions	Description
OAA	Ill. Admin. Code tit. 89, § 230.250(d)(1)(A)	For services under the Older Americans Act, the area plan shall provide for information and referral services sufficient to ensure that all older persons within the planning and service area have reasonably convenient access to the service and in areas in which a significant number of older persons do not speak English as their principal language, the service provider (an entity that is awarded a sub grant or contract from an area agency to provide services under the area plan) shall provide information and referral services in the language spoken by the older person.
OAA	Ill. Admin. Code tit. 89, § 240.1570(a)(3)(D)	A Community Care Program (“CCP”) client may be allowed access to CCP adult day care services in a service area in which the client does not reside (outlying service area) if the client may be provided services more conveniently/appropriately by a CCP provider in an outlying service area if the special needs of the client (e.g., language-appropriate workers) can only be met by a CCP authorized provider in another service area.
LTC, TRA	Ill. Admin. Code tit. 89, § 270.115(c)	Each long term care facility shall display posters supplied by the Office of the Long Term Care Ombudsman and if a majority of residents speak a language other than English, then a majority of the posters shall be in that language if they are available from the Department on Aging.
CHI	Ill. Admin. Code tit. 89, § 325.40(d)	Whenever a physician recommends the administration of psychotropic medication to a child for whom the Department of Child and Family Services is legally responsible, the child shall be provided written information concerning the medication and its side effects in the child’s primary language.
HEA	Ill. Admin. Code tit. 89, §§ 508.90(g), 510.10(b)(10), 510.40(b)	For Department of Human Services hearings, the Department shall appoint an interpreter upon request. An interpreter must be able to communicate with the person for whom the interpreter was requested and must take an oath or affirmation to make a true interpretation in an understandable manner and convey the statements of the person to the best of the interpreter’s skill. DHS will assume the costs of the interpreter. A request should be made 10 days before the date of the hearing.



## Illinois continued

Type	Provisions	Description
AGY	Ill. Admin. Code tit. 89, § 525.10(e) (2)	For programs under review by the Office of Rehabilitation Services for non-compliance with contract requirements, Department of Human Services shall provide temporary services up to the completion of the client's program including interpreters.
HHC, TRA	Ill. Admin. Code tit. 89, § 676.20(b)	For the home services program (a State and federally funded program designed to allow Illinois residents, who are at risk of unnecessary or premature institutionalization, to receive necessary care and services in their homes, as opposed to being placed in an institution), at any time a non-English print version of any form or document, including the Service Plan, is used to meet the customer's needs and is placed in the case file, an English print copy must also be completed by the counselor or Case Manager and placed with the non-English print version in the case file.
HIV, XXX	Ill. Admin. Code tit. 89, §§ 686.940(d)(2), 686.1040(d)(2)	To participate in the Department of Human Services program to serve people with AIDS or with brain injuries, providers shall agree to comply with Title VI of the Civil Rights Act of 1964 and any laws, regulations or orders, State or Federal, that prohibit discrimination on the basis of race, color, or inability to speak or comprehend the English language.
CON, EIS, TRA	Ill. Admin. Code tit. 89, §§ 500.80(d)(2), 500.110(b)(1), 500.115(n), 500.135(a)(7), 500.155(a)(1)(A), (2)	For early intervention services for children, at the meeting to develop the Individualized Family Service Plan, the service coordinator shall ensure that the meeting is conducted in the parent's native language or mode of communication, unless it is clearly not feasible to do so, or that an interpreter is present to translate what is discussed. The early intervention record must include primary language data. Service providers must provide services and communications to clients in a language or mode of communication understood by the client using interpreters if necessary. Written prior notice must fully inform parents in the parents' native language, unless it is not feasible to do so, of all procedures under the early intervention services. Consent for services means that the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication. "Native language", where used with reference to persons of limited English proficiency ("LEP"), means the language or mode of communication normally used by the parent of a child.

## Illinois continued

Type	Provisions	Description
EIS, INT	Ill. Admin. Code tit. 89, § 500. Appx. C	Individuals who are bilingual or an interpreter for the deaf may enroll to bill as an interpreter. Upon application for enrollment, the bilingual applicant must identify the languages for which he/she is applying to interpret and/or translate and document completion of EI Systems Training as defined in Section 500.60(f) and training for bilingual interpreter/translators as required and provided by the Department of Human Services (“DHS”) and oral and/or written language proficiency demonstrated through testing procedures as required and provided by the DHS or through documentation of a nationally recognized certification based upon comparable proficiency testing procedures. Oral and/or written proficiency testing procedures test the language skills of a written translator and oral interpreter for comprehension of the source language and the extent that translated and/or interpreted text/speech conveys the full meaning of the source language.
EIS	Ill. Admin. Code tit. 89, § 500.140(c)(6)	If parents request a hearing to resolve disputes under the early intervention services, the letter requesting the appeal must include the native language spoken by the parents.
EIS	Ill. Admin. Code tit. 89, § 500.165(c)	If a service provider seeks to change the early intervention services or the Individualized Family Service Plan (“IFSP”), it must provide notice in the native language of the parents, unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that the notice is translated orally or by other means to the parent in the parent’s native language or other mode of communication; the parent understands the notice; and there is written evidence that the requirements of this subsection have been met. If a parent has no written language, the mode of communication must be that normally used by the parent (such as oral communication or other mode of communication as determined through consultation with the parent).

## Illinois continued

Type	Provisions	Description
HEA, PWD, TRA	Ill. Admin. Code tit. 89, §§ 853.70(b) (2)(D), 853.80(b) (7), (c)-(d)	<p>In scheduling disability hearings, factors to consider when scheduling dates/times include the need for an interpreter and individuals have the right to an interpreter. The Department of Human Services recognizes that the Social Security Administration district office generally determines whether Spanish language scheduling notices are required in a particular case. Spanish language scheduling notice will be sent to beneficiaries who meet one or more of the following criteria: the application shows the individual was born in Puerto Rico or a country where Spanish is the primary language; the individual has a Spanish surname; the individual lives in a known Spanish-speaking area as determined by the Social Security Administration (“SSA”) district office; the SSA district office interview is conducted in Spanish or with the assistance of a translator; or the individual has difficulty with English during the interview but shows familiarity with Spanish. In the event one or more of the Spanish language criteria are met and the beneficiary does not wish to receive Spanish language notices, the beneficiary will be requested to sign a waiver form. The beneficiary will be informed that the decision regarding Spanish notices can be changed at any time by contacting the local SSA district office.</p>

## Illinois continued

Type	Provisions	Description
HEA, PWD	Ill. Admin. Code tit. 89, § 853.120	<p>A beneficiary may request an interpreter or the Disability Hearing Division will determine the need for an interpreter through contact with the beneficiary, the beneficiary's representative or the SSA district office. An interpreter will be used in those situations where the beneficiary does not speak enough English to communicate and understand the issues of the hearing. Interpreters must be able to translate technical medical technology and concepts. The beneficiary can provide his/her own interpreter or can request the Disability Hearing Division to provide an interpreter. If the beneficiary provides his/her own interpreter and the Supervising Hearing Officer determines that the interpreter is unqualified (e.g., a young child), the Disability Hearing Division will make arrangements to have another interpreter present. The Disability Hearing Division will inform the beneficiary that arrangements have been made to have an interpreter at the hearing and will advise the beneficiary that although it will not be necessary to bring his/her own interpreter, he/she can do so. The Disability Hearing Division will reimburse interpreters when: the interpreter requests payment for services; the need for an interpreter has been satisfied; and the interpreter is deemed qualified.</p>

## Illinois continued

Type	Provisions	Description
HEA, PWD, TRA	Ill. Admin. Code tit. 89, § 855.20(d)- (e)	Notices of disability hearing decisions will be provided in Spanish to claimants who request Spanish notices. If a claimant does not request a Spanish notice but meets one of the following criteria, then the claimant will be contacted by staff from the SSA district office to determine if the claimant wants Spanish language notices. The criteria are: the application shows the individual was born in Puerto Rico or a country where Spanish is the primary language; the individual has a Spanish surname; the individual lives in a known Spanish-speaking area; the interview is conducted in Spanish or with the assistance of a translator; the individual has difficulty with English during the interview but shows familiarity with Spanish. In the event one or more of the criteria are met and the claimant does not wish to receive Spanish language notices, the claimant will be requested to sign a waiver form. The claimant will be informed that the decision regarding Spanish notices can be changed at any time by contacting the local SSA district office. Spanish language notices consist of a standardized Spanish text and a personalized English explanation of the decision. In cases where the SSA does not provide standardized Spanish text, the Spanish language notice will consist of English standardized text and a personalized English explanation with Spanish language appeal rights.
LTC, RGT, HHC	210 Ill. Comp. Stat. 9/80	Involuntary termination of residency for an assisted living patient requires, inter alia, that the notice must be provided "in a language the individual can read or the establishment must provide a translator."
FAM, LTC, RGT, HHC	210 Ill. Comp. Stat. 9/85	Relating to contract requirements for assisted living establishments. If the resident does not understand English and no translated documents are available, the establishment must explain the policies to a responsible relative or another who agrees to communicate the information.

## Illinois continued

Type	Provisions	Description
CRD, MEN, PWD	210 Ill. Comp. Stat. 46/3-206	No person, except a volunteer who receives no compensation shall act as a nursing assistant, habilitation aide, or child care aide in a facility, nor shall any person, under any other title, not licensed, certified, or registered to render medical care unless such person is able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents. Facility is defined as a medically complex for the developmentally disabled facility, whether operated for profit or not, which provides, through its ownership or management, personal care or nursing for 3 or more persons not related to the applicant or owner by blood or marriage.
CHI, CRD, MEN, PWD	210 Ill. Comp. Stat. 47/3-206	No person, except a volunteer who receives no compensation shall act as a nursing assistant, habilitation aide, or child care aide in a facility, nor shall any person, under any other title, not licensed, certified, or registered to render medical care unless such person is able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents. Facility is defined as a medically complex for the developmentally disabled facility, whether operated for profit or not, which provides, through its ownership or management, personal care or nursing for 3 or more persons not related to the applicant or owner by blood or marriage.
MEN, MFA, RGT	210 Ill. Comp. Stat. 49/3-101	Consumers served by a facility under this Act shall have all the rights guaranteed pursuant to Chapter II, Article I of the Mental Health and Developmental Disabilities Code, a list of which shall be prominently posted in English and any other language representing at least 5% of the county population in which the specialized mental health rehabilitation facility is located.

## Illinois continued

Type	Provisions	Description
AGY, MEN, PUB, XXX	410 Ill. Comp. Stat. 53/20	The Department of Public Health shall distribute general information and screening tools for suicide prevention to the general public through local public health departments throughout the State. These materials shall be distributed to agencies, schools, hospitals, churches, places of employment, and all related professional caregivers to educate all citizens about warning signs and interventions that all persons can do to stop the suicidal cycle. Educational presentations about suicide risk and how to help at-risk people in special populations and with bilingual support to special cultures.
AGY, RGT	225 Ill. Comp. Stat. 61/10	The Department of Financial and Professional Regulation shall make available to the public a profile of each physician [which shall contain] identification of any translating services that may be available at the physician's primary practice location.
AGY, CHI	215 Ill. Comp. Stat. 106/23	The Department of Healthcare and Family Services shall designate or contract for such [medical care] integrated delivery systems to ensure that enrollees receive quality care in a culturally and linguistically appropriate manner.

## Illinois continued

Type	Provisions	Description
AGY, TRA, RGT	Ill. Admin. Code tit. 59, § 108.90	<p>Regarding standards for educational programs. “Facility” means a mental health and/or developmental center operated by the State of Illinois, under the jurisdiction of the Department, which provides treatment or habilitation services for recipients who are mentally ill or developmentally disabled or who are a danger to themselves or others. A “recipient” is a person who has received or is receiving treatment or habilitation.</p> <p>(c) Parents of the recipient must be notified, in writing, when the facility proposes to initiate or change the educational identification, evaluation or placement of a recipient. The notice shall be written in the native language of the parent if the language or other mode of communication of the parent is not a written language, the facility shall insure that the notice is translated orally or by other means to the parent in his or her native language or other mode of communication; that the parent understands the content of the notice, and that there is written evidence on file that these requirements have been met. (d) When a recipient is given an evaluation, the facility shall be responsible for determining the recipient’s language and cultural background. The recipient’s language use pattern, proficiency in English, mode of communication and cultural background shall be noted in the recipient’s individual treatment or habilitation plan. (g) Each educational evaluation shall be conducted so as to assure that it is linguistically, culturally, racially, and sexually non-discriminatory (if all other options have been exhausted, the psychologist) shall conduct assessment procedures which do not depend on language, or use the services of an interpreter. Tests given to a recipient whose primary language is other than English shall be relevant, to the maximum extent possible, to his or her culture. Each facility shall insure that it sets and other evaluation materials are provided and administered in the recipient’s native language.</p>
AGY, MEN, PWD, TRA	Ill. Admin. Code tit. 59, § 112.10 (5)	<p>In regard to notices for transfer, discharge, or denial of admission to a Departmental (Department of Human Services) mental health facility, arrangements must be made to provide for an adequate explanation in the person’s primary language in accordance with § 111.20.</p>



## Illinois continued

Type	Provisions	Description
MFA, PWD	Ill. Admin. Code tit. 89, § 146.240	Regarding the Department of Healthcare and Family Services, supportive living facilities (“SLF”, “a residential setting that meets the requirements of [the supportive living facilities Subpart]”) shall ensure that all SLF materials, including the resident contract, shall be in a language appropriate to the resident population as required in Section 146.215(m).
CHI, MEN, PWD	215 Ill. Comp. Stat. 170/56 (a)	The Department of Healthcare and Family Services shall designate or contract for such [medical care] integrated delivery systems to ensure that enrollees receive quality care in a culturally and linguistically appropriate manner.
HOS, TRA	Ill. Admin. Code tit. 77, § 235.140	Records of “adverse health care events” in Hospitals and Ambulatory Care Facilities shall include, inter alia, the language spoken of the patient, and if a translator was present.
TRA	Ill. Admin. Code tit. 59, § 299.310(e)	Care and treatment of sexually violent persons in a Secure Residential Facility (operated by the Department in a facility provided by the Department of Corrections pursuant to Section 50 of the Act) shall include the regular use of sign language for any hearing impaired individual for whom sign language is a primary mode of communication and an interpreter for persons who do not understand English.
CHI, TRA	Ill. Admin. Code tit. 89, § 315.30	Regarding permanency planning for children, an evaluation of the best interest of the child must consider “the child’s background and ties, including familial and religious, including the primary method and/or language of communication between the child and the biological parents or any other special communication needs.”
LTC	Ill. Admin. Code tit. 77, § 330.795	A sheltered care facility (a location licensed as a sheltered care facility under the Nursing Home Care Act) shall provide language assistance services in accordance with the Language Assistance Services Act (210 Ill. Comp. Stat. 87) and the Language Assistance Services Code (Ill. Admin. Code tit. 77 § 940).

## Illinois continued

Type	Provisions	Description
LTC, MFA, RGT, TRA	Ill. Admin. Code tit. 77, § 380.140	Consumers served by a Specialized Mental Health Rehabilitation Facility (provides at least one of the following services: triage center; crisis stabilization; recovery and rehabilitation supports; or transitional living units for 3 or more persons. The facility shall provide a 24-hour program that provides intensive support and recovery services designed to assist persons, 18 years or older, with mental disorders to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.) shall have all the rights guaranteed pursuant to Chapter II, Article I of the Mental Health and Developmental Disabilities Code, a list of which shall be prominently posted in English and any other language representing at least 5% of the county population in which the specialized mental health rehabilitation facility is located. A facility shall provide language assistance services in accordance with the Language Assistance Services Act and the Language Assistance Services Code.
LTC, MFA, CON	Ill. Admin. Code tit. 77, § 380.150	Regarding securing informed consent for psychotropic medication, if the document is in a language not understood by the reader (the consumer or their representative), the facility (providing at least one of the following services: triage center; crisis stabilization; recovery and rehabilitation supports; or transitional living units for 3 or more persons) The facility shall provide a 24-hour program that provides intensive support and recovery services designed to assist persons, 18 years or older, with mental disorders to develop the skills to become self-sufficient and capable of increasing levels of independent functioning shall provide a translator capable of communicating with the reader and the health care professional conducting the discussion.
AGY, MEN, PWD, WOM	410 Ill. Comp. Stat. 511/10	Regarding the Down Syndrome Information and Awareness Act, the Department of Public Health shall make available up-to-date, evidence-based written information about Down syndrome that has been reviewed by medical experts. The information provided under this Section shall be culturally and linguistically appropriate for a woman receiving a positive prenatal diagnosis of Down syndrome and for the family of a child receiving a postnatal diagnosis of Down syndrome.

## Illinois continued

Type	Provisions	Description
CHC, DEF	30 Ill. Comp. Stat. 732/5	“Community behavioral healthcare services” means services that enable individuals to use the services of the behavioral health center including outreach and transportation services and, if a substantial number of the individuals in the population are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of those individuals.
CHC	30 Ill. Comp. Stat. 766/10-5	Regarding the Community Health Center Construction Act, “Primary health care services” means services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of those individuals).
CHC, CHI, XXX	Ill. Admin. Code tit. 77, § 641.80	A “center” is any Center in or adjacent to a school that is devoted primarily to performance of preventive medical, educational, counseling, and/or diagnostic procedures. Center operations must ensure that services are available in multiple languages as appropriate for the student population. The Center, in response to the cultural and language needs of the student body, must ensure that staff are educated in cultural diversity and that interpreting and translation services are provided by staff or interpreters in a manner that ensures confidentiality.
CHC, CHI, PUB, TRA, XXX	Ill. Admin. Code tit. 77, § 641.120 (a)	The rights and responsibilities of enrolled students and their families will be clearly defined in a written statement and translated into the languages of the major population groups served. This written statement is provided to students and their families at the time of Center enrollment and is provided to all Center staff at the time of employment.
HOS, PAY, TRA	Ill. Admin. Code tit. 77, § 4500.30	Hospital financial assistance applications shall be provided in English and any other language that is at least 5% of the patients served by the hospital annually.



# Indiana

Type	Provisions	Description
PUB	Ind. Code Ann. § 16-41-39.4-9(b)	The State Department of Health shall provide training courses in English and Spanish for the prevention of lead poisoning.
INT	Ind. Code Ann. § 16-46-11.1-1 through 1-6	Establishes Commission on Health Care Interpreters and Translators to determine the proper level of regulation or oversight the state should have over health care interpreters and health care translators; recommend the level and type of education necessary to perform the job of a health interpreter and a health care translator; and recommend standards that health care interpreters and health care translators should meet in order to practice in Indiana.
INS, TRA	Ind. Code Ann. § 27-1-26-4	A non-English language insurance policy that is issued for delivery in Indiana is in compliance if the insurer issuing the policy certifies that the policy if translated into English would comply with the states' minimum requirements for insurance policies.
INS, MCO	Ind. Code Ann. §§ 27-8-28-14(b)(3), 27-13-10-5(b)(3)	Insurers and health maintenance organizations shall make available to covered individuals a toll free telephone number through which a grievance may be filed. The toll free telephone number must accept grievances in the languages of the major population groups served by the insurer.
MCO	Ind. Code Ann. § 27-13-36-10	Each health maintenance organization shall demonstrate that it has developed an access plan to meet the needs of its enrollees, including enrollees from major population groups who speak a primary language other than English.
MCO	405 Ind. Admin. Code 10-8-2(a)(2)(b)(6)	A member shall remain enrolled with the same managed care organization during member's benefit period, but may request to change managed care organizations if there are significant language or cultural barriers. Managed care organization is not further defined by regulation or statute.

## Indiana continued

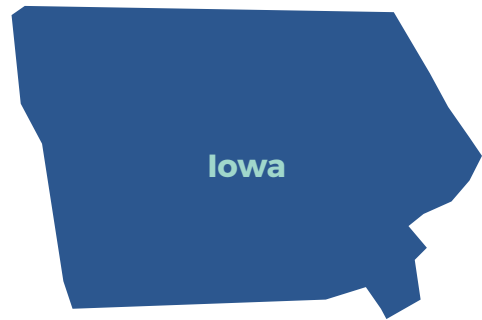
Type	Provisions	Description
EIS, TRA	410 Ind. Admin. Code 3-3-2(a)	For newborn screening, hospitals and birthing centers shall provide each pregnant woman admitted for delivery with information prior to collection of the blood specimen and if a woman is unable to read such material, it shall be translated or read to her in a language she understands.
AGY, HEA, HHC, LTC, MFA	455 Ind. Admin. Code 1-5-10(g)	For the Community and Home Options to Institutional Care for the Elderly and Disabled, interpreter services will be made available to assist non-English speaking person upon request. However, if the applicant or participant requires these services for participation in the agency review or administrative hearing, the applicant or participant, prior to the date of the review, shall discuss the arrangements with the case manager.
OAA, PWD, TRA	455 Ind. Admin. Code 1-11-5	Area Agencies on Aging and Centers for Independent Living shall post notices about client rights in a language appropriate for the individuals residing in the facility or frequenting AAA sites.
OAA, PWD, TRA	460 Ind. Admin. Code 6-3-52(b)(2)	For supported living services and supports, “specialized medical equipment and supplies supports” includes interpreters.
AGY, CON, EIS, TRA	470 Ind. Admin. Code 3.1-1-7(1), 3.1-8-2(c)(4), 3.1-8-4(1), 3.1-9-1(d) (2), 3.1-13-1(a)	For early intervention services, “consent” includes that the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent’s native language or other mode of communication. If an assessment of the family is carried out, the assessment must be administered in the native language of the parent. Tests and other evaluation materials and procedures are administered in the native language of the parent or other mode of communication used by the family unless it is clearly not feasible to do so. IFSP meetings shall be conducted in the native language of the family or other mode of communication used by the family unless it is clearly not feasible to do so. “Native language”, where used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible for early intervention services.

## Indiana continued

Type	Provisions	Description
AGY, EIS, TRA	470 Ind. Admin. Code 3.1-13-2(c)-(d)	Notices for changes to early intervention services must be provided in the native language of the parent unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the service coordinator shall take steps to ensure the following: the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication; the parent understands the notice; and there is written evidence that the requirements specified in this section have been met.
EIS, TRA	470 Ind. Admin. Code 3.1-13-7(a)(1)	Participating agencies in early intervention services shall provide a description of the extent that the notice is given in the native languages of the various population groups in the state.
AGY, MED, PAY, PWD, TRA	511 Ind. Admin. Code 7-33-4(c)	A public agency may use Medicaid or other public benefits or insurance programs in which a student participates to provide or pay for services for the student, but must provide written notice to the parent in the parent's native language prior to seeking these benefits or insurance. This applies to students with disabilities receiving public education.
INS, MCO, TRA	760 Ind. Admin. Code 1-59-3(4), 1-59-8(d)	An insurer and a health maintenance organization shall establish a toll free telephone number through which grievances and appeals may be filed and information about grievance procedures obtained and must accept grievances in English and the languages of the major population groups served by the health maintenance organization. For health maintenance organization grievances, "major population group" means a racial or ethnic group for whom English is not the primary language and whose members comprise at least ten percent (10%) of the health maintenance organization's enrollees.

## Indiana continued

Type	Provisions	Description
INS, MCE, TRA	760 Ind. Admin. Code 4-3-7(a)(5)	An insurer and a health maintenance organization shall establish a toll free telephone number through which grievances and appeals may be filed and information about grievance procedures obtained and must accept grievances in English and the languages of the major population groups served by the health maintenance organization. For health maintenance organization grievances, “major population group” means a racial or ethnic group for whom English is not the primary language and whose members comprise at least ten percent (10%) of the health maintenance organization’s enrollees.



# Iowa

Type	Provisions	Description
OAA	Iowa Admin. Code 17-7.9(2)(231) (definition of “Planning and Service Area” in Iowa Admin. Code 17-1.5(231))	In a Planning and Service Area (“PSA”) in which 3 percent of the older individual population does not speak English as the principal language, the service provider must provide information and assistance services in the language spoken by older individuals.
PWD	Iowa Admin. Code r. 161-8.27(6) (a)(2)	If an examination or assessment is required, an employer shall make reasonable accommodation to the known physical or mental limitations of an otherwise qualified handicapped applicant or employee unless the employer can demonstrate that the accommodation would impose an undue hardship on the operation of its program. Reasonable accommodations include providing a readers or interpreters.
EIS, TRA	Iowa Admin. Code r. 281-120.421	Prior written notice must be provided to parents before an agency or an early intervention service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the parents’ infant or toddler or the provision of early intervention services to the infant or toddler with a disability and that infant’s or toddler’s family. The notice must be written in language understandable to the general public, and if the native language or other mode of communication of the parent is not a written language, the public agency or designated early intervention service provider must take steps to ensure that the notice is translated orally or by other means to the parent in the parent’s native language or other mode of communication. The parent must understand the notice, and there is written evidence that the requirements of this sub-rule have been met.



**Iowa** continued

Type	Provisions	Description
CHI, EIS, FAM	Iowa Admin. Code r. 281-120.342(4)(a)(2)	For a child referred to the Early ACCESS system, a meeting to develop the initial individual family service plan must be conducted in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.
HEA	Iowa Ct. R. 47.3	When the court or court personnel have a reasonable basis to believe a person has LEP, unless the court determines that another reasonable accommodation is appropriate, the person qualifies for appointment of a court interpreter if the LEP person is a participant in a legal proceeding.
MEN	Iowa Code § 225C.28A(1)	State programs for funding services and other support to persons with mental retardation, developmental disabilities, brain injury, or chronic mental illness shall seek to provide comprehensive evaluation and diagnosis adapted to the cultural background, primary language, and ethnic origin of the person.
AGY, OAA	Iowa Code § 231.33(7)(11)	The Department of Aging requires each area agency to give preference in the delivery of services under the area plan to older individuals with the greatest economic or social need, with particular attention to low-income minority older individuals, older individuals with LEP, and older individuals residing in rural areas. In addition, each area agency to conduct outreach efforts to identify older individuals with the greatest economic or social needs, with particular attention to low-income minority older individuals, older individuals with LEP, and older individuals residing in rural areas, and inform them of the availability of services under the area plan.
TRA, WOM	Iowa Code § 234.25	For family planning services, in all cases where the recipient does not speak or read the English language, services shall not be given unless the interviews shall be conducted in, and all literature shall be written in, a language which the recipient understands.
PWD, RGT	Iowa Admin. Code r. 111-11.10(1)	For independent living rehabilitation services, applicants and eligible individuals have certain rights, including that language interpreters will be used as necessary.
AGY	Iowa Admin. Code r. 111-13.8(1)	When the Department for the Blind requests information from a client or any other person who are unable to communicate in English, the agency shall provide explanations of the request through methods they can understand.

**Iowa** continued

Type	Provisions	Description
AGY	Iowa Admin. Code r. 141-2.2(4)	If a person is incapable of submitting a written complaint or has difficulty communicating because of a language barrier, the ombudsman shall assist that person in completing a complaint or make accommodations to facilitate communication with that person.
INS, XXX	Iowa Admin. Code r. 191-74.4(3)	For employers who provide referrals to employees to receive information concerning health care or health insurance, if an eligible employee cannot read or understand English, the employer shall offer assistance to the eligible employee in understanding the written referral.
OAA	Iowa Admin. Code r. 17-10.5(2) (f)	Agencies and organizations participating in the Senior Internship Program funded under Title V of the Older Americans Act, must ensure that recruitment efforts are targeted toward minority and limited English-speaking eligible individuals.
INT	Iowa Admin. Code r. 433-2.2, 433-2.1	The Latino Affairs Division must develop a mechanism for establishing the qualifications for Spanish/English interpreters, thus identifying a pool of qualified professional interpreters; develop a system which improves the quality of interpretation but is still cost-effective for providers, interpreters, and clients; professionalize interpreters by providing professional standards and a code of ethics; develop an evaluation system for organizations to assess the language skills of employees and applicants; develop an interpreter qualification system that is replicable and expandable into other languages; develop a qualification process that focuses on training the interpreters rather than on a single certification test; encourage Iowa's interpreters to become nationally certified.
INT	Iowa Admin. Code r. 433-2.3	Iowa Division of Latino Affairs ("IDLA") shall prepare, maintain, and publish a list of individuals who have been deemed qualified as either general or specialized Spanish/English language interpreters, or both. Interpreters will be deemed qualified at a specific certification level if they pass the criminal background check and meet the minimum requirements regarding age, education, language proficiency, and training and meet other requirements set by the Iowa Commission of Latino Affairs ("ICLA").

**Iowa** continued

Type	Provisions	Description
INT	Iowa Admin. Code r. 433-2.3	For an organization to be considered an ATA (“ATA” means approved training agency and refers to an agency that has met the ICLA requirements for administering the interpreter qualification program), it must be able to demonstrate a potential interpreter’s language competency in speaking English and Spanish, as well as literacy in English and Spanish.
INT	Iowa Admin. Code r. 433-2.6	An approved proficiency language test (“APLT”) is an official, standardized test approved by ICLA used to evaluate and determine the level of language proficiency of bilingual candidates who want to become either general or specialized qualified interpreters.
INT	Iowa Admin. Code r. 433-2.7(2)	A person must enroll in a qualified general interpreter training program (“QGITP”) to become a qualified general interpreter (“QGI”). For an organization to become an ATA requirements for administering the interpreter qualification program), the organization’s QGITP curriculum must demonstrate the ability to build competency in: culture, interpretation methodology, professionalism and ethics, reading translation skills, interpreter self-evaluative assessment tools and techniques, overview of state and national interpreter certification and credentialing requirements, and idioms, slang, and linguistic origin and development.
INT	Iowa Admin. Code r. 433-2.8(1)-(2)	In order for a person to become a qualified specialized interpreter (“QSI”), the person must be a QGI in good standing and have successfully completed a qualified specialized interpreter training program (“QSITP”). For an organization to become an ATA for the QSITP, its curriculum must demonstrate the ability to build competency in: vocabulary specific to the field of specialization, conceptual/theoretical principles of the field of specialization, ethics specific to the field of specialization, cultural competency specific to the field of specialization, and expertise in the interpretation specializations of court, health, and social services.
INT	Iowa Admin. Code r. 433-2.9	In order to maintain qualification status as a QGI or QSI, the QGI or QSI shall complete a minimum of 30 contact hours of training every five years.

## Iowa continued

Type	Provisions	Description
INT	Iowa Admin. Code r. 433-2.14	The Latino Affairs Division's code of ethics and standards for all interpreters, include the role of the interpreter, obligations, and qualifications.
HEA, RGT, TRA	Iowa Admin. Code r. 441-7.6	For Department of Human Services hearings, persons not familiar with English shall be provided a translation into the language understood by them in written form or orally and are entitled to have an interpreter present during appeal hearings. In all cases when a person is illiterate or semiliterate, the person shall be advised of each right to the satisfaction of the person's understanding.
MEN	Iowa Admin. Code r. 441-24.4(8)(b)(1)	Providers of services to those with mental illness, chronic mental illness, mental retardation, developmental disabilities or brain injury must ensure staff take language barriers and cultural differences into consideration and make provisions to facilitate meaningful individual participation.
RGT	Iowa Admin. Code r. 481-57.24(4)(b), (4)(e)	Residential care facilities policies and procedures include a provision that each resident shall be fully informed of the resident's rights and responsibilities as a resident. Residents' rights and responsibilities shall be presented in language understandable to the resident. If the facility serves residents who are non-English-speaking or deaf, steps shall be taken to translate the information into a foreigner sign language. All residents shall be advised within 30 days following changes made in the statement of residents' rights and responsibilities. Appropriate means shall be utilized to inform non-English-speaking, deaf or blind residents of changes.
CON, MED, STA	Iowa Admin. Code r. 441-78.1(16)(g)-(h)	For Medicaid payment of sterilization, consent requires that an interpreter shall be provided when the individual does not understand the language used on the consent form or used by the person obtaining consent. The consent form shall be signed by the individual to be sterilized, the interpreter (when one was necessary), the physician, and the person who provided the required information.

## Iowa continued

Type	Provisions	Description
CHC, CHI	Iowa Admin. Code r. 441-186.3(1)	The Department of Human Services has a single contract for development and delivery of community care in all rural and urban areas of the state. The community care contractor shall serve families at risk of child abuse or neglect referred through the contract, including families from a wide range of cultural, racial, and ethnic groups and those with LEP.
MCO, PWD	Iowa Admin. Code r. 441-73.21	For outreach to members with special needs, the managed care organization shall provide enhanced outreach to members with special needs including, but not limited to, persons with psychiatric disabilities, an intellectual disability or other cognitive impairments, illiterate persons, non-English-speaking persons, and persons with visual or hearing impairments.
RGT	Iowa Admin. Code r. 481-63.21	In residential care facilities with three to five beds and specialized licenses, each facility shall ensure that residents' rights and responsibilities shall be presented in language understandable to the resident. If the facility serves residents who are non-English-speaking or deaf, steps shall be taken to translate the information into a foreign or sign language. In the case of blind residents, either Braille or a recording shall be provided.
MEN, MFA, RGT	Iowa Admin. Code r. 481-71.19(3) (b)	For mental health care facilities, residents' rights and responsibilities shall be presented in language understandable to the resident. If the facility serves residents who are not English-speaking or are hearing impaired, steps shall be taken to translate the information into the person's native language or sign language.
CRD	Iowa Admin. Code r. 441-81.16(4)(b)(1)(7)	Nurses' aides' competency evaluation shall be in English, unless the prevailing language used in the facility where a nurse aide will be working is other than English.
MCO, MED, TRA	Iowa Admin. Code r. 441-86.13(5)(d), (13)	The third party administrator of the state's HAWK-I program shall notify managed care plans when the number of enrollees who speak the same non-English language equals or exceeds 10 percent of the number of enrollees in the plan. The third-party administrator shall develop and provide timely and adequate approval, denial, and cancellation notices that shall be available in English and Spanish.

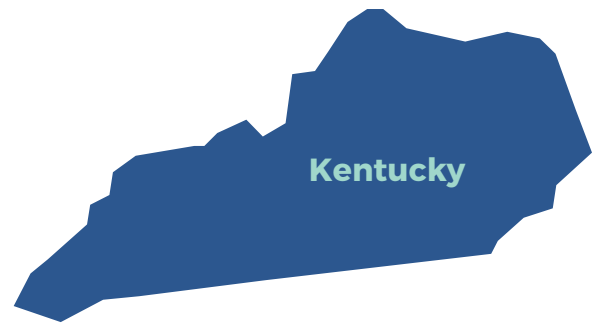
**Iowa** continued

Type	Provisions	Description
MCO, TRA, MED	Iowa Admin. Code r. 441-86.15(6)(c)(2)	All Medicaid managed care plan literature and brochures shall be available in English and any other language when enrollment in the plan by enrollees who speak the same non-English language equals or exceeds 10 percent of all enrollees in the plan and shall be made available to the third-party administrator for distribution.
RGT, TRA, MFA, PWD	Iowa Admin. Code r. 481-65.25(2)(b), (d)	In intermediate care facilities for persons with mental illness, residents' rights and responsibilities shall be presented in language understandable to residents. If the facility serves residents who do not speak English or are deaf, steps shall be taken to translate the information into a foreign or sign language. All residents, next of kin, or legal guardian shall be advised within 30 days of changes made in the statement of residents' rights and responsibilities. Appropriate means shall be used to inform non-English-speaking, deaf or blind residents of changes.
WOM	Iowa Admin. Code r. 641-76.4, 641-76.5(3)(e)	In the maternal and child health program, service providers should provide access to translation services. The definitions also include references to language access – “dental home” means a usual source of dental care where dental care services are provided in a primary care setting where care is culturally competent; “enabling services” means services that allow or provide for access to and the derivation of benefits from, the array of basic health care services and include activities such as translation.
PRO	Iowa Admin. Code r. 645-282.2(1)(b)	The licensed social worker rules of conduct require that if a client had difficulty communicating, a licensee shall attempt to ensure the client's comprehension. This may include providing the client with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible. A licensee shall provide information in a manner that is understandable and culturally appropriate for the client.

# Kansas

Type	Provisions	Description
WOM, TRA, STA	Kan. Stat. Ann. § 65-6710(b)	Woman's Right to Know materials will be printed in English and Spanish and include information on adoption alternatives, description of fetal development at two-week intervals, and risks of abortion.
PUB, WOM	Kan. Stat. Ann. § 65-1259(c)	Information provided under prenatal and postnatal diagnosed conditions awareness programs overseen by the state shall be culturally and linguistically appropriate as needed by women and the spouses of such women who receive a positive diagnosis for Down syndrome or other prenatally or postnatally diagnosed conditions for their child.
OAA, MEN	Kan. Admin. Regs. § 26-1-1(n)	For the Department on Aging programs, "greatest social need" means the need for services caused by non-economic factors that restricts an individual's ability to perform normal daily tasks or that threaten the capacity to live independently. Non-economic factors shall include physical and mental disabilities, language barriers, and cultural isolation including that caused by racial or ethnic status.
CHC, MEN	Kan. Admin. Regs. § 30-60-15(a)(3)	Community mental health centers must make every reasonable effort to overcome any barriers that consumers may have to receiving services, including language or other communication barriers.
CHI	Kan. Admin. Regs. §§ 28-4-338(a)(2)(C), 28-4-1262(a)(2)(C), 28-4-355b(a)(2)(C)	For family foster homes for toddlers, children, and youth, as well as detention centers and secure care centers for children and youth, behavior management systems shall be established in a written policy, and if a literacy or language problem prevents a youth from understanding the rule book, a staff member or translator must assist the youth in understanding the rules.

# Kentucky



Type	Provisions	Description
EIS, TRA	Ky. Rev. Stat. Ann. § 200.664(3)(b)	As part of early intervention services, an individual family service plan shall include an explanation of the multidisciplinary evaluation and available service options needed by the child. The evaluation and service options shall be made available in the family's cultural language through their primary mode of communication or through a speech or language interpreter. As defined by Ky. Rev. Stat. Ann. § 200.654, early intervention services are services for infants and toddlers with disabilities and their families delivered according to an individualized family service plan developed by the child multidisciplinary team to meet the developmental needs of eligible children. Services are provided by entities receiving public funds using qualified personnel.
HIV, PUB	Ky. Rev. Stat. Ann. § 214.650(1)(h)	The Cabinet for Health Services shall urge access to Spanish speaking interpreters to provide prevention, treatment, and service efforts in relation to HIV/AIDS.
AGY, EIS, TRA	902 Ky. Admin. Regs. 30:130(1)(3), (9)(b)(1), (2)(3)	Under the state's early intervention system, First Steps eligibility child assessments shall be conducted in the native language of the child. The reports shall be written in a family-appropriate language. First Steps eligibility assessments may only be performed by individuals or agencies that meet the personnel qualification requirements pursuant to 902 Ky. Admin. Regs. 30:150. Qualified providers of First Steps eligibility assessment may include the following: audiologist, family therapist, interventionist, nurse, dietician, occupational therapist, physician, physical therapist, psychologist, social worker, speech-language pathologist, teacher for the hearing or visually impaired, clinical counselor, optometrist, ophthalmologist, physical therapy assistant, and occupational therapy assistant.



## Kentucky continued

Type	Provisions	Description
AGY, EIS, TRA	902 Ky. Admin. Regs. 30:180(2)(1) (a)-(c)	Under the state early intervention system, written notice in the native language of the parent or oral translation of the notice shall be given to the parents of an eligible child by an early intervention provider or agency five days prior to the refusal or initiation of early intervention services to the child and the child's family.
AGY, MED, TRA	907 Ky. Admin. Regs. 1:610(6)	For Medicaid applications, interpreter services shall be provided for persons who do not speak English during the application process.
AGY, HOS, MCO, MED, TRA	907 Ky. Admin. Regs. 1:705(17)(5)	Regional managed care partnerships or any subcontractors must prepare and distribute marketing materials which factually represent the partnership and which shall be available in appropriate foreign languages if more than 10% of the members speak a particular language. A regional managed care partnership is a coalition of consumers representing categories of Medicaid recipients and health care providers in both the public and private sectors that agree to provide health services to Medicaid members on the basis of prepaid payments. Health care providers consist of primary care providers that are licensed or certified health care practitioners who meet the administrative regulations under section 3 of 1:705.

## Kentucky continued

Type	Provisions	Description
AGY, CRD, HOS, MCO, MED, MEN, MFA, TRA	907 Ky. Admin. Regs. 1:710(14)(9)(k), (19)(3)(a)	A managed behavioral healthcare organization (“MBHO”) must, at least every 2 years, credential and re-credential a behavioral health care provider who participates in the MBHO. The credentialing and re-credentialing process shall include information from the quality improvement program of an MBHO and, if applicable to the provider, the verification of cultural or linguistic capabilities. MBHOs must prepare and distribute health education and outreach materials which factually represent the MBHO and available in the appropriate foreign language if more than 10% of the members speak a particular language. A MBHO means an entity that meets required administrative regulations and agrees to provide or arrange behavioral health service to a Medicaid recipient on the basis of prepaid arrangements. A behavioral health care provider means a licensed or certified individual or a facility, agency, institution, organization, or business that is employed by or has entered into an agreement with an MBHO to deliver behavioral health services. Behavioral health services means clinical, rehabilitative, or support services in an inpatient or outpatient setting to treat a mental illness, emotional disability, or substance abuse disorder.
AGY, EIS, RGT, TRA	911 Ky. Admin. Regs. 2:140(1)(7)(c)	For early intervention services, the primary service coordinator shall inform and assist the family of their rights and procedural safeguards by ensuring that all materials are given to the family in a format they can understand in their native language.
AGY, EIS, PAY	911 Ky. Admin. Regs. 2:160(1)(2)(k)	For early intervention services, interpreters shall be used when necessary to assist the family in understanding the services and procedures and shall be reimbursed by the Kentucky Early Intervention Program when the following service is identified on the Individual Family Service Plan; the service coordinator has identified the vendor and established a link with the billing agent; and the vendor meets the qualifications generally accepted for that role in the community and meets all requirements of the agency who hires the interpreter for that role if an agency is involved.



# Louisiana

Type	Provisions	Description
HEA, MEN, MFA, RGT	La. Rev. Stat. Ann. §§ 28:52(F), 28:53(I), 28:55(H)	Mental health patients admitted voluntarily to a treatment facility, on an emergency basis, or by judicial commitment must be informed of rights and responsibilities; appropriate provisions should be made to supply information to LEP persons. Under La. Rev. Stat. Ann. § 28.2a, treatment facility means any public or private hospital, retreat, institution, mental health center, or facility licensed by the state in which any person who has a mental illness or person who is suffering from a substance-related or addictive disorder is received or detained as a patient or client. The term includes Veterans Administration and public health hospitals and forensic facilities. Treatment facility includes but is not limited to the following: public and private behavioral health services providers, licensed residential treatment facilities, public or private nursing homes, public or private general hospitals, public or private psychiatric hospitals, and forensic facilities.
INS	La. Rev. Stat. Ann. § 22:1019.2(C)(4)	Any health insurance issuers that lack proof of accreditation shall file an access plan for approval with state commissioner for existing health benefit plans and prior to offering a new health benefit plan. The access plan shall contain the issuer's efforts to address the needs of covered persons with LEP and illiteracy, with diverse cultural and ethnic backgrounds, or with physical and mental disabilities. The health insurer must revise the access plan when it enters a new service or market area.
HEA, MEN, TRA	La. Rev. Stat. Ann. § 28:454.9(B)	Every person involuntarily committed into any residential living option for people with developmental disabilities other than his home, shall be informed in writing at the time of admission of certain information. If the person is illiterate or does not read or understand English, appropriate provisions should be made to provide him with this information.

## Louisiana continued

Type	Provisions	Description
EIS	La. Rev. Stat. Ann. § 28:467(7)	For the infants and toddler with disabilities early intervention program, written notice in the parents' native language shall be provided whenever the state agency or service provider proposes or refuses a change in the identification, evaluation, or placement of the infant or toddler.
DEF, MEN	La. Rev. Stat. Ann. § 28:822(4)	For the Community and Family Support System for people with developmental disabilities, "communication services" means those necessary supports and services for a person with a disability to communicate, including interpreters.
PUB	La. Rev. Stat. Ann. § 40:31.22(C)	Persons admitted to a facility for treatment of active tuberculosis shall be informed of rights and responsibilities; appropriate provisions should be made to supply information to LEP persons.
STA, TRA	La. Rev. Stat. Ann. § 40:1061.17(5)	If a woman seeking an abortion is unable to read or understand the written materials that provide information related to the abortion, then the material shall be provided to her in her own language.
CON	La. Rev. Stat. Ann. § 40:1161.1(C)	For consent to dental treatment, where written consent is employed it shall also be conclusively presumed that the patient, or his representative, is able to communicate effectively in spoken or written English or in any other language in which the consent form is written and that the patient, or his representative, has understood the information disclosed in the written consent.
PUB	La. Rev. Stat. Ann. § 40:1109.2(A)(4)	The Department of Public Health and Safety shall identify current, evidence-based, written information concerning Down syndrome that is culturally and linguistically appropriate for potential recipients of the information.
HIV, PUB	La. Rev. Stat. Ann. § 40:2018.2(D)(3)	In making grants for community based AIDS prevention programs, the Department of Health and Hospitals will give priority to (among others) racial and ethnic minorities who are engaged in high risk behaviors, including persons whose primary language is not English.

## Louisiana continued

Type	Provisions	Description
AGY, CRD, WOM	La. Rev. Stat. Ann. § 46:447.2 (E)(1)	The Department of Health shall develop and implement a program for staff of prenatal service providers to improve cultural sensitivity and interpersonal skills, including training in providing assistance to women with low literacy skills or for whom English is a second language.
CHI, HEA, MEN	La. Child. Code art. 1430(A)-(B), 1450(A)-(B)	For judicial commitment or voluntary admission of minors for mental health treatment, every minor patient admitted by emergency certificate shall be informed in writing of certain information at the time of his admission. If the minor is illiterate or does not read or understand English, appropriate provisions should be made to supply him this information.
OAA	La. Admin. Code tit. 4, § VII.1305(A) (2)(c)	The funding formula to determine the distribution of Older Americans Act funds considers non-economic factors that impact a number of persons aged sixty and over. The funding formula considers social needs that restrict an elderly individual's ability to perform normal daily tasks or live independently caused by language barriers, racial, or ethnic status.
CRD, PUB, RGT, TRA	La. Admin. Code tit. 48, § 4977(D), (E)(4)	Licensed case managers must conform to procedures regarding consumer health and safety. Where appropriate, the consumer, consumer's family or legal guardian must be informed of their rights both verbally and in writing in language the consumer is able to understand. The case management written policies and procedures must address the right to cultural access of information via interpretive services, translated material, use of native language and staff when appropriate.

## Louisiana continued

Type	Provisions	Description
CHC, CRD, PUB, MED, MEN, MFA, HOS, OAA, PWD, TRA	La. Admin. Code tit. 48, § 5041(E)	<p>The licensing standards for home and community-based service providers requires the provider to ensure that the individual service plan and any subsequent revisions are explained to the client receiving the services and, where appropriate, the legal representative, in language that is understandable to them. Under La. Stat. Ann. § 40:2120.2, a home- and community-based service provider means an agency, institution, society, corporation, person or persons, or any other individual or group that provides one or more home- and community-based services as defined in this Section. Home- and community-based services means one or more of the following services: (1) personal care attendant services, which are defined as services required by a person with a disability in order to become physically independent or to remain in or return to the community; (2) respite care services, which are defined as the temporary care and supervision of a person with a disability or an infirm elderly person so that the primary caregiver can be relieved of such duties (respite care services may be performed either in the home of the person with a disability or infirm elderly person or in a facility owned by the home- and community-based service provider who provides respite care services and a “person with a disability” shall mean a person with a physical, mental, or medical condition or an adult who requires assistance with activities of daily living); (3) supervised independent living services, which are defined as necessary training, social services, and medical services to enable a person who has mental illness or who has developmental disabilities and who is living in congregate or individual apartments to live as independently as possible in the community; (4) family support services, which are defined as advocacy services, family counseling, including genetic counseling, family subsidy programs, parent-to-parent outreach, legal assistance, income maintenance, parent training, homemaker services, minor home renovations, marriage and family education, and other related programs; (5) Adult day care services, which are defined as a group program designed to meet the individual</p>

## Louisiana continued

Type	Provisions	Description
		<p>needs of functionally impaired adults which is structured and comprehensive and which provides a variety of health, social, and related support services in a protective setting for a portion of the twenty-four hour day (the group program shall provide for ten or more functionally impaired adults who are not related to the owner or operator of the home- and community-based service provider and “functionally impaired adults” shall mean individuals aged seventeen years of age and older who are physically, mentally, or socially impaired to a degree that supervision is necessary); (6) Waiver program services, which are defined as other services approved by the Centers for Medicare and Medicaid Services for home- and community-based waivers for the Louisiana Medicaid Program. parent training, homemaker services, minor home renovations, marriage and family education, and other related programs.</p>
LTC, TRA,	La. Admin. Code tit. 48, § 5049(A) (3)-(4), (D)	<p>Clients served by home and community-based service providers have the right to cultural access as evidenced by the following: interpretive services, translated materials, the use of native language when possible, staff trained in cultural awareness, and sign language interpretation. The client, client’s family and legal guardian, if one is known, shall be informed of their rights, both verbally and in writing in a language they are able to understand.</p>
AGY, CRD, HOS, MFA, RGT, TRA,	La. Admin. Code tit. 48, § 5389(B)(6)	<p>The licensing standard for a Level III Crisis Receiving Center requires that the client and, if applicable, the client’s parent(s) or legal guardian or chosen designated representative, have the right to receive the services of a translator or interpreter, if applicable, to facilitate communication between the client and the staff. Under La. Admin. Code tit. 48 § 5303, a Level III Crisis Receiving Center (or “Center” or “CRC”)--an agency, business, institution, society, corporation, person or persons, or any other group, licensed by the Department of Health and Hospitals to provide crisis identification, intervention and stabilization services for people in behavioral crisis. A CRC shall be no more than 24 beds.</p>

## Louisiana continued

Type	Provisions	Description
AGY, CRD, RGT, TRA	La. Admin. Code tit. 48, § 5661(B)(7)	The licensing standard for a behavioral health service provider requires that the client and, if applicable, the client’s parent(s) or legal guardian have the right to receive the services of a translator or interpreter, if applicable, to facilitate communication between the client and the staff. Under La. Admin. Code tit. 48 § 5603, a behavioral health service (“BHS”) provider is a facility, agency, institution, person, society, corporation, partnership, unincorporated association, group, or other legal entity that provides behavioral health services, presents itself to the public as a provider of behavioral health services.
AGY, CRD, MFA, RGT, TRA	La. Admin. Code tit. 48, § 6279(B)(5)	The licensing standard for a therapeutic group home requires that a client shall be granted the right to receive, as soon as possible, the services of a translator or interpreter, if needed, to facilitate communication between the client and the therapeutic group home’s health care personnel. Under La. Admin. Code tit. 48 § 6203, a therapeutic group home (“TGH”) is a facility that provides community-based residential services to clients under the age of 21 in a home-like setting of no greater than 10 beds under the supervision and oversight of a psychiatrist or psychologist.
AGY, MEN, PWD, TRA	La. Admin. Code tit. 67, § 1515(E)(4)	Louisiana Rehabilitation Services (“LRS”) shall provide a copy of the Independent Living Plan to the individual or, as appropriate, the individual’s representative, in writing; and if appropriate, in the native language or mode of communication of the individual. Under La. Admin. Code tit. 6 § 1501, LRS is an agency for assisting persons with disabilities in their desire to achieve independence in their home or community and/or to assist a responsible individual to obtain or maintain employment by providing independent living services and by working cooperatively with other community services. The program’s administration will secure the appropriate resources and support in administering the various programs under the responsibility of the agency. These programs include, but are not limited to: Title VII, Chapter 1, Part B Independent Living Program and Title VII, Chapter 2, IL Services for Older Individuals Who are Blind.





# Maine

Type	Provisions	Description
HEA	Me. Rev. Stat. Ann. tit. 5, § 51	Presiding officer shall appoint qualified interpreter or use a professional telephone based interpretation service when a non English speaking person is the subject of a proceeding before an agency or a court. Payment by one state for the service is discretionary to the extent payment is not required by law.
MCO	02-031-850 Me. Code R. § 7(A)(5)	A carrier's application for approval of a managed care plan, application for an HMO certificate of authority, or application for a Preferred Provider Arrangement registration shall include an Access Plan which must include a description of the carrier's strategy to identify and address language and literacy barriers to accessing needed services.

## Maine continued

Type	Provisions	Description
EIS, TRA	05-071-101 Me. Code R. § App. 1	<p>Early intervention service: the school administrative unit must give parents written notice if proposing to initiate or change the identification, evaluation, or educational placement of the child, or the provision of early intervention services for the child age birth to 2 years or a free appropriate public education to the child age 3 through 20 years. Refusal to initiate or change the placement of the child also requires written notice. This notice must be provided in the parent's native language or other mode of communication, unless it is clearly not feasible to do so. If the native language or mode of communication is not a written language, the SAU must ensure that the notice is translated orally, the parent understands the content of the notice, and there is written evidence of this procedure. Additionally, native language, when used with an individual who has limited English proficiency, means the following, including the translation of the procedural safeguards: 1) The language normally used by that person, or, in the case of a child, the language normally used by the child in the home or learning environment; 2) In all direct contact with a child (including evaluation of the child), the language normally used by the child in the home or learning environment. For a person with deafness or blindness, or for a person with no written language, the mode of communication is what the person normally uses (such as sign language, Braille, or oral communication).</p>
PWD	05-071-101 Me. Code R. § VI	<p>With regard to Individual Family Service Plan (IFSP) Teams for Children with Disabilities, meetings must be conducted in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. The public agency must take whatever action is necessary to ensure that the parent understands the proceedings of the IEP Team meeting, including arranging for an interpreter for parents with deafness or whose native language is other than English.</p>

## Maine continued

Type	Provisions	Description
MED, FAM	10-144-101 Me. Code R. Provider Manual, and other sections for specific healthcare providers	Health care providers must ensure that MaineCare members are able to communicate effectively regarding their medical needs; MaineCare will reimburse providers for interpreters required for non- and limited-English speaking members when necessary in conjunction with another covered service. Providers may select interpreters but are responsible for ensuring that interpreters protect patient confidentiality. Family members or friends used as interpreters cannot be paid but can be used as non-paid interpreters if requested by the member and the use of this friend or family member does not compromise the effectiveness of services or violate the member's confidentiality, and the member is advised that an interpreter is available at no charge to the member.
MCO	10-144-109 Me. Code R. § 1.02-1	For commercial health maintenance organizations, "accessibility" is the extent to which a member of an HMO can obtain available services at the time they are needed including to language and other barriers to obtaining the service.
LTC	10-144-117 Me. Code R. § 8.2.1.9	Each consumer attending an adult day program shall have a comprehensive written assessment; if the provider does not use the Department approved assessment tool, the assessment shall include primary language spoken.
MED, HIV	10-148-101 Me. Code R. § 4(3)	Medicaid providers of case management services to persons with HIV diseases must make reasonable provision to assure that services are available in the client's native language.
OAA	10-149-005 Me. Code R. § 1	For the Office of Elder Services, "greatest social need" means the need caused by non-economic factors that include language barriers and cultural isolation including that caused by racial or ethnic status that restricts an individual's ability to do normal daily tasks or that threatens such individual's capacity to live independently.

## Maine continued

Type	Provisions	Description
MEN, RGT, TRA	14-193-001 Me. Code R. § V(B)(2), (C)(5), VII(F)(2)	At the time of admission or intake for mental health services, each recipient shall be given a summary of recipient rights written in plain language which must be available in foreign languages, if necessary. Regarding grievances, an employee of the mental health facility, agency or program shall inform each recipient of this right and the right to be assisted throughout the grievance procedure by a representative of his or her choice, in a manner designed to be comprehensible to the individual recipient. In instances in which the recipient does not understand English, this information shall be delivered by an interpreter.
MED	14-193-006 Me. Code R. § A(1)	A Private Non-Medical Institution (PNMI) licensed as a Medicaid provider is permitted to provide interpreter services.
MEN	14-197-010 Me. Code R. § VI(C)(4)	Certification requirements for agencies seeking to provide community based targeted case management for adults with mental retardation and autism must have specific policies and procedures governing the availability and provision of interpretive services, whether spoken language or sign, consistent with applicable law and regulation.
MEN, CHI, RGT	14-472-001 Me. Code R. § V(B)(2), (C)(5)	All facilities providing inpatient psychiatric services and to all agencies, facilities or programs providing inpatient, residential or outpatient mental health services to children must notify patients of their rights and in cases where the recipient does not understand English, the notification of rights shall be conducted by an interpreter. At the time of admission or intake, each patient shall be given a summary of rights which must be made available in foreign languages, if necessary.



# Maryland

Type	Provisions	Description
MEN	Md. Code Ann., Health-Gen. §§ 10-631(c), 10-701(i)(1)	When an individual is being admitted as an inpatient for treatment of mental illness, individual must be informed of certain rights in English or, if the individual does not understand English, in the language or manner best calculated to inform the individual of the applicable provisions of the law.
AGY	Md. Code Ann., State Gov't § 10-1101 to 1106	Equal Access to Public Services for Individuals with Limited English Proficiency. This subtitle includes a number of provisions to ensure equal access based on the finding that the inability to speak, understand, or read the English language is a barrier that prevents access to public services provided by State departments, agencies, and programs, and that the public services available through these entities are essential to the welfare of Maryland residents. It is the policy of the State that State departments, agencies, and programs shall provide equal access to public services for individuals with limited English proficiency.

## Maryland continued

Type	Provisions	Description
CRD, PRO	Md. Code Ann., Health-Gen. § 20-1301 to 1304	Cultural and Linguistic Health Care Provider Competency Program. This establishes a voluntary program in which educational classes are offered to health care professionals to teach health care professionals: (1) Methods to improve the health care professionals' cultural and linguistic competency to communicate with non-English speaking patients and patients from other cultures who are English speaking; (2) Cultural beliefs and practices that may impact patient health care practices and allow health care professionals to incorporate the knowledge of the beliefs and practices in the diagnosis and treatment of patients; and (3) Methods to enable health care professionals to increase the health literacy of their patients to improve the patient's ability to obtain, process, and understand basic health information and services to make appropriate health care decisions. Various health care professional boards and associations are encouraged to identify training programs or, if feasible, to develop or collaborate in the development of training programs that, among other things, address ethnic language or racial groups of interest to the health care professional members.
CHI, PWD, TRA	Md. Code Ann., Human Serv. § 8-707	For residential child care programs, including sites licensed by the Developmental Disabilities Administration, the provider shall post a Residents' Bill of Rights that includes the right to language translation and interpretation services, if necessary.
CRD, PROF	Md. Code Ann., Health Occ. § 1-802	The Office of Minority Health and Health Disparities shall provide to each board [of health occupations] a list of recommended courses in cultural and linguistic competency, health disparities, and health literacy. Each board shall post the list of recommended courses provided to the board prominently on the board's website, provide information about the recommended courses to health care professionals at the time of renewal of licensure, and advertise the availability of the recommended courses in newsletters and any other media published by the board.

## Maryland continued

Type	Provisions	Description
INS	Md. Code Ann., Ins. § 15-10A-10	A carrier shall provide the notices required to be provided to members under the subtitle for the Complaint Process for Adverse Decisions or Grievances regarding insurance, in a culturally and linguistically appropriate manner as described in the Affordable Care Act.
HEA	Md. Code Regs. 01.03.01.11(E)(2)	For health care claims arbitration, on written request of a party for an interpreter, the arbitration panel shall first determine the need for an interpreter and, if needed, the panel shall provide the interpreter. The cost of the interpreter is considered a cost of the proceedings. A request for an interpreter shall be made not less than 30 days in advance of the hearing date.
CHC	Md. Code Regs. 10.09.08.06(A)(11) (m)	Maryland Qualified Health Centers must assure access to language interpretation if a substantial portion of the population served is LEP.
CRD	Md. Code Regs. 10.09.20.03(A)(7) (a)	A personal care services provider must be able to speak, read, write, and follow directions in English unless the case monitoring agency, the participant, and the personal care provider uniformly agree to waive the English requirement.
OAA	Md. Code Regs. 10.09.44.06(E), 10.09.44.12(E)(2)(g)	For Programs of All-Inclusive Care for the Elderly (PACE), because the PACE provider is responsible for ensuring that recipients whose primary language is not English understand the benefits and restrictions associated with enrollment in PACE, the PACE provider shall give to such a recipient at the time of enrollment a notice that translation services are available; or list of primary care providers who speak foreign languages. The enrollment agreement must include how to access interpreter services, including sign interpreters.

## Maryland continued

Type	Provisions	Description
MED, MCO, PWD	Md. Code Regs. 10.09.64.06(K)(1), 10.09.64.03(T), 10.09.66.01	For Medicaid managed care, the managed care plan must document access provisions to address the needs of enrollees who do not speak English. The Medicaid managed care plan shall submit copies of its Medicaid marketing plan including a description of how the applicant plans to address the special access provisions in 10.09.66.01. The special access provisions require an MCO to provide access to health care services and information in a manner that addresses the individualized needs of its enrollees, including delivery of services and information to enrollees in the prevalent non-English languages identified by the state and in a manner that accommodates individuals with disabilities. This includes providing written materials and taglines in the prevalent non-English languages identified by the State and oral interpretation services in all non-English languages, among other things. All written materials must be available in an appropriate manner that takes into consideration the special needs of enrollees or potential enrollees with disabilities or limited English proficiency.
MED, MCO	Md. Code Regs. 10.09.71.02	For Medicaid managed care, an MCO shall prepare a document describing the MCO's internal complaint process in a culturally sensitive manner, at an appropriate reading comprehension level, and in the prevalent non-English languages, identified by the State.
OAA, TRA	Md. Code Regs. 10.09.76.07(C)(1) (c)	A Primary Adult Care managed care provider must provide all documents in enrollee's native language for enrollees who are members of a substantial minority.
HIV, CON	Md. Code Regs. 10.18.08.06(G)(6)	For HIV/AIDS testing, a health care provider obtaining consent shall make necessary accommodation with respect to language or disability to ensure that the patient being tested understands the information presented.
MEN	Md. Code Regs. 10.21.01.05(A)(2)	For involuntary commitment to inpatient mental health facilities, if an individual is confined on observation status in an inpatient facility, staff at the inpatient facility shall inform the individual of the individual's status and rights and by explaining the information in English or in the language and terms that are appropriate to the individual's condition and ability to understand.



## Maryland continued

Type	Provisions	Description
MEN	Md. Code Regs. 10.21.08.03(B)(1)(b)(iii)	Patients admitted to mental health facilities should be screened for hearing impairments and non-English speaking patients shall be tested in the language the patient is known to speak or is believed to comprehend.
PUB, TRA	Md. Code Regs. 10.59.01.03(J)(1)-(2)	For quarantined individuals, to the extent feasible, the health officer shall provide information assessing the language needs of the isolated or quarantined individual and translating both oral and written communications and documentation.

# Massachusetts

Type	Provisions	Description
CHI, MEN	Mass. Gen. Laws Ann. ch. 71B, § 7	For children with special needs, no results of standardized or local tests may be used exclusively in the selection of children for referral, diagnosis, or evaluation. Such tests shall be approved by the department to insure that they are as free as possible from cultural and linguistic bias or, wherever necessary, separately evaluated with reference to the linguistic and cultural groups to which the child belongs.
HOS, RGT	Mass. Gen. Laws Ann. ch. 111 App. § 25J(a) - (e)	Every acute care hospital shall provide competent interpreter services in connection with all emergency room services provided to every non English speaker who is a patient or who seeks appropriate emergency care or treatment. Receipt of interpreter services shall not be deemed receipt of a “public benefit” under provisions restricting benefits on the basis of immigrant status. Any non-English speaker, who is denied appropriate emergency health care services by an acute-care hospital by reason of such hospital’s not having exercised reasonable judgment in making competent interpreter services available, or the attorney general upon receiving written notice from a regulating state agency that such hospital is substantially failing to comply with applicable interpreter requirements, shall have a right of action in the superior court against such hospital for declaratory or injunctive relief. A non-English speaker bringing such action shall not be required to exhaust administrative remedies.

## Massachusetts continued

Type	Provisions	Description
PUB, WOM	Mass. Gen. Laws Ann. ch. 111 § 70H	A facility, health care provider, nurse midwife or genetic counselor who renders prenatal care, postnatal care, or genetic counseling shall, upon receipt of a positive test result from a test for Down Syndrome, provide the expectant or new parent with information that is culturally and linguistically appropriate for a woman receiving a positive prenatal diagnosis or for the family of a child receiving a postnatal diagnosis of Down Syndrome.
AGY	Mass. Gen. Laws Ann. ch. 111 App. 2-1	Boston Medical Center shall commit to serving both urban and suburban communities in a culturally and linguistically competent manner that strives to meet the current and changing health care needs of people of all races, languages, cultures and economic classes.
PRO	Mass. Gen. Laws Ann. ch. 112 § 152	To be eligible for registration and licensure as an acupuncturist an applicant shall demonstrate sufficient knowledge of the English language so that he may understand and be understood by patients and physicians, or have a translator available to communicate with patients and physicians.
HOS, MFA, RGT	Mass. Gen. Laws Ann. ch. 123 §23A	Every hospital or separate unit of a hospital which provides acute psychiatric services shall in connection with the delivery of such services, and if an appropriate bilingual clinician is not available, provide competent interpreter services to every non-English speaker who is a patient. Receipt of interpreter services shall not be deemed receipt of a “public benefit” under provisions restricting benefits on the basis of immigrant status. Any non-English speaker, who is denied appropriate acute psychiatric services by a hospital or separate unit of a hospital which provides acute psychiatric services by reason of such hospital’s not having exercised reasonable judgment in making competent interpreter services available, or the attorney general upon receiving written notice from a regulating state agency that such hospital is substantially failing to comply with applicable interpreter requirements, shall have a right of action in the superior court against such hospital for declaratory or injunctive relief. A non-English speaker bringing such action shall not be required to exhaust administrative remedies.

## Massachusetts continued

Type	Provisions	Description
MEN, MFA, RGT	Mass. Gen. Laws Ann. ch. 123, § 23(f)	A notice of rights of persons receiving services from any program or facility operated by, licensed by or contracting with the Department of Mental Health (including state hospitals, community mental health centers, residential programs or inpatient facilities) must be in language understandable by such persons and translated for any such person who cannot read or understand English.
INS	Mass. Gen. Laws Ann. ch. 176O, §§ 6(a)(10), (b)(9), 15(k)	Health insurance carriers (including vision and dental carriers) must provide a statement detailing what translator and interpretation services are available to assist insureds; provided, that the commissioner shall determine in which languages other than English such statement shall be printed. Health insurance carriers (including vision and dental carriers) shall provide insureds, upon request, interpreter and translation services related to administrative procedures.
AGY, MFA	104 Mass. Code Regs. 27.03(13)(b), (18)(a) (see 104 Mass Code Regs. 27.03(13) for definition of “deemed status”)	Each mental health facility which desires to obtain or retain deemed status shall submit for review and approval written plans, policies, and procedures that demonstrate compliance with department regulations governing interpreter services. The Department of Mental Health shall conduct a survey at least every two years of each facility to determine the facility’s compliance with those services.
MEN, MFA	104 Mass. Code Regs. 27.12(8)(f)(7) (b)	Regarding use of mechanical restraint or seclusion exceeding 12 hours or total episodes exceeding 12 hours in a 48-hour period, a mental health facility medical director shall take steps to identify and implement strategies to facilitate release as soon as possible and/or eliminate the use of multiple episodes and assist with communication, including interpreter services.

## Massachusetts continued

Type	Provisions	Description
FAM, HOS, MEN, MFA, TRA	104 Mass. Code Regs. 27.17	Each Department of Mental Health-operated hospital, community mental health center with inpatient unit, psychiatric unit within a public health hospital, Department-licensed psychiatric hospital and Department-licensed psychiatric unit within a general hospital shall make interpreter services available 24 hours a day, seven days a week. The facility shall use its judgment as to whether to employ, or contract for, the on-call use of one or more particular languages when needed, or to use competent telephonic or televiewing interpreter services. The facility shall not require, suggest, or encourage the use of family members or friends of patients as interpreters and shall not, except in exceptional circumstances use minor children as interpreters. The facility shall post signs and provide written notification of the right to and availability of interpreter services to patients in their primary language and the facility shall develop written policies and procedures that assist staff and patients in accessing interpreter services.
RGT, TRA, WOM	105 Mass. Code Regs. 127.021 (see 105 Mass. Code Regs. 127.005 for definition of "mammography facility")	As a condition of licensing, mammography facilities must provide information about patients' rights, the mammography examination, and breast self-examination to patients. The official commentary to this regulation states that facilities that serve linguistically diverse patients should use reasonable means to communicate the required information to patients who are not proficient in reading English.
HOS	105 Mass. Code Regs. 130.020	Definitions for hospital licensure include "Non English Speaker" defined as a person who cannot speak or understand, or has difficulty speaking or understanding English, because the speaker primarily or only uses a spoken language other than English.
HOS	105 Mass. Code Regs. 130.343(E)	For hospital discharge planning for non-English speaking patients, the hospital shall provide translation assistance to assist the patient and/or as appropriate the family/patient representative in understanding the discharge plan.

## Massachusetts continued

Type	Provisions	Description
HOS, WOM	105 Mass. Code Regs. 130.615(A)	Each hospital with a maternal and newborn service shall provide culturally and linguistically appropriate prenatal, postnatal, and family-planning services either directly or through referral to an outside agency.
HOS, PRO	105 Mass. Code Regs. 130.616(F)(2) (g)	All licensed nursing staff in the Maternal and Newborn service of a hospital shall receive orientation and periodic in-service education related to the current best practices for maternal and newborn care including training or documented skill in providing family-centered care that is culturally and linguistically appropriate.
FAM, HOS, RGT	105 Mass. Code Regs. 130.1101- 130.1107	Each acute care hospital licensed by the Department of Public Health that provides emergency services, shall provide competent interpreter services in connection with all emergency department services to every non-English speaker who seeks or receives emergency care or treatment, develop written policies and procedures to govern the provision of interpreter services including the qualifications for a coordinator of interpreter services, provide oral and/or written notification to patients or individuals receiving emergency services in their primary language informing them of their right to receive interpreter services at no charge and shall provide translated signage that informs patients at key points of contact of the availability of a no cost interpreter, and ensure that the primary spoken language and self-identified race/ethnicity of all patients coming to the ED are included in the hospital's information system as well as any patient records used by hospital staff. Interpreter services shall be available, at a minimum, on an on-call basis 24 hours per day, seven days per week, and the hospital shall refrain from requiring suggesting or encouraging patients to use family members or friends as interpreters and the use of minor children as interpreters is prohibited.
CON, FAM, HOS, RGT, TRA	105 Mass. Code Regs. 130.1108	In each acute care hospital signage, commonly used written patient educational material, and vital documents, such as consent forms, discharge instructions, advance directives, and applications for members of the predominant language groups in the hospital's service area shall be translated and made available. For less commonly encountered languages, written notice of the right to receive competent oral translation of written materials should be provided in the primary language of non-English speaking patients.

## Massachusetts continued

Type	Provisions	Description
HOS	105 Mass. Code Regs. 1901(A)	Each hospital shall distribute to appropriate patients in its care, directly or through professionally qualified individuals, culturally and linguistically suitable information regarding the availability of palliative care and end-of-life options.
HOS	105 Mass. Code Regs. 140.1201(A) (see 105 Mass. Code Regs. 140.020 for definition of "clinic")	Each clinic shall distribute to appropriate patients in its care, directly or through professionally qualified individuals, culturally and linguistically suitable information regarding the availability of palliative care and end-of-life options.
LTC	105 Mass. Code Regs. 150.012(A) (see 105 Mass. Code Regs. 150.001 for definition of "long-term care facility")	All long-term care facilities shall provide an ongoing program of activities and recreation suited to meet the interests of and support the physical, mental and psychosocial well-being of each resident, including residents with disabilities. The program shall also be suited to meet the needs of residents for whom English is not their primary spoken language.
LTC	105 Mass. Code Regs. 150.031(A)	Each long-term care facility shall distribute to appropriate patients in its care, directly or through professionally qualified individuals, culturally and linguistically suitable information regarding the availability of palliative care and end-of-life options.
PUB	105 Mass. Code Regs. 365.200(C) (5)	Case management for tuberculosis outside of the hospital setting must include an assessment of whether there are factors which affect adherence with therapy including language barriers and cultural beliefs.
AGY, TRA	115 Mass. Code Regs. 4.03(2)(c)	Individual records created by the Department of Developmental Services shall be written in standard English, with second language translation (or availability of interpreter services) where necessary for the individual.
AGY	115 Mass. Code Regs. 6.22 (2)(a)	Department of Developmental Services assessments and consultations shall reflect consideration of the individual's cultural, ethnic, and linguistic background.

## Massachusetts continued

Type	Provisions	Description
AGY	115 Mass. Code Regs. 9.04(2)	All Department of Developmental Services providers shall provide to all individuals served an initial and subsequent annual training on when and how to file a complaint or obtain assistance including the use of alternative means of communication where the individual is unable to communicate without assistance or an interpreter.
CHC, MED	130 Mass. Code Regs. 405.414	Division of Medical Assistance requires Community Health Centers (“CHC”) to employ at least one practitioner or translator conversant in the primary language of each substantial population (10 percent or more of the total member population) of non-English speaking members that regularly uses the CHC.
CON, MED, STA	130 Mass. Code Regs. 405.429(A)(2)(d), 405.430(B), 410.432(A)(2)(d), 410.433(B), 415.410(A)(2)(d), 415.411(B), 421.439(A)(2)(d), 421.440(B), 423.417(A)(2)(d), 423.418(B), 433.457(A)(2)(d); 443.458(B), 485.409	For Medicaid payment of sterilization, the person who obtains consent (a physician, nurse, or counselor, for example) must provide an interpreter if the member does not understand the language used on the consent form or the language used by the person obtaining consent. The interpreter (if one is required) must sign and date the Consent for Sterilization form along with the member and the person who obtained the consent for sterilization at the time of consent.
HOS, MFA	130 Mass. Code Regs. 415.419(B)(2)(a), 435.417(D)(2)(a)	For general hospitals and chronic disease or rehabilitation hospitals, the discharge-planning department must maintain up-to-date lists of all licensed nursing facilities within a 25-mile minimum radius of the hospital including the availability of bilingual staff.
INS, PAY	130 Mass. Code Regs. 416.16(1), 426.416(l)	MassHealth pays for additional fitting or refitting services only where the hearing aid was dispensed more than one year prior to the date of service of the refitting services. These professional services include refitting of the aid, orientation, counseling with the member or member’s family, contact with interpreters, fitting of a loaner aid, and similar services.



## Massachusetts continued

Type	Provisions	Description
WOM	130 Mass. Code Regs. 421.416(A), (B)(4)	A family planning agency must perform outreach activities. An outreach program must attempt to address the appropriate needs of the community and outreach methods must 1 of 6 factors, including disseminating information to groups and individuals in the target populations and, to the extent possible, in the native language and in the locality of the populations.
EIS	130 Mass. Code Regs. 440.414(C) (see 130 Mass. Code Regs. 440.402 for definition of “Early Intervention Program”)	Early Intervention Program should be responsive to the needs of non English populations within its service area. If interpretive assistance is not readily available, the case coordinator or the program must establish contact with appropriate community agencies that can aid the program by helping members and their families with language or cultural barriers.
EIS, PAY	130 Mass. Code Regs. 440.422	Providers may not bill separately for early intervention services such as, but not limited to, translation services.
RGT	130 Mass. Code Regs. 501.009(l)	The MassHealth agency will inform applicants and members of the availability of interpreter services. Unless the applicant chooses to provide his/her own interpreter services, the MassHealth agency will provide either telephonic or other interpreter services whenever the applicant or member who is seeking assistance from the MassHealth agency has LEP or sensory impairment and requests interpreter services, or the MassHealth agency determines such services are necessary.

## Massachusetts continued

Type	Provisions	Description
INS, MCO	130 Mass. Code Regs. 508.002(B)(1)(e), (C)(3)(g)	If a member does not choose a MassHealth managed care provider within the time period specified by the MassHealth agency in a notice to the member or in other circumstances determined appropriate by the MassHealth agency and consistent with applicable laws, the MassHealth agency assigns the member to an available MassHealth managed care provider who must be able to communicate with the member directly or through an interpreter, unless there is no medical care available in the member's service area that meets this requirement. During fixed enrollment, a member may only request a transfer out of the member's current MCO, Accountable Care Partnership Plan, or Primary Care ACO if, as one example, the member adequately demonstrates to the MassHealth agency that the MCO, Accountable Care Partnership Plan, or Primary Care ACO is not meeting the member's language, communication, or other accessibility needs or preferences.
RGT	130 Mass. Code Regs. 515.007(I)	The MassHealth agency will inform applicants and members of the availability of interpreter services. Unless the applicant chooses to provide his/her own interpreter services, the MassHealth agency will provide either telephonic or other interpreter services whenever the applicant or member who is seeking assistance from the MassHealth agency has LEP or sensory impairment and requests interpreter services, or the MassHealth agency determines such services are necessary.
MED, HEA	130 Mass. Code Regs. 610.004, 610.016(B), 610.017, 610.084	For Medicaid fair hearings, "interpreter" is a person who translates for the appellant, when the appellant's primary language is not English. The interpreter is sworn to make an impartial and accurate translation of the events occurring at the hearing. When an interpreter also acts as the appellant's appeal representative, the appellant will supply a signed written statement to that effect in both English and, where applicable, in the appellant's primary language. The Office of Medicaid Board of Hearings within the MassHealth agency will provide telephonic or, at its option, other interpreter services for an appellant whose English proficiency is limited, unless such appellant provides his or her own interpreter or such appellant knowingly and voluntarily signs a waiver of such services. Copies of a hearing decision will be forwarded to the appellant, the appellant's appeal representative, and the appellant's interpreter (if requested).

## Massachusetts continued

Type	Provisions	Description
HEA	130 Mass. Code Regs. 610.065(A) (9)	A MassHealth hearing officer must inform appellants who are not fluent in English of the right to a full and accurate interpretation by their own interpreter, or by a MassHealth agency provided interpreter. The hearing officer will conduct the bilingual hearing in accordance with the guidelines for conducting hearings through interpretation in the Hearing Officer Manual to enable non-English speaking appellants to understand and to participate in the entire hearing as fully as if the appellants were fluent in English. To achieve this end, all statements, including questions, answers, and comments, of the appellant, hearing officer, witnesses, and any other persons participating in the hearing, will be fully translated without alteration of such statements, such as by changing from the first person to the third person.
INS	211 Mass. Code Regs. 52.12(2)(d)	An insurance carrier shall prepare an access analysis prior to offering a plan that includes a Provider network that shall describe or contain the insurance carrier's efforts to address the ability of the Network(s) to meet the needs of Insureds with LEP and illiteracy, with diverse cultural and ethnic backgrounds, or with disabilities.
INS, TRA	211 Mass. Code Regs. 52.13(3)(p)	Insurance carriers (including Dental and Vision carriers) must deliver, upon enrollment, evidence of coverage which includes a statement detailing what translator and interpretation services are available to assist insureds, including that the carrier will provide, upon request, interpreter and translation services related to administrative procedures. The statement must appear in at least the languages identified by the Centers for Medicare & Medicaid Services as the top non-English languages in Massachusetts.
AGY, PRO	243 Mass. Code Regs. 2.04	Any applicant or licensee to practice medicine who wishes to submit an original document or photocopy written in a foreign language must also submit a notarized translation into English of the documents or a copy that is prepared by a United States translation service.

## Massachusetts continued

Type	Provisions	Description
AGY, PRO	243 Mass. Code Regs. 5.05	To practice acupuncture with a full license, a provider must complete an application showing, where applicable, proof of sufficiency in the English language or the applicant's signed agreement to use an interpreter, and the interpreter's credentials, name and address. All documentation submitted in a language other than English shall be accompanied by a translation into English prepared at the applicant's expense by a translation service approved by the Committee. The translator shall attest to the accuracy of the translation under penalty of perjury.
CRD	251 Mass. Code Regs. 1.10(2)(b)	The Board of Registration for Psychologists has adopted, as official guides, the Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations published in 1990 by the American Psychological Association.
AGY, OAA	651 Mass. Code Regs. 15.06(1)(c) (see 651 Mass. Code Regs. 15.02 for definition of "Prescription Advantage Program")	The Prescription Advantage Program shall publicize that assistance with the application process is available to applicants with LEP.
HHC, PAY	957 Mass. Code Regs. 6.08(2)(d)	Home Health agencies that apply for an Administrative Adjustment must submit separate documentation of costs associated with security escort and/or interpreter services.

## Massachusetts continued

Type	Provisions	Description
INS, TRA	958 Mass. Code Regs. 3.7000	<p>Each insurance carrier shall provide to the insured or the insured's authorized representative, upon request, oral interpretation and written translation services related to all procedures. Oral interpretation services shall include but not be limited to oral interpretations of documents, answering questions and providing information and assistance with filing grievances or external review requests. An insurance carrier must include in the English version of all notices a statement describing how the insured or the insured's authorized representative can request oral interpretation and written translation services from the carrier. At a minimum the statement must be prominently displayed within the notice in English, Arabic, Khmer (Cambodian), Chinese, French, Greek, Haitian-Creole, Italian, Lao, Portuguese, Russian, Spanish, and in any non-English language in which 10 percent or more of the population residing in any Massachusetts county served by the carrier is only literate in the same non-English language.</p>



# Michigan

Type	Provisions	Description
AGY	Mich. Comp. Laws § 18.305(2)(A)	The Commission on Spanish-speaking Affairs shall conduct studies and recommend solutions to the problems of Spanish-speaking people in areas including health.
AGY, MEN	Mich. Comp. Laws § 330.1164(b)	The Office of Multicultural Services shall recommend mental health treatment methods and programs to the director of the Department of Mental Health. The recommendations shall be sensitive and relevant to the unique linguistic, cultural, and ethnic characteristics of multicultural populations.
AGY, CHC, HHC, HOS, LTC, MEN, MFA, RGT, STA, WOM	Mich. Comp. Laws § 333.16239	The State Department of Health shall provide a pamphlet with procedures for filing an allegation to each patient care licensee or registrant in the state. The department shall prepare the pamphlet in languages that are appropriate to the ethnic population where the pamphlet will be available.
CON, PRO, STA, TRA, WOM	Mich. Comp. Laws § 333.17015(3)(b), (6)(b), (11)(b)(c), (11)(i).	Women's Right to Know (abortion risks, options, and fetal development at two-week intervals) pamphlet must be printed in non technical English, Arabic and Spanish. Required information, such as the risk of complications, must be provided orally in a language designed to be understood by the patient prior to obtaining consent. Consent form must be provided in English, Arabic, and Spanish. Post a notice in English, Arabic, and Spanish that is illegal under Michigan law to coerce a woman to have an abortion. This law applies to physicians or qualified person assisting the physician who are performing the abortion. Physician means an individual who is licensed under this article to engage in the practice of medicine.

## Michigan continued

Type	Provisions	Description
HOS, LTC, MFA, RGT, TRA	Mich. Comp. Laws § 333.20194(1)-(2)	All health facilities (including ambulance operation, aircraft transport operation, non-transport prehospital life support operation, medical first response service, clinical laboratory, county medical care facility, freestanding surgical outpatient facility, health maintenance organization, home for the aged, hospital, a nursing home, hospice, hospice residence) except emergency medical facilities, must display a pamphlet outlining the procedure for filing a complaint against a health facility or agency and the procedure for filing a complaint against an individual employed by, under contract to, or granted privileges by the health facility or agency. The Department of Consumer and Industry Services shall develop pamphlets in languages that are appropriate to the ethnic composition of the patient population where the pamphlet will be displayed.
AGY, PUB, TRA	Mich. Comp. Laws § 333.2227(j)	The State Department of Health shall identify and assist in the implementation of culturally and linguistically appropriate health promotion and disease prevention programs.
AGY, PUB, TRA	Mich. Comp. Laws § 333.2623(b)	The State Department of Health may provide translation of information for health services, research, demonstrations, and evaluations that are disseminated to public and private entities engaged in the public improvement of health.
CRD, HIV, PRO, TRA	Mich. Comp. Laws § 333.5133(6)	Patients receiving HIV tests must be given a pamphlet describing the testing in clear, non-technical English and Spanish. This law applies to physicians or health facilities that perform HIV testing.
AGY, CHI, TRA, WOM,	Mich. Comp. Laws § 333.9161(1)	The Department of Licensing and Regulation shall distribute a pamphlet with information about prenatal care and parenting in English, Spanish, and other needed languages.

## Michigan continued

Type	Provisions	Description
INT, MEN	Mich. Admin. Code r. 393.5055	Only state qualified interpreters are permitted to use video remote interpreting (“VRI”) services or translation to deaf or hearing impaired persons for any state proceedings. Interpreters providing VRI must show evidence of training in videoconferencing and proper use of equipment. No parental consent to VRI is required in those medical situations where federal and/or state law or regulation deems consent unnecessary. Unless there is informed consent by a deaf or hearing impaired person, VRI shall not be used in specific medical situations including: initial meetings with a medical specialist, diagnosis of a serious illness, eye exams, surgery, patient transport, or when the hearing impaired person has a cognitive limitation that impedes his or her ability to view the screen. A video remote interpreter providing medical interpreting must enter into a HIPAA agreement.
AGY, CON, STA, RGT,	Mich. Admin. Code r. 400.7703(2), (6)	Providers of sterilization procedures shall ensure that an interpreter is provided before the recipient signs the sterilization informed consent form when the recipient does not understand the language used on the form. When an interpreter is used, the recipient and the interpreter must sign the consent form prior to the procedure. Provider means an individual, firm, corporation, association, agency, institution, or other legal entity which has been approved to provide medical assistance to a recipient pursuant to the medical assistance program or the general assistance medical program. Provider means an individual, firm, corporation, association, agency, institution, or other legal entity which has been approved to provide medical assistance to a recipient pursuant to the medical assistance program or the general assistance medical program.
HEA, PUB, RGT	Mich. Admin. Code r. 792.11008(d)	A Uniform Hearing Rule for the Department of Human Services and Department of Community Health provides that a claimant or his authorized representative have a right to receive the assistance of interpreters.





# Minnesota

Type	Provisions	Description
AGY, TRA	Minn. Stat. § 15.441	<p>Every state agency that is directly involved in furnishing information or rendering services to the public and that serves a substantial number of non-English-speaking people shall employ enough qualified bilingual persons in public contact positions, or enough interpreters to assist those in these positions, to ensure provision of information and services in the language spoken by a substantial number of non-English-speaking people.</p> <p>The Commissioner of Administration shall determine the application to each state agency, in consultation with the Council on Latino Affairs, groups representing other non-English-speaking people, and the head of the agency. In determining what constitutes a substantial number of non-English-speaking people, the commissioner shall consider: the number of people served by the agency; the number of non-English-speaking people served by the agency; the frequency with which non-English-speaking people are served by the agency; and the extent to which information or services rendered by the agency affect legal rights, privileges, or duties.</p> <p>Every state agency that serves a substantial number of non-English-speaking people and that provides materials in English explaining services is encouraged to provide equivalent materials in any non-English language spoken by a substantial number of the people served by the agency. An agency should give highest priority to providing in a non-English language materials that notify people of legal rights, duties, or privileges they are entitled to, and the steps they must take to obtain or maintain those rights, duties, or privileges. When notice of the availability of material explaining services available is given, orally or in writing, it should be given in English and the non-English language into which any material has been translated.</p>

## Minnesota continued

Type	Provisions	Description
		<p>A state agency is encouraged to provide its local offices with written materials in the appropriate foreign language when: the local office or facility serves a substantial number of non-English-speaking people; written materials such as forms, applications, questionnaires, letters, or notices are used to ask or order a person to provide information or to give a person information; and the information asked for or given could affect the person's rights, duties, or privileges with regard to the agency's services or benefits.</p> <p>A state agency may not dismiss an employee or increase its complement to carry out the purposes of this section. A state agency need only implement this section by filling employee public contact positions made vacant by retirement or normal attrition. This section shall be implemented to the extent permissible under federal law, civil service laws governing state agencies, and collective bargaining agreements.</p>
INS	Minn. Stat. § 60A.08(16)(a)	Insurance policies, endorsements, riders, and any explanatory or advertising material may be issued in a language other than English. In the event of a dispute or complaint regarding the insurance or advertising material, the English language version of the insurance coverage shall control the resolution of the dispute or complaint. Any insurance policy, endorsement, rider, or advertising material required by law to be filed with the commissioner that is prepared in a language other than English must be accompanied by an English language translation certifying that the English version is substantively identical to the filed version.
INS, TRA	Minn. Stat. § 62J.72(1)(e)	Disclosure statement by insurance companies describing reimbursement methods must be provided upon request in English, Spanish, Vietnamese, and Hmong, with reasonable efforts made to provide the information contained in the statement to other LEP enrollees.

## Minnesota continued

Type	Provisions	Description
INS	Minn. Stat. § 62Q.03(5a)	Health plans must develop a separate risk adjustment system for state-run public programs, including medical assistance, general assistance medical care, and MinnesotaCare. The system must be developed in accordance with the general risk adjustment methodologies described in this section and must attempt to reflect the special needs related to cultural or language barriers.
AGY	Minn. Stat. § 62Q.19(1)(d)	The commissioner shall designate essential community providers. The criteria include a demonstrated ability to integrate applicable supportive and stabilizing services – including, at a minimum, cultural and linguistic services where appropriate – with medical care for uninsured persons and high-risk and special needs populations.
INS	Minn. Stat. § 62Q.56	<p>A written plan for continuity of care in the event of contract termination between the health plan company and any of the contracted primary care providers, specialists, or general hospital providers must explain the procedures by which enrollees will be transferred to other participating providers, when special medical needs, special risks, or other special circumstances, such as cultural or language barriers, require them to have a longer transition period or be transferred to nonparticipating providers.</p> <p>If the contract termination was not for cause and the contract was terminated by the health plan company, or if an enrollee is subject to a change in health plans, the health plan company must provide a written plan that provides a process for coverage determinations regarding continuity of care of up to 120 days for enrollees who request continuity of care with their former provider, if the enrollee does not speak English and the health plan company does not have a provider in its preferred provider network who can communicate with the enrollee, either directly or through an interpreter.</p>

## Minnesota continued

Type	Provisions	Description
AGY, INT	Minn. Stat. § 144.058	The commissioner of health shall establish a voluntary statewide roster, and develop a plan for a registry and certification process for interpreters who provide high quality, spoken language health care interpreter services. (NOTE: this was an initiative planned to be implemented by 2010, and may no longer be in existence.)
PUB	Minn. Stat. §§ 144.4805(3)(6) (v), (6), 144.4809(3) (3)	In carrying out activities pursuant to the Tuberculosis Health Threat Act, in mandating treatment or isolation of a person with tuberculosis, the carrier or respondent has the right to the assistance of an interpreter in any proceedings and the notice of a proceeding must include notification of the right to an interpreter. If the commissioner petitions the court to enforce the health order, the notice of the preliminary hearing must contain the right of the carrier or respondent to the assistance of an interpreter,
RGT	Minn. Stat. § 144.651(4)	The Health Care Bill of Rights states that reasonable accommodations shall be made for those who speak a language other than English.
STA, TRA	Minn. Stat. §§ 145.4242-4249	<i>Women's Right to Know Act:</i> Information about adoption, fetal pain associated with abortion, the possible detrimental psychological effects of abortion, and fetal development at two-week intervals shall be published in English and in each language that is the primary language of 2 percent or more of the state's population and shall be available on the state's web site. Informed consent is provided only if certain information is provided. Even though this information may be provided by telephone, it does not preclude the provision of required information in a language understood by the patient through a translator.
CHC	Minn. Stat. § 145.9268(3a)(a) (4)	Grants to community clinics may be awarded for activities that provide improvements for care delivery, such as increased translation and interpretation services.

## Minnesota continued

Type	Provisions	Description
PRO	Minn. Stat. §§ 245.462(17)(b)(2), 245.4871(26)	"Mental health practitioner", for the Department of Human Services, means a person providing services to persons with mental illness who is qualified in at least one of the following ways, including is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met.
CHI, MEN	Minn. Stat. § 245.735(3)(a)(2)	For the Excellence in Mental Health demonstration project, the commissioner shall establish a state certification process for certified community behavioral health clinics (CCBHCs) that must employ or contract for clinic staff who have backgrounds in diverse disciplines, including licensed mental health professionals, and staff who are culturally and linguistically trained to serve the needs of the clinic's patient population
AGY	Minn. Stat. § 256.01(16)	Mandating implementation of a procedure for public assistance applicants and recipients to identify a language preference other than English in order to receive information pertaining to the public assistance programs in that preferred language. (NOTE: this was for projects in the 1990s and may no longer be in existence.)
AGY, HEA	Minn. Stat. § 256.0451(12)	The hearings with the county or state human service agencies, the human services judge has a duty to inquire and to determine whether any participant in the hearing needs the services of an interpreter or translator in order to participate in or to understand the hearing process. Necessary interpreter or translation services must be provided at no charge to the person involved in the hearing. If it appears that interpreter or translation services are needed but are not available for the scheduled hearing, the human services judge shall continue or postpone the hearing until appropriate services can be provided.

## Minnesota continued

Type	Provisions	Description
AGY, INS	Minn. Stat. § 256.962(2)(a)(3)	The commissioner shall award grants to public and private organizations, regional collaborative, and regional health care outreach centers for outreach activities, including providing or collaborating with public and private entities to provide multilingual and culturally specific information and assistance to applicants in areas of high uninsurance in the state or populations with high rates of uninsurance.
AGY, OAA	Minn. Stat. § 256.975(7)(a)	The Minnesota Board on Aging shall operate a statewide information and assistance service to aid older Minnesotans and their families in making informed choices about long-term care options and health care benefits. Language services to persons with limited English language skills may be made available.
MEN	Minn. Stat. §§ 256B.0623(4)(f) (5), 256B.0624(4)(c)(5)	Adult rehabilitative mental health services and adult mental health crisis response services providers must ensure that staff is capable of implementing culturally specific services that are culturally competent and appropriate as determined by the recipient's culture, beliefs, values, and language as identified in the individual treatment plan.
MED	Minn. Stat. § 256B.0625(18a) (c)	Regardless of the number of employees that an enrolled health care provider may have, medical assistance covers sign and oral language interpreter services when provided by an enrolled health care provider during the course of providing a direct, person-to-person covered health care service to an enrolled recipient with limited English proficiency or who has a hearing loss and uses interpreting services.
LTC, MED	Minn. Stat. § 256B.0654(4)(a) (3)(iv)	Under the Medicaid private duty nursing rules, payment is allowed for extraordinary services that require specialized nursing skills and are provided by parents of minor children, spouses, and legal guardians who are providing private duty nursing care because of special language needs, the parent, spouse, or legal guardian is needed in order to provide adequate private duty nursing services to meet the medical needs of the recipient.

## Minnesota continued

Type	Provisions	Description
AGY, MED	Minn. Stat. § 256B.0753(1)	In developing the criteria for care coordination payments to health care homes, the commissioner shall consider the feasibility of including the additional time and resources needed by patients with limited English-language skills, cultural differences, or other barriers to health care.
HHC, LTC	Minn. Stat. § 256B.0913(5a)(d)	Alternative care for elderly persons covers sign language interpreter services and spoken language interpreter services for recipients eligible for alternative care when the services are necessary to help deaf and hard-of-hearing recipients or recipients with limited English proficiency obtain covered services.
CHI, MED	Minn. Stat. § 256B.0943(5)(b) (1)	To be an eligible Medicaid provider of children's therapeutic services and supports, an entity must have administrative infrastructure written policies and procedures that include personnel procedures, including a process for recruiting, hiring, training, and retention of culturally and linguistically competent providers.
EIS, MEN	Minn. Stat. § 256B.0949(3a)	The person's and family's primary spoken language and culture, values, goals, and preferences must be reflected throughout the covered services. The CMDE provider and QSP must determine how to adapt the evaluation, treatment recommendations, and individual treatment plan to the person's and family's culture, values, and language preferences. A provider must have a limited English proficiency (LEP) plan in compliance with title VI of the Civil Rights Act of 1964.
EIS, MEN	Minn. Stat. § 256B.0949(12)	After approval of the EIDBI benefit under this section by the Centers for Medicare and Medicaid Services, the commissioner shall provide statewide training on the benefit for culturally and linguistically diverse communities. Training for EIDBI providers on culturally appropriate practices must be online, accessible, and available in multiple languages. The training for families, lead agencies, advocates, and other interested parties must provide information about the EIDBI benefit and how to access it.

## Minnesota continued

Type	Provisions	Description
MCO	Minn. Stat. § 256B.69(27)	Managed care contracts must require plans to inform enrollees that upon request the enrollee can obtain a certificate of coverage in the following languages: Spanish, Hmong, Laotian, Russian, Somali, Vietnamese, or Cambodian. Upon request, the plan must provide the enrollee with a certificate of coverage in the specified language of preference.
MCO	Minn. Stat. § 256B.6925(4)	Managed care contracts must require a managed care organization to provide language assistance, and auxiliary aids and services, if requested, to ensure access to a managed care organization's programs and services. The commissioner shall establish a methodology to identify the prevalent non-English languages spoken by enrollees and potential enrollees throughout Minnesota and in each managed care organization's service area. The commissioner shall ensure that oral interpretation is provided in all languages and written interpretation is provided in each prevalent non-English language, and that both are available to enrollees and potential enrollees free of charge.
MED	Minn. Stat. § 256L.03(3a)	Medicaid covers spoken language interpreter services that assist an enrollee in obtaining covered health care services.
CHC	Minn. R. 4688.0010(4), 4688.0020(F)(3), 4688.0040(3)(C), 4688.0160(E)	Applications for designation as an essential community provider must include at least one type of linguistic services: coordination with community linguistic services; coordination with certified interpreters; coordination with qualified translators; or professional and support staff who provide translation and interpretation services. "Linguistic services" means translation services and interpreter services that are appropriate to facilitate communication. An essential community provider's annual report must include the linguistic service options currently available to clients, if appropriate.
INS	Minn. R. 7700.0040(1)(E)	Consumer assistance partners for MNsure/Minnesota Health Insurance Exchange must provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by MNsure including individuals with limited English proficiency.



## Minnesota continued

Type	Provisions	Description
HEA, INS	Minn. R. 7700.0105(7)	MNsured eligibility appeals must be accessible to appellants who have limited English proficiency, appellants who require interpreter and translation services, and appellants with disabilities. An appeals examiner has a duty to inquire whether any person involved in the hearing needs the services of an interpreter, translator, or reasonable accommodations to accommodate a disability in order to participate in or to understand the appeal process. Necessary interpreter services, translation services, or reasonable accommodations must be provided at no cost to the person involved in the appeal. If an appellant requests interpreter services, translation services, or reasonable accommodations or it appears to the appeals examiner that necessary interpreter or translation services are needed but not available for the scheduled hearing, the hearing shall be rescheduled to the next available date when the appropriate services can be provided.
EPS	Minn. R. 9505.1736	A local agency must effectively inform an individual who cannot read or understand the English language, about the EPSDT program.
XXX	Minn. R. 9505.2175	A language interpreter service record must be included in the health service records.



# Mississippi

Type	Provisions	Description
EIS	Miss. Code Ann. § 41-87-13(1)(b)	Early intervention services providers must provide an explanation of the assessment and all service options in the family's native language, accommodating cultural differences.
XXX	Miss. Code Ann. § 83-9-353(11)(d)	The telemedicine equipment and network used for remote patient monitoring services by health insurer should accommodate non-English language options.
HOS, MEN	15-016 Miss. Code R. § 040.22.16	Psychiatric hospitals should inform the patient orally and in writing, and, if possible, in the patient's native language, of the benefits and hazards of the drug prior to the administration of the drug.
MCE	18-002 Miss. Code R. § 02.2.16(D)(3) (d)	The State Health Insurance Counseling and Assistance Program (SHIP) for Medicare beneficiaries requires satisfactory procedures established to provide or obtain services for the non-English speaking, physically handicapped, developmentally or mentally disabled elderly person 60 years of age and older, where appropriate.
MED	23-000 Miss. Code R. § 200.1.5, 200. 4.8	For Division of Medicaid purposes, the limited English proficiency (LEP) plan established procedures for requisitioning forms in Spanish and Vietnamese, and for accessing and/or hiring and utilizing qualified interpreters. This rule provides provisions to ensure awareness of the program by beneficiaries/applicants with limited English proficiency, employee training and requirements for reporting, records retention for the LEP program and monitoring oversight of the language assistance program to ensure LEP persons meaningful access to the program. A copy of the provider's LEP policy is required for provider enrollment.

## Mississippi continued

Type	Provisions	Description
MEN, MED	23-000 Miss. Code R. § 206.1.2(B)(6)(d)	In order for a psychological evaluation to be eligible for Medicaid reimbursement, the psychologist completing the psychological evaluation must ensure that he psychologist chooses the most psychometrically sound one unless otherwise indicated by the unique characteristics of the test-taker (e.g., the beneficiary is non-English speaking).
MEN, CHC	24-000 Miss. Code R. § 002.14.4	For operational standards for mental health, intellectual/developmental disabilities, and substance use disorders community service providers, language assistance services, including bilingual staff and interpreter services, must be offered at no cost to individuals with limited English proficiency. These services must be offered at all points of contact with the individual while he/she is receiving services. A detailed description of when and how these services will be provided must be clearly explained in the provider's policies and procedures.
MEN	24-000 Miss. Code R. § 002.31.2(D)	For substance use disorders community living handbook, providers must have a written plan for providing the handbook information in a resident's language of choice when necessary if English is not their primary language.
MFA, HOS	Miss. Code Ann. § 43-11-13	Minimum standards for psychiatric hospitals and residential care facilities requires that prior to the administration of a drug that has abuse potential, the patient and, when required by law, the patient's parent(s) or guardian are informed orally and in writing, and, if possible, in the patient's native language, of the benefits and hazards of the drug.

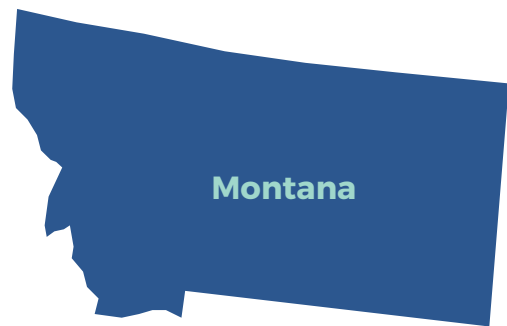


# Missouri

Type	Provisions	Description
MEN, PWD, TRA	Mo. Ann. Stat. § 178.656(4)(9)	Centers for independent living that serve persons with disabilities may provide reader, interpreter, and other communication services. As defined by Mo. Ann. Stat. § 178.651, centers for independent living are community-based nonresidential programs designed to promote independent living for persons with disabilities. The centers for independent living must operate as a non-profit corporation and meet other requirement to received state funded assistance.
PUB, TRA, WOM	Mo. Ann. Stat. § 188.027(8)(2)	All information required to be provided to a woman considering an abortion shall be provided in a language she can understand. If the woman is unable to read the materials provided to her, the materials shall be read to her. If the woman cannot understand the provided materials, an interpreter shall be provided.
HEA, MEN, RGT	Mo. Ann. Stat. § 632.325(11)	If Respondent in civil detention is accepted for evaluation and treatment by psychiatric services, he has the right to have an interpreter assist him at the facility or during a hearing or both, if he is hearing impaired or does not speak English.
CRD, MEN,	Mo. Code Regs. Ann. tit. 5, § 20- 500.290(L)(7)(I)	Centers for independent living that serve persons with disabilities may provide reader, interpreter, and other communication services, but providing these services is not required for the center to qualify as an independent living center.
AGY, MEN, TRA	Mo. Code Regs. Ann. tit. 9, § 30-4.195(5)(C)(6), (5)(L)(6)	Access Crisis Intervention programs must operate or arrange for a 24 hour telephone hotline and mobile response program. Each program shall have a written description of how the hotline and mobile response systems' services are provided to persons who have a limited understanding of the English language. Access Crisis Intervention programs are designed to be provided by agencies with certified outpatient programs authorized by the Division of Comprehensive Psychiatric Services for mental health service delivery.

## Missouri continued

Type	Provisions	Description
MEN, MFA	Mo. Code Regs. Ann. tit. 9, § 40-4.095(4)(A)	Recordkeeping in community residential homes not licensed by the Division of Aging and Psychiatric Homes and Psychiatric Group Homes II, individual client records shall include an admissions form containing the individual's language spoken or used in natural home if not English.
MEN, MFA	Mo. Code Regs. Ann. tit. 9, § 40-10.095(4)(A)	For day programs for the mentally retarded and developmentally disabled, individual client records shall include an admissions form containing the individual's language spoken or used in natural home if not English. These forms must be kept for 7 years post discharge.
AGY, HEA, OAA	Mo. Code Regs. Ann. tit. 19, § 15-4.150(2)(B)	In seeking a waiver under the Older Americans Act, an area agency must have a public hearing and notice must be publicized through widely circulated newspapers and other public media at least twenty (20) calendar days before the date of the hearing in English and other languages as appropriate to the geographic area or to the target population to be served.
AGY, MEN, OAA, PAY	Mo. Code Regs. Ann. tit. 19, §§ 15-7.010(4)(A), 15-7.050(2)(C)	All service providers for older people or low income handicapped adults must have multilingual staff available when there are substantial numbers of non-English speaking service recipients in order to receive grants or sub-grants funded by area agencies or the Division of Senior and Disability Services. Service providers must develop a plan to provide services in the language spoken by the target population, if other than English. A service provider agency which contracts with the Missouri Division of Aging or an Area Agency on Aging to provide services directly to older persons.”
EIS	Mo. Code Regs. Ann. tit. 19, § 40-9.020(6)	For newborn hearing screening, facilities shall provide each newborn's parent(s) with information about newborn hearing screening in English or other language or alternate method as appropriate. The department shall provide information to facilities in other languages upon request.

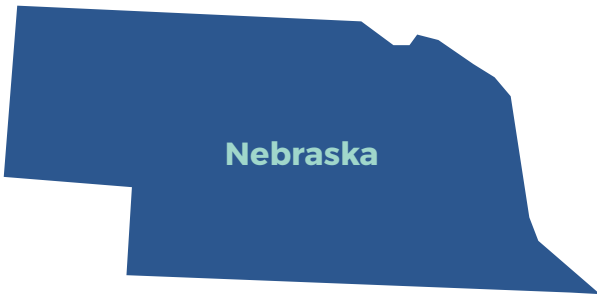


# Montana

Type	Provisions	Description
INS	Mont. Code Ann. § 33 32 211(9)	A health insurance issuer shall provide the notice required under this section in a culturally and linguistically appropriate manner, including: provide oral language services, such as a telephone assistance hotline, that include answering questions in any applicable non-English language and providing assistance with filing benefit requests, claims, and appeals in any applicable non-English language; provide, upon request, a notice in any applicable non-English language; include in the English version of the notice a prominently displayed statement in any applicable non-English language clearly indicating how to access the language services provided by the health insurance issuer.
MCO	Mont. Code Ann. § 33 36 201(6)(d)	An access plan for each managed care plan offered in the state must describe or contain the health carrier's efforts to address the needs of persons with limited English proficiency and illiteracy.
HOS, TRA	Mont. Code Ann. § 50-5-1302(2)(d)	The attending health care provider shall make specific findings related to the cause, nature, and projected duration of the patient's lack of decisional capacity. The findings must be included in the patient's medical record. Patients for whom English is a second language must be assessed by a health care provider in the presence of an interpreter who is fluent in the patient's primary language.
CON, STA	Mont. Admin. R. 37.86.104(5)(b)	For Medicaid reimbursement of physician services for sterilization, the informed consent form must be signed by the recipient to be sterilized, the person who obtained the consent, and the interpreter (if required) at least 30 days but not more than 180 days prior to the sterilization.
WOM	Mont. Admin. R. 37.86.3402(2)(h)(x)	A pregnancy is considered high risk for an LEP person so as to make that person eligible for case management services.

## Montana continued

Type	Provisions	Description
MCO	Mont. Admin. R. 37.108.207(1)(d), 37.108.236(1)(a)	Managed care plans' access plan must include the policy to address the needs of enrollees with limited English proficiency and/or illiteracy and those with diverse cultural and ethnic backgrounds to insure that these characteristics do not pose barriers to gaining access to services. The policy must, at a minimum, describe the plan's methods for providing interpreter services to allow effective communication regarding treatment, medical history and health education.
DEF	Mont. Admin. R. 37.109.103(7)(d)	The definition of "Comprehensive primary health care services" includes services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals).



# Nebraska

Type	Provisions	Description
EIS	Neb. Rev. Stat. §§ 43-2502.03, 43-2503(1), 43-2507(1)	For infants with disabilities, the Early Intervention Act is to promote the development of and planning for a statewide system of comprehensive, coordinated, family-centered, community-based, and culturally competent services and which include recognizing that outcomes for children in the early years are strengthened when programs and services display indicators of quality culturally responsive approaches.
INS	Neb. Rev. Stat. § 44 7105(2)(d)	A health carrier shall maintain an access plan for each managed care plan that describes the carrier's efforts to address the needs of LEP persons.
AGY, HIV	Neb. Rev. Stat. § 71-501.02(6)	The Department of Health and Human Services may operate a statewide AIDS program including, to the extent funds are available, services that are culturally and language specific upon request.
AGY	Neb. Rev. Stat. § 71-4104(3)	The Department shall ensure that the information regarding Down Syndrome is culturally and linguistically appropriate for parents.
AGY, WOM	Neb. Rev. Stat. § 71-5004(1)	The Department shall create and organize geographically a list of perinatal hospice programs available in Nebraska and nationally. The Department shall post such information on its web site and shall include an information support sheet in English and Spanish on the web site that can be printed and delivered by physicians and nurse practitioners.
CRD, LTC, MFA	Neb. Rev. Stat. § 71-6039(1)(b) 175 Neb. Admin Code §§ 12-006.04C7a(3), 17-006.03B2(3)	Nursing assistants, nursing aides, medication assistants, and paid dining assistants in nursing homes, hospice and intermediate care facilities for the mentally retarded must speak and understand the English language or a language understood by a substantial portion of the nursing home residents.

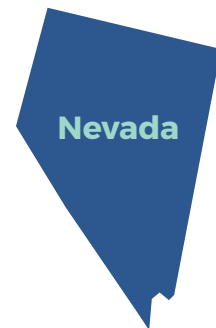


## Nebraska continued

Type	Provisions	Description
CRD, HHC	Neb. Rev. Stat. § 71-6603(4) 175 Neb. Admin. Code § 14- 006.04C5(4), 16-006.09B5f(4)	Home health aides must be able to speak and understand the English language or the language of the home health agency patient and the home health agency staff member who acts as the home health aide's supervisor.
MEN	204 Neb. Admin. Code § 5-004.05E2, 004.07A2, 004.08A(3)-(4)	To certify mental health programs, the risks and benefits of every service for which consent is sought, and the right to refuse the service, must be explained in the consumer's native language, as is individually appropriate. An orientation to the program must be communicated in the person's native language, as is individually appropriate. The program shall have policies and procedures which expedite entry into services by all members of the population to be served and cultural and language issues.
LTC	471 Neb. Admin. Code § 12- 004.09C	In conducting an evaluation of nursing home residents to determine whether an individual has mental illness and/or mental retardation/related condition, the evaluation must be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated.
HHC, MED	471 Neb. Admin. Code § 15- 004.02A	In determining eligibility for Medicaid personal care services, the agency shall ask the client for certain information which may include determining if there is a need for language interpretation.
CON, STA	471 Neb. Admin. Code §§ 10- 005.07B(3), 18- 004.06B(3)	Medicaid will only cover sterilization for clients whose primary language is other than English if they are provided with the required elements for informed consent in their primary language.
EPS	471 Neb. Admin. Code § 41- 004.03A	Translated materials or an interpreter are appropriate for informing individuals who cannot understand the English language.
CHI, MED	477 Neb. Admin. Code § 3-002(1)	The Department should explain to an applicant/client for Children's Medical Assistance Programs the right to have the Medicaid application process and the Medicaid requirements, responsibilities, and benefits reasonably explained, including by written translations, oral interpretation, and taglines for individuals with disabilities or limited English proficiency.

## Nebraska continued

Type	Provisions	Description
MCO, MED	482 Neb. Admin. Code §§ 3-002(2), 3-005(2)(d)	Enrollment brokers must distribute enrollment information and marketing materials to managed care clients and potential clients. Written materials must be available in the prevalent non-English languages, as specified by the Department. The EB must provide information specific to each plan available in the service area, including names, locations telephone numbers of, and non-English languages spoken by current contracted providers.
MCO, MED	482 Neb. Admin. Code §§ 4-002.03(2)(g), 4-003.01(4), (12)	A Medicaid managed care plan must provide an appropriate range of services and access to preventive and primary care services in the designated coverage areas, and maintain a sufficient number, mix, and geographic distribution of providers that are skilled in areas such a cultural diversity and sensitivity and languages.
MCO, MED	482 Neb. Admin. Code § 7-001(13), (14)	Clients participating in the Nebraska Health Connection (NHC) have the right to have materials interpreted and have interpreters at no cost, if necessary, during medical appointments and in all discussions with his/her PCP or health plan.



# Nevada

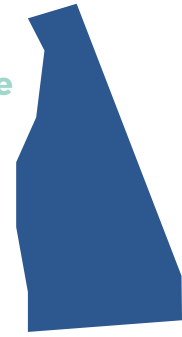
Type	Provisions	Description
AGY	Nev. Rev. Stat. Ann. § 232.475(1) (e)	The Office of Minority Health must, whenever possible, incorporate the use of bilingual communication in its programs and activities.
MEN, MFA	Nev. Rev. Stat. Ann. § 433.482(6)	Each client admitted for evaluation, treatment or training to a facility for mental health issues has the right to have reasonable access to an interpreter if the client does not speak English or is hearing impaired.
STA, CON	Nev. Rev. Stat. Ann. § 442.253(3)	To obtain informed consent for an abortion, if the woman does not understand English, the form indicating consent must be written in a language understood by her, or the attending physician shall certify on the form that the information required to be given has been presented in such a manner as to be understandable by her. If an interpreter is used, the interpreter must be named and reference to this use must be made on the form for consent.
HOS, TRA	Nev. Rev. Stat. Ann. § 449A.118	Every hospital shall post in a conspicuous place in each public waiting room in the hospital a legible sign or notice in 14-point type or larger, which sign or notice must provide a brief description of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons and must be written in English and Spanish.
HOS	Nev. Admin. Code § 442.405(2)	Neonatal care facilities must have a policy for the use of interpreters to address the needs of patients and their families who do not speak English.
XXX	Nev. Admin. Code § 449.5405(6)-(7)	If a facility for the treatment of irreversible renal disease admits more than 8 patients who read the same language other than English, all required written information provided by the facility to any of those patients must be written in that other language. Alternatively, an interpreter may be used.

## Nevada continued

Type	Provisions	Description
HOS	Nev. Rev. Stat. Ann. § 449A.324	If a hospital has received appropriate consent to release medical information to a caregiver, the hospital shall, before the patient is discharged, attempt to provide the caregiver with a discharge plan and will attempt to consult with the caregiver about the aftercare in the discharge plan. This consultation must include a demonstration of the aftercare in the discharge plan, performed by an appropriate member of the hospital staff in a culturally and linguistically appropriate manner.
DIS	Nev. Rev. Stat. Ann. § 435.565	Each consumer admitted for evaluation, treatment or training to a facility offering services to persons with intellectual disabilities or persons with developmental disabilities has the right to have reasonable access to an interpreter if the consumer does not speak English or is hearing impaired.
INS	Nev. Rev. Stat. Ann. § 687B.122	Any policy written in a language other than English shall be deemed to comply with state requirements pertaining to readability of policies if the insurer certifies that it is translated from a policy written in English which complies with those provisions.
CHI	Nev. Rev. Stat. Ann. § 432B.200	The Division of Child and Family Services shall establish and maintain a center with a toll-free telephone number to receive reports of abuse or neglect of a child in this State. The toll-free number must consist of simple, clear and easy to follow directions written in English, Spanish and in any other language the Division of Child and Family Services determines is appropriate based on the demographic characteristics of this State.
CRD, PRO	Nev. Rev. Stat. Ann. § 629.580	Any person providing wellness services who is not licensed, certified or registered in Nevada as a provider of health care and who is advertising or charging a fee for wellness services shall, before providing those services, disclose to each client in a plainly worded written statement that the individual, among other, is not licensed in the state. A written copy of the statement must be posted in a prominent place in the treatment location of the person providing wellness services in at least 12-point font. Reasonable accommodations must be made for clients who do not read or speak English or any other language in which the statement is written.

## Nevada continued

Type	Provisions	Description
CHI	Nev. Admin. Code § 432A.430	Each facility designated for care of children as part of the early care and educational program must provide materials and equipment to carry out the required written plan of curriculum. The provided materials and equipment must reflect the diversity of the children in our society with regard to the gender, age, native language, ethnicity, culture and abilities of the children enrolled in the facility.



# New Hampshire

Type	Provisions	Description
MEN, RGT	N.H. Rev. Stat. Ann. § 330-A:15	The Mental Health Client Bill of Rights requires that licensed mental health providers make reasonable accommodations for those clients who cannot read or who have communication impairments and those who do not understand English.
AGY, HEA	N.H. Code Admin. R. Health 203.03(f)	For Department of Health and Human Services hearings, an appealing party shall identify, in the appeal, any known specific needs or circumstances that relate to appellant's ability to attend or participate in a hearing, including, but not limited to, the need for interpreters.
AGY, OAA	N.H. Code Admin. R. Health 502.01(b)(6)	Pursuant to the Older American Act, the NH department of health and human services and bureau of elderly and adult services shall place emphasis on serving elderly individuals with LEP.
AGY, CHC, OAA	N.H. Code Admin. R. Health 502.13	The contract agency providing Title III services shall determine the individual's urgency of need on the wait list based on whether the individual is identified by Title III as elderly individuals with LEP. Title III services are community based and in home services for the elderly.
AGY, CRD	N.H. Code Admin. R. Health 303.04(b)(2)	Health care service providers applying for a certificate of need shall describe the assistance provided to persons for whom language is a barrier, including but not limited to: human interpreters; interpretive telephone service; and personal translation service. A report accompanying the application must include how the proposal maximizes the availability of services to the medically underserved population expressed in terms of the assistance provided to persons for whom language is a barrier. As defined in section 201.01(af), "Medically underserved" means a group of persons in the state or region(s) of the state that are identified as having difficulties in accessing health care services including, persons for whom language is a barrier.

## New Hampshire continued

Type	Provisions	Description
MEN, MFA, RGT	N.H. Code Admin. R. Mental Health 309.04(b)(4)(b), 310.04(b)(4)(b), 311.04(b)(4)(b)	The rights of persons receiving mental health services in the community or those receiving services for a developmental disability or acquired brain disorder or in a state mental health facility include the right to not be discriminated against in any manner because of race, color, or national origin, as provided in state and federal laws, including services which are accessible to persons of limited English proficiency.
MEN, MFA, HOS	N.H. Code Admin. R. Mental Health 526.07(b)(3)	Hospitals or developmental services program designated as a receiving facility regarding mental health shall provide services such that language barriers are overcome.
AGY, MEN, TRA	N.H. Code Admin. R. Mental Health 503.09(d)(5)	Service planning agreements between service coordinators and service providers for those with developmental disabilities requires that the service planning for the individual in need shall reflect cultural considerations of the individual and is conducted in clearly understandable language and form. As defined in section 503.02, "Service agreement" means a written agreement between the individual, guardian, or representative and the area agency that was prepared as a result of the person-centered planning process and that describes the services that an individual will receive. This regulation applies to the "area agency," as defined in RSA 171-A:2, I-b. An area agency means an entity established as a nonprofit corporation in the state of New Hampshire which is established by rules adopted by the commissioner to provide services to developmentally disabled persons in the area.
AGY, MEN, TRA	N.H. Code Admin. R. Mental Health 510.05(e), (f)	Family-Centered Early Support and Services Programs provided in conjunction with Developmental Services certified the Department of Health and Human Services Division of Mental Health shall give written notice to families before proposing, refusing to initiate, or changing the eligibility for the Program. The Program shall provide this written notice in a language that is understandable to the general public and in the family's native language or other mode of communication used by the parent, unless it is clearly not feasible to do so. If the native language of the parents is not a written language, then the area agency of Program shall take steps to ensure the notice is translated orally, or by other means to the parent in the parent's native language and that the parent understands the notice.

## New Hampshire continued

Type	Provisions	Description
AGY, MED	N.H. Code Admin. R. Public Health 601.10(j)(4)	Other Qualified Agencies must develop and maintain a system for customer service and for the provision of personal care services, including a communication access plan for the provision of communication access for clients with LEP, deafness or hearing loss, vision loss, and/or speech impairments. Other qualified agencies are directed to agencies providing personal care services and consumer-directed services reimbursed through the Medicaid program.





# New Jersey

Type	Provisions	Description
INS	N.J. Stat. Ann. § 17B:17-20(c)	Any non-English language health or life insurance policy delivered or issued for delivery in this State shall be deemed to be in compliance with this act if the insurer certifies that such policy is translated from an English language policy that does comply with this act.
EIS	N.J. Stat. Ann. § 26:1A-36.6(f)	The Department of Health Commissioner's intervention services to support infants and toddlers with disabilities, those at risk for disability, and their families must respect autonomy, interdependence and decision-making in a way which reflects the unique racial, ethnic, cultural and social-economic experiences and background of a family.
AGY	N.J. Stat. Ann. § 26:2-162(j)	The Office of Minority Health shall work collaboratively with colleges of medicine and dentistry and other health care professional training programs to develop cultural and language competency courses that are designed to address the problem of racial and ethnicity disparities in health care access, utilization, treatment decisions, quality and outcomes.
AGY, TRA	N.J. Stat. Ann. § 26:2-168	Department of Health must disseminate informational brochure on breast cancer in English and Spanish.
AGY, TRA, WOM	N.J. Stat. Ann. § 26:2-194	The Department of Health must provide information in English and Spanish to any person who renders prenatal care, postnatal care, or genetic counseling of parents who receive a prenatal or postnatal diagnosis of Down syndrome, and in a manner that is easily understandable for women receiving a positive prenatal diagnosis or for the family of a child receiving a postnatal diagnosis of Down syndrome.
CHI, TRA	N.J. Stat. Ann. § 26:2H-12.6(a)	The Department of Children and Families, in consultation with the Department of Health, shall prepare a resource guide in both English and Spanish which provides information on child abuse and neglect to all parents of newborn infants born in this State.

## New Jersey continued

Type	Provisions	Description
HOS	N.J. Stat. Ann. § 26:2H-12.8(h)	Any person admitted to a general hospital has the right to expect that within its capacity, the hospital will make reasonable response to request for services, including the services of an interpreter if 10% or more of the population in the hospital's service area speaks that language.
MEN, TRA	N.J. Stat. Ann. § 26:2RR-5	The Department of Health and Vital Statistics, in consultation with the New Jersey Chapter of the American Parkinson Disease Association and the Movement Disorders Center at the Robert Wood Johnson University Medical Group, Rutgers Robert Wood Johnson Medical School, must prepare and make available on the department's Internet website, in English and Spanish, and in a manner that is easily understandable by a patient or other non-health care professional, information about the symptoms and treatment of Parkinson's disease and any other information that the commissioner deems to be necessary.
AGY, MCO	N.J. Stat. Ann. § 26:2S-21(b)(4)	The Managed Health Care Consumer Assistance Program in the Department of Health and Senior Services shall maintain a toll-free telephone number for consumers to call for information and assistance. The number shall be available to assist non-English proficient individuals who are members of language groups that meet population thresholds established by the Department.
AGY, TRA	N.J. Stat. Ann. § 26:2W-3 (b)(3)	The Commissioner of Health and Senior Services shall establish a breast cancer public awareness campaign and shall provide for the use of public service announcements and printed materials in both English and Spanish.

## New Jersey continued

Type	Provisions	Description
AGY, TRA	N.J. Stat. Ann. § 26:5B-6	The Department of Health, in consultation with the Medical Society of New Jersey and Rutgers, The State University, shall prepare, and make available on its Internet website, information in English and Spanish, which is designed to be easily understandable by the general public, about the genetic risk factors associated with, and the symptoms and treatment of, sickle cell anemia, in addition to any other information that the Commissioner of Health deems necessary for the purposes of this act. The department shall make a supply of booklets available to all licensed health care facilities engaged in the diagnosis or treatment of sickle cell anemia, as well as to health care professionals, community health centers, members of the public, and social services agencies upon their request.
AGY, TRA	N.J. Stat. Ann. § 26:8-40.21	The Department of Health shall establish and maintain a birth defects and severe neonatal jaundice registry, which shall contain a confidential record of all birth defects and all cases of severe hyperbilirubinemia that occur in New Jersey and any other information that the department deems necessary and appropriate, and it must make available electronically on its Internet website, in English and Spanish, information on the characteristics and effects of severe neonatal jaundice.
AGY	N.J. Stat. Ann. § 30:1 1.1(a)	Requiring the Department of Human Services to establish a comprehensive social services information hotline operating in Spanish and English.
MFA	N.J. Stat. Ann. § 30:4-27.11(a)	Patients admitted to psychiatric facilities have the right to have examinations and services provided through interpreters in their primary means of communication at the earliest possible time.
AGY, MEN	N.J. Stat. Ann. § 30:6D-36(b)	The Family Support System in the Division of Developmental Disabilities in the Department of Human Services shall include interpreter services.
INT	N.J. Stat. Ann. § 34:9A-7.2	The Commissioner of the Department of Labor and Industry shall provide for and establish a permanent staff of certified Spanish language interpreters and other personnel as necessary to aid and assist seasonal workers in interpreting language in connection with matters involving any Federal, State, county or local governmental agency and shall maintain a roster of certified Spanish language interpreters.

## New Jersey continued

Type	Provisions	Description
CRD	N.J. Stat. Ann. § 45:9-22.23(10)(d)(b)(4)	Information regarding any translating services that may be available at the physician's, podiatrist's or optometrist's office practice site or sites, as applicable, or languages other than English that are spoken by the physician, podiatrist or optometrist shall be included in the provider's profile.
HHC	N.J. Stat. Ann. § 45:11-24.2	A person may satisfy the examination requirement for certification as a homemaker-home health aide by passing an oral competency evaluation in English or Spanish.
AGY, TRA	N.J. Stat. Ann. § 45:14-81(a)(3)(b)	The "New Jersey Prescription Drug Retail Price Registry" in the Division of Consumer Affairs in the Department of Law and Public Safety shall make available electronically on its website in English and Spanish the consumer drug information contained in the registry.
LTC, TRA	N.J. Admin. Code § 5:27A-4.17	Residential health care facilities shall demonstrate the ability to provide a means to communicate with any resident admitted who is non-English-speaking and/or has a communication disability, using available community services.
AGY, EIS	N.J. Admin. Code § 8:17-4.1	Before a provider agency proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and his or her family, the service coordinator shall provide written notice written in language understandable to the public and provided in the primary language of the parents, unless it is clearly not feasible to do so, such as, for example, if the family's primary language or other mode of communication is prohibitively costly as to make it unreasonable for the NJ Early Intervention Systems ("NJEIS") to communicate with the family in that fashion.
AGY, EIS	N.J. Admin. Code § 8:17-6.4(a)(1)	Each health practitioner conducting evaluations and assessments shall ensure nondiscrimination in the evaluation and assessment of children and their families and shall administer tests and other evaluation materials and procedures in the primary language of the parents or by means of another mode of communication, unless it is clearly not feasible to do so, such as, for example, if using that language or other mode of communication would be so prohibitively costly as to make it unreasonable for the NJEIS to communicate with the family in that fashion.

## New Jersey continued

Type	Provisions	Description
TRA	N.J. Admin. Code § 8:17-15.4	Paraprofessionals and assistants must provide translation and/or interpreting services, if other certified and/or trained translators or interpreters are not available despite reasonable efforts to secure their services.
DEF, EIS, TRA	N.J. Admin. Code § 8:18-1.2(1)	“Notice of Availability of Supplemental Newborn Screening” or “Notice” means the document promulgated by the Department of Health pursuant to N.J.S.A. 26:2-111.1b(1), that explains the availability of supplemental newborn screening. The Notice is available on the website of the Follow-up Program at <a href="http://nj.gov/health/fhs/prenatal/screening.shtml">http://nj.gov/health/fhs/prenatal/screening.shtml</a> and the Department’s forms page at <a href="http://nj.gov/health/forms">http://nj.gov/health/forms</a> , form numbers SCH-7 for the English version and SCH-7A for the Spanish version, as amended and supplemented.
HOS	N.J. Admin. Code § 8:33 4.10(a)(8)	An applicant for a certificate of need, where appropriate, shall address in writing the means of assuring effective communication between the staff of the proposed project and non-English speaking people and those with speech, hearing, or visual handicaps must be documented.
HOS	N.J. Admin. Code § 8:33E 1.5(b)(8)	For approval of certificate of need for intensive cardiac care units, hospitals should (to the extent possible) have bilingual clinical personnel available who can overcome language barriers and know and understand cultural differences among patients.
LTC, OAA	N.J. Admin. Code § 8:36-5.16	To meet standards for licensure, assisted living residences, comprehensive personal care homes, assisted living programs and residential health care facilities shall demonstrate the ability to provide a way to communicate with any admitted, non-English speaking resident using available community or on-site resources.
MFA, RGT, TRA	N.J. Admin. Code §§ 8:39-9.6(e), 42-6.3(d)(1)	For residential care facilities, written information about resident rights, advance directives, and procedures concerning implementation of rights shall be made available in any language that is spoken as a primary language by more than 10 percent of the population served by the facility as a condition for licensing.

## New Jersey continued

Type	Provisions	Description
LTC	N.J. Admin. Code § 8:39-13.3(b)	Long-term care facilities, as a condition for licensure, shall ensure that all staff, including staff members not fluent in English is able to communicate effectively with residents and families.
LTC	N.J. Admin. Code § 8:39-39.4(c)	Social workers in long-term care facilities will facilitate communication between staff and non-English speaking residents.
CRD, PAY	N.J. Admin. Code § 8:39-43.18(a)(3), (7)	Fees may be charged by the testing agency for certification of nurse aides in long term care facilities for clinical skills and Spanish oral examination or Spanish oral examination only.
HHC, MFA, RGT, TRA	N.J. Admin. Code §§ 8:42-13.1(a)(2), 8:42C-5.1(a), 8:43-4.16(d)	Home health facilities, hospice programs and residential health care facilities shall make patient rights available in any language that is spoken as the primary language by more than 10 percent of the population in the agency's service area as a condition for licensing.
AGY, RGT, TRA	N.J. Admin. Code § 8:42-13.2(a)(5)	Home health facility patients must have a translator or interpreter to facilitate communication between the patient and health care personnel.
MFA	N.J. Admin. Code § 8:43-4.17	To meet standards for licensure, residential health care facilities shall demonstrate the ability to provide a way to communicate with any admitted, non-English speaking resident using available community services.
XXX	N.J. Admin. Code §§ 8:43A-6.5, 8:43A-6.6, 8:43A-12.6(a)(15)	Ambulatory care facilities (medical care provided on an outpatient basis) shall provide printed and/or written instructions and information for patients, with multilingual instructions as indicated and must provide interpretation services when necessary for patients who do not speak English. They must also develop surgical policies and procedures for the provision of written instructions to the patient with multilingual instructions if indicated.
XXX	N.J. Admin. Code § 8:43A-29.10(a)(5)	Printed and/or written instructions and information with multilingual instructions shall be provided for patients receiving lithotripsy services.

## New Jersey continued

Type	Provisions	Description
AGY, TRA	N.J. Admin. Code §§ 8:43E-11.9, 8:43E-12.5(d), 8:43E-12.6(e)	A covered facility shall maintain a detailed written description of the program and its components, establish a written safe patient handling policy for all units and for all shifts, and make a copy of the violence prevention plan available upon request, to the Office of Certificate of Need and Health Care Facility Licensure in the Department of Health and Senior Services. If a language other than English is the exclusive language spoken by at least 10 percent of a covered health care facility's health care workers, the facility shall translate the workplace violence prevention plan into that language and make it available to those workers.
MFA, RGT	N.J. Admin. Code §§ 8:43F-3.6, 8:43F-3.10, 8:43F-4.1(a)	As a condition for licensure, adult and pediatric day health services facilities will provide participant instruction and health education, including multilingual instructions as indicated and shall demonstrate the ability to provide a way to communicate with any admitted, non-English speaking resident using available community or on-site resources. Adult and pediatric day health service facilities must conspicuously post patients' rights in English and the primary language(s) of the participants.
RGT, TRA	N.J. Admin. Code § 8:43G-4.1	New Jersey Patient Bill of Rights includes the right to receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health care personnel. A summary of these patient rights shall be provided in the patient's native language if 10 percent or more of the population in the hospital's service area speak that language.
HOS, MFA, RGT, TRA	N.J. Admin. Code §§ 8:43G-5.2(a)(10), 8:43H-5.4(f)	As a condition for licensing, hospitals and rehabilitation hospitals shall make written statement of patient rights (including the right to refuse medical care and the right to formulate an advance directive) available in any language that is spoken as the primary language by more than 10 percent of the population of the hospital's service area.
HOS	N.J. Admin. Code § 8:43G-5.5(c)	As a condition of licensure, hospitals shall provide interpretation services when necessary for patients who do not speak English.

## New Jersey continued

Type	Provisions	Description
HOS, TRA	N.J. Admin. Code § 8:43G-19.2(10), (11)	Licensed hospitals must develop and implement written policies and procedures in all languages spoken exclusively by at least 10 percent of the hospital community. When necessary, obstetrics staff shall make use of a language line or interpreter and maintain the quality, privacy, and confidentiality of any interpreted conversations.
XXX	N.J. Admin. Code § 8:43G-36(c)(19)	Satellite Emergency Departments shall have policies and procedures for maintaining a record of hospital employees, medical staff members, and volunteers who can speak languages other than English and can provide interpretive services to patients.
CHI	N.J. Admin. Code § 8:43J-3.5(a), (c)	Pediatric medical day care facilities shall develop, implement and review, at intervals specified in its policies and procedures, a manual of policies and procedures for the care of medically complex or technology-dependent children. The manual shall address child instruction and health education, including the provision of printed and/or written instructions and information for a child's parent, with multilingual instructions, as indicated.
CHI	N.J. Admin. Code § 8:43J-3.10	Pediatric medical day care facilities shall demonstrate the ability to provide a means to communicate with children and/or their parents who are non-English speaking and/or have communication disabilities, using available community or on-site resources.
PUB	N.J. Admin. Code § 8:52-3.2(a)(7)(ii)	Public health services shall link people to needed personal health services and assure health care when it is otherwise unavailable, including provision of culturally and linguistically appropriate materials and staff to assure linkage to services for special populations.
PUB	N.J. Admin. Code § 8:52-6.2(b)	Each local health agency shall implement and evaluate culturally and linguistically appropriate population-based health education and health promotion activities that are developed in accordance with the Community Health Improvement Plan.



## New Jersey continued

Type	Provisions	Description
AGY	N.J. Admin. Code § 8:52-10.2(d)(4), (e)	The formal countywide or multi-countywide Community Health Assessment shall identify barriers to transportation, language, culture, and service delivery within the countywide or multi-countywide area that affect access to health services, especially for low income and minority populations. The results of the countywide or multi-countywide Community Health Assessment shall be published in a "County Health Status Indicators Report." The results shall be presented in a manner that is sensitive and appropriate to language and culture.
XXX	N.J. Admin. Code § 8:52-13.1	Culturally and linguistically appropriate materials and staff shall be accessible to assure linkage to preventative personal health services for special populations.
PUB	N.J. Admin. Code §§ 8:52-13.2(a)(6), 8:52-13.3(a)(2)	Each local health agency, through the Community Health Improvement Plan, shall assist the local public health system in assuring personal health care services and clinical preventive health services that are culturally and linguistically appropriate.
LTC	N.J. Admin. Code § 8:85-2.6(h)(7)	Social workers in nursing home facilities shall work with the Activities and/or Volunteer Services Departments to obtain visitors for residents who have communication difficulties due to a language barrier.
CHC, MEN	N.J. Admin. Code § 10:37D-2.3(a)(3)	Through careful attention to ethnic, racial, primary language, and other characteristics, providers of community mental health services shall assure that services are culturally sensitive, culturally competent and in a language sufficiently well understood by the client to assure comprehension.
MEN	N.J. Admin. Code § 10:37F-2.2(a)(1), (a)(8), (b)(2)	The Partial Care Service initial contact (governing services for individuals with severe mental illness to achieve community integration) shall serve to orient and engage new consumers in a culturally and linguistically appropriate manner, and facilitate continuity of service and shall assure that services culturally and linguistically accessible to all eligible families.
AGY, TRA	N.J. Admin. Code § 10:46-1.1(f)	To the extent practicable, the Division of Developmental Disabilities shall provide written eligibility material in the individual's primary language and in alternate formats as needed.
AGY	N.J. Admin. Code § 10:46A-1.1(c)(3)	New Jersey Developmental Disabilities Council System of Family Support shall include interpreter services.

## New Jersey continued

Type	Provisions	Description
MED, TRA	N.J. Admin. Code § 10:46D-2.1(k)	Medicaid eligibility written material shall be provided in the individual's primary language as needed to the extent practicable and in accord with the guidance on language access provided by the U.S. Department of Health and Human Services.
MFA	N.J. Admin. Code § 10:47-7.1(e)(3)	The Individual Habilitation Plan for a developmentally disabled individual admitted to a facility assessment process shall be adapted to the cultural background, language, ethnic origin and means of communication used by the individual and the family.
CON, MED, STA	N.J. Admin. Code §§ 10:52-2.13(d)(3), 66-2.15(a)(5)(i)(7) (iii)	For Medicaid sterilization procedures, informed consent requires use of an interpreter if the individual to be sterilized does not understand the language used on the "Consent Form" or the language used by the person obtaining consent.
WOM	N.J. Admin. Code §§ 10:52-3.6(d), 54-6.7(d), 66-3.6(d)	HealthStart maternity care providers shall arrange for language translation and/ or interpretation services.
MFA	N.J. Admin. Code § 10:52A-4.7(a)(1)	The initial contact at an adult acute psychiatric hospital shall orient and engage a new beneficiary in a culturally and linguistically appropriate manner and facilitate continuity of service.
XXX, MED, TRA	N.J. Admin. Code § 10:54-5.40(f)	At the time a recommendation for elective surgery is made, the first opinion physician or the patient's operating surgeon must give the patient a bilingual Medicaid Second Opinion program brochure which explains the program and the steps for obtaining a second opinion.
CON, STA	N.J. Admin. Code § 10:54-5.41(d)(3), (e)	As required by Human Services, an individual is considered to have given informed consent for sterilization by a physician only if an interpreter was provided for an individual who did not understand the language used on the Consent Form or the language used by the person obtaining consent.
XXX	N.J. Admin. Code § 10:66-2.15(a)(5) (iii)	An interpreter must be provided if the individual to be sterilized does not understand the language used on the consent form or the language used by the person obtaining consent.

## New Jersey continued

Type	Provisions	Description
CHC	N.J. Admin. Code § 10:66-4. Appx. D(C)(1)(a)	Federally qualified health centers in staffing budget proposals must include language and cultural appropriateness of primary care physicians and other providers and clinical support staff for the new program or service.
WOM	N.J. Admin. Code § 10:54-6.7	HealthStart Maternity Care providers shall provide or arrange for language translation and/or interpretation services on site during clinic times to assure that patients understand the care and the treatment plan.
AGY, MED	N.J. Admin. Code §§ 10:69-2.15(a), 10:69-3.19(e), 10:69-6.2(d)(10)	Medicaid notice of approval, disapproval and pending status and other information to client shall include a sentence in Spanish cautioning the client that it relates to his or her eligibility for AFDC-related Medicaid and if he or she does not understand the notice he or she should contact the Country Board of Social Services.
MED, HEA	N.J. Admin. Code § 10:69-6.3(e)(4)	A state liaison has the responsibility for arranging an interpreter for non-English speaking clients for AFCD-related Medicaid hearings.
CHI, MEN	N.J. Admin. Code § 10:73-3.21(b)(3) (definition of "Care Management Organization" in N.J. Admin. Code § 10:74-1.4)	Each Care Management Organization shall be evaluated on cultural, ethnic, and linguistic competency.
MEN	N.J. Admin. Code § 10:73-3.23(b)(3), (c)(2)	For case management services, bilingual ability (such as Spanish/English) is preferred in geographic areas with high concentrations of non-English speaking consumers when hiring supervisors and care managers.
MED	N.J. Admin. Code § 10:74-1.4	For Medicaid and SCHIP managed health care, "multilingual" means, at a minimum, English and Spanish plus any other language which is spoken by 200 enrollees or five percent or more of the enrolled Medicaid population in the contractor's plan, whichever is greater. "Prevalent language" means a language other than English that is spoken by a significant number or percentage of potential enrollees and enrollees in the State.

## New Jersey continued

Type	Provisions	Description
MED	N.J. Admin. Code § 10:74-8.4(a)(4)	For Medicaid/SCHIP individuals who do not speak English or Spanish and who have an established relationship with a physician who speaks their primary language, when there is no available primary care provider in any of the participating managed care plans who speaks the beneficiary's language, the individual may be exempted from enrollment in a contractor's plan.
AGY, MEN	N.J. Admin. Code § 10:77-4.5(c)	The agency providing behavioral assistance services for children/youth or young adults enrolled in the partnership for children shall inform each beneficiary, legal guardian, and primary caregiver, as applicable, of their rights and of the responsibilities of the agency in a language or format that is understood by the child/youth or young adult and his or her primary caregiver and legal guardian.
AGY, MEN	N.J. Admin. Code § 10:77-5.5	Any provider entity providing intensive in-community mental health rehabilitation services shall demonstrate regard for the rights of the child, youth or young adult and their families/caregivers to exercise choice of provider. Service providers shall communicate with the child, youth or young adult in a language or format that is understood by all parties. Services shall be culturally sensitive, integrated, coordinated and provided in the least restrictive setting appropriate to the child's individual needs. The provider shall inform each beneficiary, parent/legal guardian, and primary caregiver, as applicable, of their rights and of the responsibilities of the agency in a language or format that is understood by the individual to whom they are providing the information.
AGY, HHC, HOS, LTC, MFA	N.J. Admin. Code § 10:90-1.7(f)	All recipients of Federal financial assistance, or any public or private individual in health or social services, must ensure that LEP persons are given meaningful opportunities to participate in their programs, services and benefits. Where language differences prevent meaningful access on the basis of national origin, the Office of Civil Rights ("OCR") Guidance requires that recipient agencies provide oral and written language assistance at no cost to the LEP person.

## New Jersey continued

Type	Provisions	Description
AGY, HHC	N.J. Admin. Code §§ 10:40-2.3(a)(3), 10:140-3.8(b)(1)	Applicants or consumers who are unable to communicate in English or have a communication handicap may make arrangements with county designated agency for an alternative means for verifying their request for an exception to eligibility standards or their notification of a move to another county for personal assistance services.
MCO	N.J. Admin. Code § 11:24-2.2(c)(13)	For a certificate of authority, health maintenance organizations shall include a description of the methods used by the HMO to facilitate access to services for culturally and linguistically diverse members.
MCO	N.J. Admin. Code §§ 11:24A-4.2(a)(3) (iii), 11:24-9.1(d)(6)	Managed care plans shall disclose which participating providers have the capacity to communicate in languages other than English.
XXX	N.J. Admin. Code §§ 13:30-8.7(e)(5), 13:35-6.5(c)(6), 13:35-9.11(c)(4), 13:44C-8.1(c)(3), 13:44E-2.2(d)(1), 13:44F-8.2(d)(1)	To the extent that a dental record, treatment record, or acupuncture treatment record, physical therapy record, speech pathology record, chiropractic record or respiratory therapy record is prepared in a language other than English and unable to be read by a patient or subsequent treating health care professional, the preparer shall provide a typed or written transcription and/or translation at no additional cost to the patient.
XXX	N.J. Admin. Code § 8:63, Appx.	The Sterile Syringe Access Program shall have policies in place to protect medical information consistent with State and Federal law, including the Health Insurance Portability and Accountability Act (“HIPAA”). Services will be provided in a manner that is culturally and linguistically appropriate.
CRD, HHC	N.J. Admin. Code § 13:37-14.10(h)	Upon application to the New Jersey Board of Nursing, an individual may satisfy the examination requirement for certification as a homemaker-home health aide by passing an oral competency evaluation in English or Spanish.
CRD, HHC	N.J. Admin. Code § 13:37-14.11(h)	Upon application to the New Jersey Board of Nursing, an individual may satisfy the examination requirement for certification as a homemaker-home health aide by passing an oral competency evaluation in English or Spanish.

# New Mexico

Type	Provisions	Description
PUB	N.M. Stat. Ann. § 12-10A-4	During a possible public health emergency, an enhanced public health advisory shall be broadly disseminated in English, Spanish and other appropriate languages to the impacted population.
MFA	N.M. Stat. Ann. §§ 32A-6-12(C), 32A-6A-20(C), 32A-6A-21(C)	Residential treatment or habilitation facilities shall ensure that each consent to admission document for children is clearly explained in the child's and parent's, guardian's or legal custodian's primary language, if that is their language of preference.
MCO	N.M. Stat. Ann. § 59A-57-4(B)(3)(e)	A managed health care plan shall insure that the plan, through provider selection, provider education, the provision of additional resources or other means, reasonably addresses the cultural and linguistic diversity of its enrollee population.
EIS	N. M. Stat. Ann. § 24-1-13.2	The department of health shall adopt rules requiring every hospital and freestanding birthing center to provide training and education to prevent shaken baby syndrome to every parent of every newborn before discharge of the newborn from the health facility. The department, in collaboration with the university of New Mexico health sciences center's department of pediatrics, shall approve training and instructional materials in both English and Spanish and shall include the use of shaken baby simulation dolls in the required curriculum.
XXX	N.M. Stat. Ann. § 61-14B-2(E)	“Bilingual-multicultural endorsement” means an endorsement that is issued pursuant to the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Act to a qualified speech-language pathologist and that recognizes the licensee's or applicants demonstrated proficiency in the use of languages other than English to provide speech-language pathology services.

## New Mexico continued

Type	Provisions	Description
CHI	N.M. Stat. Ann. § 32A-23B-3(C)	A home visiting program shall provide culturally and linguistically appropriate, face-to-face visits by nurses, social workers and other early childhood and health professionals or by trained and supervised lay workers.
HEA	N.M. Stat. Ann. § 45-5-404	A guardian for an individual or a person interested in the estate, financial affairs or welfare of an alleged incapacitated person who is petitioning the court to become a conservator, must indicate in the petition whether the alleged incapacitated person needs an interpreter, translator or other form of support to communicate effectively with the court or understand court proceedings.
INS	N.M. Stat. Ann. § 59A-23F-2	As used in the New Mexico Health Insurance Exchange Act, “navigator” means a person that, in a manner culturally and linguistically appropriate to the state's diverse populations, conducts public education, distributes tax credit and qualified health plan enrollment information, facilitates enrollment in qualified health plans or provides referrals to consumer assistance or ombudsman services.
CHI	N.M. Stat. Ann. § 32A	The department shall adopt and promulgate rules to establish specific standards for licensure and registration of licensed early childhood care programs that provide care for children from birth to five years of age. A licensed early childhood care program shall be culturally and linguistically appropriate. “Culturally and linguistically appropriate” means taking into consideration the culture, customs and language of an eligible family.

## New Mexico continued

Type	Provisions	Description
CHI, PWD	N.M. Code R. § 6.31.2.10(E)(1), (3), (6)	Procedural requirements for the assessment and evaluation of culturally and linguistically diverse children with disabilities – each public agency must ensure that tests and other evaluation materials used to assess children are selected, provided and administered so as not to be discriminatory on a racial or cultural basis and are provided and administered in the child’s native language, unless it is clearly not feasible. Each public agency must consider information about a child’s language proficiency in determining how to conduct the evaluation of the child to prevent misidentification. A child may not be determined to be a child with a disability if the determinant factor for that eligibility determination is limited English proficiency. Comparing academic achievement results with grade level peers in the public agency with similar cultural and linguistic backgrounds should guide this determination process and ensure that the child is exhibiting the characteristics of a disability and not merely language difference. Public agencies shall devote particular attention to the foregoing requirements in light of the state’s cultural and linguistic diversity. Persons assessing culturally or linguistically diverse children shall consult appropriate professional standards to ensure that their evaluations are not discriminatory and should include appropriate references to such standards and concerns in their written reports.
AGY, CHI, PWD	N.M. Code R. § 6.31.2.13(E)	Each public agency providing services to children with disabilities must communicate with parents in understandable language, including the parent’s native language unless it is clearly not feasible to do so, if necessary for understanding, in IEP meetings, in written notices and in obtaining consent where consent is required.
HOS, RGT	N.M. Code R. § 7.7.2.19(A)	A list of hospital patient rights and responsibilities shall be available in languages appropriate to the ethnic needs of the community.
MFA, RGT	N.M. Code R. §§ 7.8.2.20(A)(7), 7.8.2.33(A)	Residential adult care facilities shall provide a written description of the legal rights of the residents translated into another language, if necessary.
RGT, TRA	N.M. Code R. § 7.11.2.26(A)(5), (C)	LEP patients have right to obtain assistance in interpretation. All patients’ rights shall be posted in English and Spanish.



## New Mexico continued

Type	Provisions	Description
MFA	N.M. Code R. § 7.20.2.22(B)(3)	Comprehensive behavioral health prevention standards for non-network providers require provider to establish and maintain language appropriate materials and documentation of the process used to select and recruit the target populations served.
CHI, MEN	N.M. Code R. § 7.20.11.18(C)	Child and Adolescent Mental Health Services Community Agencies, as a requirement for certification, shall provide culturally competent services and serve the needs of those clients who are bicultural and/or who are non-English speaking through the use of bilingual/bicultural professional and qualified paraprofessional personnel and translators to meet the clients' communication needs. The agency shall provide public information concerning its services to persons in the community who are non-English-speaking designed to encourage full participation of non-English speaking clients.
MFA, CHI	N.M. Code R. § 7.20.11.22(B)	As a certification requirement for child and adolescent mental health services, the agency shall provide materials in a form understandable to the client and client's legal guardian(s) with consideration of the client's/guardian's primary language.
MFA, CHI	N.M. Code R. § 7.20.11.29(B)(3)(e)	For child and adolescent mental health treatment foster care services a documented match assessment includes treatment foster family's ability to speak the primary language of the client. Treatment foster care shall consider the client's cultural needs in placement and treatment.
MFA	N.M. Code R. § 7.26.5.13(E)(4)	At the inter-disciplinary team meeting for individual with developmental disabilities living in the community, team members shall perform a functional assessment which may evaluate the use of an interpreter as a support.
MEN	N.M. Code R. § 7.26.6.7(H)(1)	Requirements for developmental disabilities community programs includes that a determination of developmental delay is not based on behavior related to cultural or language differences.

## New Mexico continued

Type	Provisions	Description
MEN	N.M. Code R. § 7.26.2.25	Intermediate care facilities for mentally handicap individuals must develop and maintain a record keeping system that includes a separate record for each client which documents the client's health care, active treatment, social information, and protection of the client's rights. As a minimum the client's record must include language(s) spoken and understood and language used in the natural home.
MEN	N.M. Code R. §§ 7.26.7.7(B), 7.26.7.11(B)(2)(a), 7.26.7.12(E), 7.26.7.19(C)	In transition planning for individuals with developmental disabilities, the parent/guardian shall be informed and involved, and planning includes making reasonable scheduling accommodations and providing interpreters as necessary.
EIS	N.M. Code R. § 7.30.8.7(K), (VV)	Family Infant Toddler Early Intervention Services specifies that for "consent" to occur, the parent has been fully informed of all information relevant to the activity for which consent is sought in the parent's native language. "Native Language" means the language or mode of communication normally used by the parent(s) and/or family of an eligible child.
EIS	N.M. Code R. § 7.30.8.9(G)(3)	Early intervention providers may hire, with approval from the Family Infant Toddler Program, service coordinators who do not meet other qualifications but do meet cultural or linguistic needs of the population served.
EIS	N.M. Code R. § 7.30.8.10(C); (F)	Child identification for Family Infant Toddler Early Intervention Services shall be sensitive to issues related to culture, language, and modes of communication. Evaluations shall be administered in the child's native language unless it is clearly not feasible to do so. A determination of developmental delay shall not be based upon behavior related to cultural or language differences.
EIS	N.M. Code R. § 7.30.8.11(A)(2)(b)	Individualized service plans for Family Infant Toddler Early Intervention Services shall be conducted in the native language of the family unless it is clearly not feasible to do so.
EIS	N.M. Code R. § 7.30.8.13(G)	The transition conference for Family Infant Toddler Early Intervention Services shall be conducted in the native language of the family, or other mode of communication used by the family, unless it is clearly not feasible to do so.

## New Mexico continued

Type	Provisions	Description
EIS, TRA	N.M. Code R. § 7.30.8.14(E), (F)	Family Infant Toddler Early Intervention Services notice of identification, evaluation, or provision of appropriate services must be written in language understandable to the general public and provided in the native language or usual mode of communication of the parent(s), unless it is clearly not feasible to do so. If a parent(s)'s language is not a written language, documentation of the procedures used to provide prior notice shall be included in the child's record. The parent(s) shall be fully informed in their native language of all information relevant to the activity for which consent is sought.
AGY	N.M. Code R. § 8.100.130.8 (A)(2)	An Income Support Specialist for the Income Support Division (ISD) will assist in document verification by explaining written information orally in the applicant's language or/and providing an interpreter as needed.
MED, MCO, TRA	N.M. Code R. § 8.308.8.10(A)	All written materials in the New Mexico medical assistance program will be available in English and all languages spoken by approximately five percent or more of the MCO's membership, as determined by the New Mexico Human Services Department (HSD) contracted managed care organization (MCO) or HSD. Upon consent from the appropriate native American tribal leadership, the MCO shall make every effort when a written form is not in the member's native language to translate the form in the member's native language.
MED, MCO	N.M. Code R. § 8.308.8.15	The MCO shall operate a call center with a toll-free phone line to respond to member questions, concerns, inquiries and complaints from a member and his or her provider. The line shall be equipped to handle calls from an individual with limited English proficiency, as well as calls from a member who is hearing impaired.
HEA	N.M. Code R. § 8.100.970.10(G) (2)	The department staff shall provide accommodations for a disability or language or speech interpreter for public assistance program participation hearings in accordance with N.M. Code. R. § 8.100.970.8 (E)(6).

## New Mexico continued

Type	Provisions	Description
PWD, HEA	N.M. Code R. § 8.100.970.8(E)(6)	A claimant participating in a public assistance program may request special accommodations for a disability or that a language or speech interpreter be available during a program fair hearing or agency review conference. An interpreter or special accommodations shall be provided by the department at no cost to the claimant. A request for a language interpreter, a speech interpreter or other disability accommodation must be made within ten (10) days of the date of the fair hearing. If an interpreter or disability accommodations are not requested timely, the claimant can request postponement of the hearing in accordance with state law.
MED, LTC	N.M. Code R. § 8.314.3.13(C)(2)	As part of the Medicaid Medically Fragile Home and Community-Based Services Waiver, private duty nursing care agencies must assure that all nurses delivering services are culturally sensitive to the needs and preferences of the individuals and their families. Based upon the client's individual language needs or preferences, nurses may be requested to communicate in a language other than English.
LTC	N.M. Code R. § 8.315.2.11(B)(1)(a)	The long term care services for the elderly program descriptions shall be written in a culturally competent format at a language level understandable by the participant (sixth grade). The format should be sensitive to the culture and language common to the service area.
HHS	N.M. Code R. § 8.315.4.11(A)(38)	For attendants providing consumer delegated personal care, written competency tests shall make special accommodations for attendants who speak/read/write a language other than English.
HHC	N.M. Code R. § 8.315.4.14(C)(3)	The personal care option services program includes translating/interpreting through qualified persons as a covered support service.
MED, CHI, TRA	N.M. Code R. § 8.320.6.13(I)	Medicaid covers the cost of certain administrative activities that directly support efforts to provide health-related services to Medicaid-eligible children and youth with special education and health care needs. These administrative activities include, assisting in obtaining translation services when necessary to receive health care services.

## New Mexico continued

Type	Provisions	Description
MED, STA	N.M. Code R. § 8.325.3.12(A)(6) (e)	For Medicaid covered sterilization procedures, providers must provide an interpreter if needed to ensure that the recipient understands the information furnished.
MED, WOM, PWD, CHI, MEN	N.M. Code R. §§ 8.326.3.10(C), 8.326.5.10(D), 8.326.6.10(C), 8.326.7.10(C)	Regarding qualifications of Medicaid case managers for pregnant women and their infants, traumatically brain injured adults, for children up to age three, and adult protective services, it can be important that they have language skills, cultural sensitivity and acquired knowledge and expertise unique to the geographic area.
HEA	N.M. Code R. § 8.349.2.10(C)	The Coordinated Service Contractors (CSC) appeals and grievance process shall have available reasonable assistance in completing forms and taking other procedural steps including providing interpreter services and toll-free numbers that have adequate interpreter capability.
LTC	N.M. Code R. § 9.2.23.18	Long-term care facilities shall post a notice in a conspicuous place at the entrance to a room with a monitoring device that a monitoring device is in use. The notice shall be posted at the facility's expense in English and Spanish.
HEA	N.M. Code R. § 13.10.17.10(C)	Information about health insurance grievance procedures must be provided in accordance with cultural and linguistic diversity.
CRD	N.M. Code R. § 16.22.23.8(B)(17)	A psychologist or psychologist associate seeking authority to write prescriptions must document completion of a psychopharmacology training program that demonstrates that it integrates into the training: socio-cultural issues in psychopharmacological treatment, ethno-pharmacology, use of translators, the cultural context of compliance and noncompliance with prescribed medication, creating a culturally appropriate environment to meet patient care treatment and language needs, and working collaboratively with traditional healers.
XXX	N.M. Code R. § 16.63.16.8(D)(2)	Social workers should take steps to ensure clients' comprehension when clients have difficulty understanding the primary language used in the practice setting including providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

## New Mexico continued

Type	Provisions	Description
MCO	N.M. Code R. § 8.308.15.12	The MCO shall provide to its member or his or her authorized representative reasonable assistance in completing grievance forms and completing procedural steps, including but not limited to providing interpreter services and providing toll-free numbers that have adequate TTY/TTD and interpreter capability.
OAA	N.M. Code R. § 9.2.4.11	The department shall divide the state into distinct planning and service areas and will consider distribution of older individuals with limited English proficiency.
OAA	N.M. Code R. § 9.2.1	“Greatest social need” is need caused by noneconomic factors which include physical and mental disabilities; language barriers; and cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that restricts an individual's ability to perform normal daily tasks or which threatens an individual's capacity to live independently.
MEN	N.M. Code R. § 7.21.2.17(E)	The behavioral health entities collaborative (BHE) and providers shall provide effective services to people of all cultures, races, ethnic backgrounds, religions in a manner that respects the worth of the individual and protects the dignity of each individual regardless of the circumstances under which services are sought. (1) The BHE shall develop, implement, evaluate, and update a cultural competency plan for itself and for all network providers to ensure that consumers and their families, including individuals with disabilities, receive covered services that are culturally and linguistically appropriate to meet their needs. (2) The BHE shall ensure that providers have access to specific clinical standards, service approaches, techniques and marketing programs that match an individual's culture to increase the quality and appropriateness of behavioral health care and outcomes.



# New York

Type	Provisions	Description
PRO	N.Y. Educ. Law § 8214(4)	Test for licensure for acupuncture may be given (at the discretion of the department) in English and/or Chinese or other language but nothing requires the department to issue an exam in a language other than English.
DEF	N.Y. Educ. Law § 6829	For the purposes of prescription drugs and standardized medication labeling, LEP individual means an individual who identifies as being, or is evidently, unable to speak, read or write English at a level that permits such individual to understand health-related and pharmaceutical information communicated in English. “Translation” shall mean the conversion of a written text from one language into an equivalent written text in another language by an individual competent to do so and utilizing all necessary pharmaceutical and health-related terminology.
AGY, MEN	N.Y. Mental Hyg. Law § 5.07(b)(2)(j)	The Commissioner of Mental Health shall include in the statewide comprehensive plan for services to persons with mental illness recommendations on the provision of state and local mental health services based on the development of best practices by programs promoting culturally and linguistically competent mental health services.
AGY, MEN	N.Y. Mental Hyg. Law § 7.07(f)	The Office of Mental Health shall establish, and provide technical and financial support to establish two programs promoting culturally and linguistically competent mental health services. The programs, in consultation with the Office’s multicultural advisory committee, shall investigate and report, to the commissioner on a biannual basis, recommendations as to best practices for the delivery of culturally and linguistically competent mental health services to underserved populations affected by disparities due to cultural, linguistic and systemic barriers.

## New York continued

Type	Provisions	Description
AGY, MEN	N.Y. Mental Hyg. Law §§ 7.09(h), 13.09(e)	Office of Mental Health and Office of Mental Retardation and Developmental Disabilities must promulgate rules that address the communications needs of non-English speaking persons and to require facilities to use reasonable means to accommodate language needs.
AGY, OAA	N.Y. Mental Hyg. Law § 7.41(b)(4)	Geriatric demonstration program shall include grants to providers of care to older adults with mental disabilities including programs more effective in recruitment and retention of bi-lingual, bi-cultural or culturally competent staff.
AGY, TRA	N.Y. Comp. Codes R. & Regs. tit. 9, § 8.26	All executive State agencies that provide direct public services shall translate vital documents, including essential public documents such as forms and instructions provided to or completed by program beneficiaries or participants. The translation shall be in the six most common non-English languages spoken by individuals with limited-English proficiency in the State of New York, based on United States census data, and relevant to services offered by each of such agencies. Each such agency shall provide interpretation services between the agency and an individual in his or her primary language with respect to the provision of services or benefits.
AGY, MEN	N.Y. Mental Hyg. Law § 41.47(f)(3)  N.Y. Comp. Codes R. & Regs. tit. 14, § 575.8(c)(3)	Prior to entering into contracts for the provision of community support services, the Office of Mental Health and local governmental units shall consider the current availability of services for mentally ill persons in the area, including the special needs of ethnic minorities and non-English speaking mentally ill persons.
HEA	N.Y. Mental Hyg. Law §§ 81.07(c), 81.09(c)	The order to show cause in a proceeding for an appointment of a guardian shall be written in a language other than English if necessary to inform the person alleged to be incapacitated of his or her rights. The evaluator at the hearing shall determine whether the alleged incapacitated person understands English or only another language, and explaining to the person alleged to be incapacitated, in a manner which the person can reasonably be expected to understand, the nature and possible consequences of the proceeding, the general powers and duties of a guardian, available resources, and the rights to which the person is entitled, including the right to counsel.



## New York continued

Type	Provisions	Description
CHI, PWD, TRA	N.Y. Comp. Codes R. & Regs. tit. 8, § 200.16	Educational programs and services for preschool students with disabilities must conduct initial evaluations with a summary report that includes a detailed statement of the preschool student's individual needs, if any. An approved evaluator shall provide the parent with a copy of the statement and recommendation provided to the committee. Such statement and recommendation including the summary evaluation shall be provided in English and when necessary, in the native language of the parent or other mode of communication used by the parent unless it is not feasible to do so.
EIS, PWD, TRA	N.Y. Pub. Health Law §§ 2544(7), 2549(3)	In the early intervention program for infants and toddlers with disabilities, following completion of an evaluation of the child, the evaluator shall provide the parent with a summary of the full evaluation. To the extent practicable, the summary shall be provided in the native language of the parent. A parent requesting a hearing under this program must be provided a notice including specific information in the native language of such person whenever practicable and, if not, in a manner to ensure notice.
AGY, WOM	N.Y. Pub. Health Law § 2805-p(3)	The Commissioner of Public Health shall develop, prepare and produce or approved informational materials relating to emergency contraception for distribution to and use in all hospitals in the state, that are readily comprehensible and in such varieties and forms as deemed necessary to inform survivors in English and languages other than English.
XXX	N.Y. Pub. Health Law § 2807-g	Health workforce retraining programs require remediation, including preparation in English for speakers or writers of other languages.

## New York continued

Type	Provisions	Description
HOS, PAY	N.Y. Pub. Health Law § 2807-k (9.a) (e)	As a condition for receiving funds from the Indigent Care Pool (funding for private hospitals to provide medical care to uninsured patients), general hospitals shall ensure that application forms are printed in the “primary languages” of patients served by the general hospital. “Primary languages” includes any language that is either used to communicate during at least five percent of patient visits in a year by patients who cannot speak, read, write or understand the English language at the level of proficiency necessary for effective communication with health care providers; or spoken by non-English speaking individuals comprising more than one percent of the primary hospital service area population, as calculated using demographic information available from the United States Bureau of the Census, supplemented by data from school systems.
AGY, CRD	N.Y. Pub. Health Law § 2995-a(1)(o)	The Department of Health shall collect physician profiles, including whether any language services that may be available at the licensee’s primary practice location.
AGY, MCO	N.Y. Pub. Health Law § 4403(5)(b)	When the Commissioner of Public Health evaluates a renewal application for a health maintenance organization license, consideration should include the network’s ability to provide culturally and linguistically competent care to meet the needs of the enrollee population.
HIV, MCO	N.Y. Pub. Health Law § 4403-c(14) (a)(6)	For health maintenance organizations seeking designation a comprehensive HIV special needs plan, the plan must have an annual quality assurance review that includes mechanisms to provide all information to enrollees in clear and coherent terms that are commonly used in a culturally and linguistically appropriate and understandable manner.
MCO	N.Y. Pub. Health Law § 4408(1)(p)	Each subscriber of a health maintenance organization must be provided a description of how the health maintenance organization addresses the needs of non-English speaking enrollees.
MCO	N.Y. Pub. Health Law § 4408-a(2)(c)	Each health maintenance organization shall assure that its grievance procedure is reasonably accessible to those who do not speak English.

## New York continued

Type	Provisions	Description
HOS, TRA	N.Y. Pub. Health Law §§ 206, 2505-a	The Commissioner of the Department of Health requires every maternal health care provider, maternal health care facility and child day care facility, every hospital and birth center distribute at the time of discharge directly to each maternity patient and, upon request, to the general public an informational leaflet concerning crib safety, and it must be made available to hospitals and birth centers by the department on its website and shall be provided in English, as well as the top six languages other than English spoken in the state according to the latest available data from the United States Bureau of Census.
AGY, PRO	N.Y. Pub. Health Law § 281	The Commissioner of the Department of Health, in consultation with the commissioner of education, shall promulgate regulations requiring that prescription forms and electronic prescriptions include a section wherein prescribers may indicate whether an individual is limited English proficient, as defined in section sixty-eight hundred twenty-nine of the education law, and if the patient is limited English proficient, a line where the prescriber may specify the preferred language indicated by the patient. Failure to include such indication on the part of the prescriber shall not invalidate the prescription.
HIV, MCO, MED, MEN	N.Y. Soc. Serv. Law § 364-j(3)(b)(iv), (4)(e)(iv), (4)(p), (22)(e)  N.Y. Comp. Codes R. & Regs. tit. 18, § 360-10.15(a)(3)	In managed care plans, Medicaid recipients shall not be required to participate in and may withdraw from a managed care plan if shown that the participant cannot be served by a managed care provider due to a language barrier. Local social services districts or enrollment organizations through their enrollment counselors shall provide participants with information in a culturally and linguistically appropriate and understandable manner, in light of the participant's language proficiency, sufficient to enable the participant to make an informed selection of a managed care provider. A managed care provider, comprehensive HIV special needs plan and mental health special needs plan shall implement procedures to communicate appropriately with participants who have difficulty communicating in English. And the demonstration program operating in Chemung County must provide adequate services to overcome language barriers for participants.

## New York continued

Type	Provisions	Description
OAA	N.Y. Comp. Codes R. & Regs. tit. 9, § 6651.2(h)(4)(d)(ii)	For programs receiving funding through the Older Americans Act, Community Services, or Expanded In-home Services for the Elderly, “vulnerable” means a deficit of social resources and/or environmental condition including language barriers.
OAA	N.Y. Comp. Codes R. & Regs. tit. 9, § 6654.13(a)-(b)	Information referral and outreach of the Area Agency on Aging shall assure that elderly people have reasonably convenient access to a system of information and referral services to link them to appropriate resources. Any area agency serving an area where a substantial number of elderly people speak a language other than English as their principal language shall assure that outreach services are delivered by workers who are fluent in the language spoken by a predominant number of such elderly people; and designate an individual employed by the area agency on aging, or available to such area agency on a full-time basis. This person’s responsibilities will include: taking appropriate action to assure that counseling assistance is made available to elderly individuals who are of limited English-speaking ability; and providing guidance to individuals engaged in the delivery of supportive services under the area plan to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
OAA	N.Y. Comp. Codes R. & Regs. tit. 9, § 6654.16(a)-(b), (d)(ai)(11)	The Office of Aging requires that expanded in-home services for the elderly (“EISEP”) case management provide screening, assessment, care planning, determining eligibility for program subsidy, arranging and authorizing service delivery, services follow-up and client monitoring, reassessment and discharge to all clients receiving in-home services, ancillary services, or non-institutional respite under EISEP, and each client must be treated with consideration, respect and full recognition of his or her dignity and individuality that shall include the delivery of services in a respectful manner compatible with his/her cultural and religious beliefs, practices and preferred language.

## New York continued

Type	Provisions	Description
HEA	N.Y. Comp. Codes R. & Regs. tit. 9, §§ 9700.2(c), 9720.5(e)	If an applicant/participant of the elderly pharmaceutical coverage program seeks a determination after reconsideration, information must be provided regarding how to get an interpreter for those who do not speak English. In the fair hearing, an applicant/participant has the right to an interpreter, at no charge, if he/she does not speak English although the person must advise the department prior to the hearing if an interpreter will be needed.
EIS, TRA	N.Y. Comp. Codes R. & Regs. tit. 10, § 69-4.8(a)(9)(v), (a)(14)(i)	Regarding an evaluation or screening for early intervention services, to the extent feasible and within the parent's preference and consent regarding disclosure to the interpreter, and within confidentiality requirements, the written and oral summary shall be provided in the dominant language or other mode of communication of the parent. Responsiveness to the cultural background of the family must be a primary consideration in all aspects of evaluation and assessment.
EIS	N.Y. Comp. Codes R. & Regs. tit. 10, § 69-4.11	If the evaluator for an individualized family service plan ("IFSP") is unable to attend the meeting, arrangements must be made for the evaluator's involvement in the meeting, by participating in a telephone conference call, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting and in the dominant language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

## New York continued

Type	Provisions	Description
EIS, TRA	N.Y. Comp. Codes R. & Regs. tit. 10, § 69-4.17(b)(1)(ii), (iii), (g)(7)(ii), (g)(8)(iii)	If there is a suggested change in early intervention programs and services, a notice must be provided in the dominant language of the parents, unless it is clearly not feasible to do so. If the dominant language or other mode of communication of the parent is not a written language, the early intervention official shall take steps to ensure that: the notice is translated orally or by other means to the parent in the parent's dominant language or other mode of communication; the parent understands the notice; and there is written evidence that the requirements of this paragraph have been met. If a parent requests mediation, the parent shall simultaneously be sent a notice which shall include the need for interpretive services, if any. Upon receipt of a request for mediation, the community dispute resolution center shall contact the parent and early intervention official to discuss the need for interpretative services or alternative communication services, if any.
MCO, LTC	N.Y. Comp. Codes R. & Regs. tit. 10, § 98-1.19(c)(4)	Managed Long Term Care Plans' ("MLTCP") marketing materials must include a description of how the MLTCP will meet the informational needs of eligible persons, including those who speak a language other than English as a first language and enable the person to make a voluntary and informed choice.
HOS, RGT	N.Y. Comp. Codes R. & Regs. tit. 10, § 405.7(a)(7)	Under patients' rights, hospitals must provide skilled interpreters and translations of all significant forms to ensure effective communication with all persons receiving treatment regardless of language. Hospitals must designate a Language Assistance Coordinator and develop a Language Assistance Program. Interpreters and translations shall be regularly available for non-English speaking groups comprising more than one percent of a hospital's service area. Interpreters must be available in inpatient and outpatient settings within 20 minutes and in emergency rooms within 10 minutes of a request by the patient, the patient's family or representative, or a health care provider.
HOS	N.Y. Comp. Codes R. & Regs. tit. 10, § 407.7	For primary care and critical access hospitals participating in a rural health network, requirements for skilled interpreters may be met through effective communication within the network including telephone, radio or electronic communications.

## New York continued

Type	Provisions	Description
LTC, TRA	N.Y. Comp. Codes R. & Regs. tit. 10, § 415.3(e)	In nursing homes, residents have the right adequate and appropriate medical care, and to be fully informed by a physician in a language or in a form that the resident can understand, using an interpreter when necessary, of his or her total health status.
MCO	N.Y. Comp. Codes R. & Regs. tit. 10, § 732-2.6(e)(10)	Preferred Provider Organization (“PPO”) handbooks must include a description of how the PPO addresses the needs of non-English speaking claimants.
MEN	N.Y. Comp. Codes R. & Regs. tit. 14, § 503.4(b)(2)(v)	Office of Mental Health hearing notices must include a statement that interpreter services shall be made available, at no charge, to non-English speaking persons or persons with hearing impairments.
AGY, CHI, MEN	N.Y. Comp. Codes R. & Regs. tit. 14, § 507.7(c)(5)	A local government electing to participate in the expanded children’s services program for children with serious emotional disturbance is responsible for accommodating the special needs of ethnic minorities and non-English speaking children and families.
DEF	N.Y. Comp. Codes R. & Regs. tit. 14, § 511.4	Cultural and linguistic competence means the ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by a patient to a health care or behavioral health care encounter.
MEN	N.Y. Comp. Codes R. & Regs. tit. 14, § 511.5	Providers of mental health services must receive prior approval by written designation of the Office of Mental Health to provide any or all of the following Early and Periodic Screening, Diagnostic and Treatment (“EPSDT”) services including crisis intervention services are available to a child or a member of his/her family who is experiencing a behavioral health crisis event, and are designed to interrupt and/or ameliorate the crisis event, include an assessment that is culturally and linguistically competent.
MEN	N.Y. Comp. Codes R. & Regs. tit. 14, § 572.2(b)	Section 7.09 of the Mental Hygiene requires the Commissioner of the Department of Health to promulgate regulations to address the communications needs of non-English-speaking individuals seeking or receiving services in facilities operated or licensed by the Office of Mental Health.

## New York continued

Type	Provisions	Description
FAM, MEN, MFA	N.Y. Comp. Codes R. & Regs. tit. 14, § 527.4	No mental health facility may deny care and treatment to, or otherwise discriminate against, persons who are non-English speaking, deaf or hard-of-hearing. Each facility shall facilitate access to services by persons who are non-English speaking. In addressing the communication needs of persons who are non-English speaking, each facility shall take reasonable steps to ensure that the overall quality and level of services are equal to that made available to all other recipients; necessary steps are taken to provide information in appropriate languages; the timely availability of interpreters is provided, when necessary for effective communication; persons serving as interpreters are sufficiently competent to ensure effective communication. Such interpreters may include, but are not limited to, facility staff, community volunteers or contractors. In no event shall recipients be charged for the use of interpreter services. A recipient's family member or significant other may serve as an interpreter for the recipient if the recipient and family member/significant other agree to the arrangement, the arrangement is clinically appropriate, and the recipient has been informed of the option of using an alternative interpreter identified by the facility. Providers shall not predicate service delivery on the use of family members or significant others as interpreters. Plans of treatment or services developed for persons who are non-English speaking, or who, for any cause, are unable to read or write, shall identify any significant related impact on such persons' functioning and treatment, and identify associated recommendations for treatment, including any reasonable accommodations.
MEN	N.Y. Comp. Codes R. & Regs. tit. 14, § 575.8(c)(3)	Prior to entering into contracts for the provision of community support services, the Office of Mental Health and the local governmental unit shall consider the current availability of services for seriously and chronically mentally ill individuals in the area, including the special needs of ethnic minorities and non-English speaking mentally ill individuals.



## New York continued

Type	Provisions	Description
CHI	N.Y. Comp. Codes R. & Regs. tit. 14, § 587.5(e)(2)(iii)	In a county with 3% or more of the projected population of children in New York State, the criteria for inclusion as a designated interim specialty clinic out-patient treatment program serving children includes all licensed clinic treatment programs primarily serving physically handicapped or non-English speaking children.
MEN, MFA	N.Y. Comp. Codes R. & Regs. tit. 14, § 590.10(g)	If at least one percent of the general population of the catchment areas served by the comprehensive psychiatric emergency program has a primary language other than English, it shall ensure the availability of individuals who are fluent in that language.
MEN, MFA	N.Y. Comp. Codes R. & Regs. tit. 14, § 595.6(i)	In residential homes for adults under the Department of Mental Health, the provider of service shall establish mechanisms to ensure provision of reasonable accommodations and services which are relevant to the cultural, language and ethnic backgrounds of residents.
HEA, MEN, MFA	N.Y. Comp. Codes R. & Regs. tit. 14, § 602.2(c)(1)(iv)	The Office of Mental Health and Developmental Disabilities hearing procedures require provision of notice that interpreter services are available for non-English speaking witnesses or parties, at no charge, upon written request within a reasonable time prior to any scheduled hearing.
AGY, FAM	N.Y. Comp. Codes R. & Regs. tit. 14, § 633.4(15)	No facility operated or owned by the Office of Mental Retardation and Developmental Disabilities shall deny care and treatment to or otherwise discriminate against non-English speaking people. Facilities shall facilitate access to services by non-English speaking persons by providing information in appropriate languages and providing competent interpreters free of charge. Discourages using family members as interpreters.
CON	N.Y. Comp. Codes R. & Regs. tit. 14, §§ 633.16(b)(13)(e) (iv), 633.99	Information about planned interventions must be presented in a manner that permits a knowledgeable evaluation and decision to be made. It must be presented in simple terms, in whatever language the party giving informed consent reads or understands most easily and clearly (e.g., English, Spanish, Mandarin), and in whatever manner he or she understands most easily and clearly. Consent, when given by a surrogate, should only be given if, in doing so, this will be in the person's best interest and takes into consideration, to the extent possible, the person's opinions, beliefs and wishes.

## New York continued

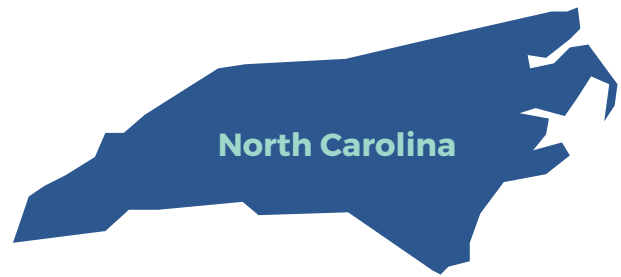
Type	Provisions	Description
AGY, MEN	N.Y. Comp. Codes R. & Regs. tit. 14, § 671.6(b)(3)	The Office of Mental Retardation and Developmental Disabilities shall verify in both the service planning and service delivery aspects, that the provider of community residential habilitative services has respected the person's cultural and language needs and has attempted to ensure that the person's primary language or means of communication has been used to facilitate learning and understanding.
AGY, MEN	N.Y. Comp. Codes R. & Regs. tit. 14, § 679.4(p)	The Office of Mental Retardation and Development Disabilities shall verify that each clinic treatment facility (a facility that primarily services people with developmental disabilities) has made persons served at the facility aware of certain information in a person's primary language and/or in a manner that facilitates communication and understanding.
CON, MEN, TRA	N.Y. Comp. Codes R. & Regs. tit. 14, § 679.4(11)	Intermediate care facilities for individuals with intellectual disabilities, all information required to be conveyed by the requirements of this section shall be communicated in whatever language or method is appropriate to ensure understanding by the individual and/or the individual's parent, guardian, spouse, adult child, or other adult family member. That is, the agency/facility personnel responsible for obtaining informed consent shall use the language, whether spoken or written, that the individual/party is most comfortable using and most clearly understands.
MFA, TRA	N.Y. Comp. Codes R. & Regs. tit. 14, §§ 690.5(b)(2)(x) (c), 690.6(p), (q)	In treatment facilities for individuals with developmental disabilities, each person admitted and his/her correspondent must informed orally and in writing in the correspondent's primary language prior to admission, of all services available, personal items provided by the facility, and the financial charges which may be incurred by him or her for these services. The Office of Mental Retardation and Developmental Disabilities must verify this occurred.

## New York continued

Type	Provisions	Description
CHI	N.Y. Comp. Codes R. & Regs. tit. 14, § 823.1	This regulation contains requirements applicable to rehabilitative health and behavioral health services available to children/youth, up to age 21 and their families through the federal Early Periodic Screening, Diagnostic and Treatment (“EPSDT”) program in New York. The services defined herein focus on preventing the need for more restrictive placement settings and higher intensity services, by increasing culturally and linguistically appropriate, trauma informed services provided in the most integrated setting possible. Providers must be certified to provide such services when medically necessary and recommended by a practitioner of the healing arts.
MCO	N.Y. Comp. Codes R. & Regs. tit. 18, § 360-10.17(b)(3)	For Medicaid managed care programs that elect to restrict primary care provider (“PCP”) changes, an enrollee nevertheless has good cause to change PCPs at any time if the enrollee and provider are not able to communicate due to a language barrier or other impediment to communication.
MCO	N.Y. Comp. Codes R. & Regs. tit. 18, § 360-10.9(g)	Medicaid Managed Care Organization (“MMCO”) plans shall prepare a marketing/outreach plan. Marketing/outreach plans that must include a description of how the MMCO will meet the informational needs of eligible persons including those who speak a language other than English as a first language and marketing/outreach materials are to be made available in the other languages.
MFA	N.Y. Comp. Codes R. & Regs. tit. 18, §§ 487.4(q), 488.4(l), 490.4(s)	If an adult care facility applicant/resident is sight-impaired or hearing-impaired or otherwise unable to comprehend English or printed matter, the operator shall arrange for conduct of the interview and transmission of the contents of the admission agreement, the statement of rights and responsibilities and facility information in a manner comprehensible to the applicant.
MFA	N.Y. Comp. Codes R. & Regs. tit. 18, §§ 487.9(a)(13), 488.9(a)(10), 490.9(a)(11), 491.13(b)	Adult care facility employees who have direct contact with residents must be able to speak, read and write English, and speak the predominant language of residents.

## New York continued

Type	Provisions	Description
MFA	N.Y. Comp. Codes R. & Regs. tit. 18, § 489.3(b)(5)	The operator of a family-type home for adults (private homes that provide an atmosphere of family living for adults who are unable to live on their own) must be able to speak, read and write English.
CON, MED, STA	N.Y. Comp. Codes R. & Regs. tit. 18, § 505.13(e)(2)(C)	Medicaid payment for sterilization is only available when the patient provides informed consent which requires an interpreter be provided if the individual to be sterilized did not understand the language used on the consent form or the language used by the person obtaining consent.
HHC	N.Y. Comp. Codes R. & Regs. tit. 18, § 505.14(f)(2)(ii)(c) (1)	In assigning personal care attendants, the agency providing services must consider the patient's cultural background and primary language.
AGY, CHI	N.Y. Comp. Codes R. & Regs. tit. 18, § 508.4(d)	Each local social services district must ensure that procedures are in place in the district for informing persons who cannot understand the English language about the Child and Teen Health Plan services and benefits.
HEA	N.Y. Comp. Codes R. & Regs. tit. 18, §§ 519.8(c), 519.2(c), 519.16	For hearings involving providers, a person has a right to an interpreter, at no charge, if the appellant does not speak English and cannot afford one (the appellant must advise the department prior to the hearing if an interpreter will be needed).



# North Carolina

Type	Provisions	Description
AGY, PUB, STA, TRA, WOM	N.C. Gen. Stat. § 90-21.83	The Department of Health and Human Services shall provide a woman with information including the following: public and private agencies and services available to assist her through pregnancy, upon childbirth, and while the child is dependent. The materials also must include information designed to convey accurate scientific information about the unborn child at various gestational ages including medical risks. The Department shall publish all information in English and in each language that is the primary language of at least 2% of the State's population.
HOS, MCO, MEN, MFA	N.C. Gen. Stat. § 108D-14	Any state or Medicaid funded local management entities and managed care organizations shall provide the enrollee with interpreter services for completing grievances and appeals.
AGY, HEA, RGT	N.C. Gen. Stat. § 108D-15	The Office of Administrative Hearings has jurisdiction over a dispute concerning a managed care action and the enrollee has a right to an interpreter during the hearing process.
MEN, TRA	N.C. Gen. Stat. § 115C-109.1	The parent handbook of procedural safeguards for the education of children with developmental disabilities shall be written in the native language of the parent unless it clearly is not feasible to do so.
AGY, TRA	N.C. Gen. Stat. § 115C-109.5 (b)	The local educational agency shall provide prompt written notice to parents whenever that agency proposes to initiate or change, or refuses to initiate or change the identification, evaluation, or educational placement of a child, or the provision of a free appropriate public education to a child with a disability. This prior written notice shall be in the native language of the parents, unless it clearly is not feasible to translate it.

## North Carolina continued

Type	Provisions	Description
AGY, OAA, HEA	10A N.C. Admin. Code 5C.0304(b) (4)	Notice of Area Agencies on Aging (“AAA”) public hearings must be posted in languages other than English when appropriate.
HOS, RGT	10A N.C. Admin. Code 13B.3302(14)	Patient’s Bill of Rights - a hospital patient who does not speak English shall have access, when possible, to an interpreter.
FAM, HOS	10A N.C. Admin. Code 13B.5503(e) (3)	Hospitals providing living organ donation transplant services must provide non-English speaking candidates with a non-family interpreter who understands the donor’s language and culture.
AGY, MED, TRA	10A N.C. Admin. Code 23C.0201	Requiring the county department of social services to obtain or verify eligibility information when an applicant is unable to speak English.
AGY, PUB	10A N.C. Admin. Code 48B.0401(b) (6)	The local health department shall assure that information disseminated reflects the cultural and linguistic character of the local population as required by Title VI of the Civil Rights Act.
AGY, PUB	10A N.C. Admin. Code 48B.0801(b) (2)	The local health department shall take actions to include linguistically and culturally representative persons in planning and implementing programs intended to reach underserved population groups.
AGY, PUB	10A N.C. Admin. Code 48B.1201(b) (2)	The local health department shall have services that are accessible to persons with limited proficiency in the English language.
AGY, CRD, TRA	10A N.C. Admin. Code 46.2504(b)	The Board of Pharmacy requires patient counseling to be provided by a registered pharmacist, which includes the effective communication of information to maximize the proper use of medications, devices, and medical equipment. Counseling may be conducted by the provision of printed information in a foreign language if requested by the patient or representative.
CRD, PRO	21 N.C. Admin. Code 63.0509(b)	A social worker may list foreign languages spoken in announcing availability for professional services.

# North Dakota

Type	Provisions	Description
STA, TRA	N.D. Cent. Code § 14-02.1-02.1(1)	<i>Abortion Control Act:</i> The state department of health shall publish in English and every other language that the department determines is the primary language of a significant number of state residents' materials on, among other, available adoption services and fetal development at two-week intervals.
XXX	N.D. Cent. Code § 23-28-02(1)	A person who is unable to communicate coherently or effectively in the English language is authorized and encouraged to wear an identifying device.
INT	N.D. Cent. Code § 43-52-01	In defining occupations and professions, "interpreter" means an individual who engages in the practice of interpreting; "interpreting" means the translating or transliterating of English concepts to any necessary specialized vocabulary used by a consumer or translating of a consumer's specialized vocabulary to English concepts and includes oral interpreting; "nationally recognized certification" means certification granted by a national organization that is based on a skills assessment of the applicant.

## North Dakota continued

Type	Provisions	Description
INT	N.D. Cent. Code § 43-52-03(1)-(5), (10)	ND Regulations regarding interpreters do not prevent or restrict nonresident interpreters from working in this state not more than nineteen days per year; an interpreter working at a religious activity; an interpreter working as a volunteer without compensation; an interpreter working in an emergency (an emergency is a situation in which the consumer decides that the length of time needed to obtain a licensed interpreter is likely to cause injury or loss to the consumer); the activities and services of an interpreter intern or student-in-training enrolled in a program of study in interpreting at an accredited institution of higher learning; interpreting under the supervision of a licensed interpreter as part of a supervised program; and identified as an interpreter intern or student-in-training; an individual who has successfully completed an accredited interpreter training program from interpreting without certification for a period of up to two years from the date of completion of the program if, during that period, the individual is mentored by a trained mentor who is either a certified interpreter or a deaf adult.
PWD	N.D. Cent. Code § 50-06.5-01(8)(d)	"Independent living services" services and assistance may include interpreter and reading services.
INS	N.D. Cent. Code § 26.1-36-46	An insurance company, nonprofit health services corporation, or health maintenance organization is deemed to provide an effective and relevant notice in a culturally and linguistically appropriate manner with respect to any applicable non-English language if the insurance company, nonprofit health services corporation, or health maintenance organization provides, upon request, a notice in any applicable non-English language and a statement prominently displayed in any applicable non-English language clearly indicating how to access the language services provided by the insurance company, nonprofit health services corporation, or health maintenance organization. With respect to an address in any United States county to which such notice is sent, an applicable non-English language means that at least ten percent of the population residing in the county is literate only in the same non-English language as determined in guidance issued under federal law.



## North Dakota continued

Type	Provisions	Description
XXX	N.D. Admin. Code 75.5-02-06.1-01(3)(b)	When clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers shall take steps to ensure clients' comprehension.



# Ohio

Type	Provisions	Description
CRD, LTC	Ohio Admin. Code 3701:18-22(C)-(D), 3701:18-25(D)	For nurse's aides, the competency evaluation and performance demonstration shall be given in English, except that if the individual is working in a long-term care facility in which the predominant language of the residents is other than English, the examination may be taken orally at that facility in the predominant language used in the facility. To take the examination or performance demonstration component of the test in a foreign language, there is an interpreter assistance fee of no more than \$50. per registrant, unless the facility provides an interpreter who agrees to follow testing protocol and signs all affidavits regarding security.
EIS	Ohio Admin. Code 3701:8-01 (CC)	For the Help ME Grow Program, "Native language" means the language normally used by an individual or family.
XXX	Ohio Admin. Code 4757:-5-02(B)(3)	In instances when clients are unable to read or understand the consent to counseling document or have trouble understanding the primary language contained in the informed consent document, social workers shall take steps to ensure the client's comprehension including providing a detailed verbal explanation or arranging for a qualified interpreter or translator as needed.
MED	Ohio Admin. Code 5101:1-2-01(J)(2)	During application for Ohio works first, disability financial assistance, and refugee cash assistance, an interpreter must be provided at no cost to LEP individuals.
MED	Ohio Admin. Code 5160:1-2-01(E)(1)	Upon a request for assistance or receipt of a Medicaid application, the administrative agency shall provide an interpreter at no charge to an individual with limited English proficiency and, when available, provide applications and important forms or brochures in the individual's language.

## Ohio continued

Type	Provisions	Description
	Ohio Admin. Code 5160:1-2-01(E)(1)	During the redetermination process, an interpreter must be provided at no charge to individuals with limited English proficiency.
MED	Ohio Admin. Code 5160:1-1-01(B)(29)	Defines factors for “good cause” as circumstances that reasonably prevented an individual from cooperating with the administrative agency in the eligibility determination process and includes linguistic limitations of the individual.
EPS	Ohio Admin. Code 5160:1-2-15(D)(1)(c)	The County Department of Jobs and Family Services must have suitable procedures for informing consumers or caretakers who do not understand English of the EPSDT program, Healthcheck.
MED, MCO	Ohio Admin. Code 5160-26-01(CC)	"Oral translation services" for Medicaid managed health care plans (MCP) means services provided to LEP consumers to ensure that they receive MCP information translated into the primary language of the consumer.
MED, MCO	Ohio Admin. Code 5160-26-02.1(D)(3)(e)(vi)	Membership termination from the Medicaid MCP for just cause includes if the primary care physician (PCP) selected by a member leaves the MCP's panel and was the only available and accessible PCP speaking the primary language of the member, and another PCP speaking the language is available and accessible in another MCP in the member's service area.
MED, MCO	Ohio Admin. Code 5160-26-08.4(I)(c)	Medicaid MCPs must provide a toll-free call-in system with oral translation services.
MED, MCO	Ohio Admin. Code 5160-26-05.1(A)(10)	Medicaid managed care plans' subcontracts must include requirements that subcontractors identify and where indicated arrange (pursuant to the mutually agreed upon policies and procedures) for oral interpretation and oral translation services at no cost to the member.

## Ohio continued

Type	Provisions	Description
MED, MCO	Ohio Admin. Code 5160-26- 05.1(A)(10)	Mutually agreed upon policies and procedures between the Managed Health Care Program (MCP) and provider that explain the provider's obligation to provide oral translation, oral interpretation, and sign language services to the MCP's members include: the provider's responsibility to identify those members who may require such assistance; the process the provider is to follow in arranging for such services to be provided; information that members will not be liable for the costs of such services; and specification of whether the MCP or the provider will be financially responsible for the costs of providing these services.
MED, MCO	Ohio Admin. Code 5160-26- 08.3(13-14)	All written member information provided by MCP must be available at no cost to the member and in the prevalent non-English languages of members in the MCP's service area. The MCP shall assure that that oral interpretation and oral translation services are available at no cost to members.
MED, MCO	Ohio Admin. Code 5160-26- 08.4(l)(c)	The MCP grievance procedure shall provide an oral interpreter and oral translation services and access to the grievance system through a toll-free number with interpreter capability.
MED, MEN	Ohio Admin. Code 5160-40-01 (F)(3), App. A.	The Medicaid Home and Community Based Services "individual options waiver program" benefit package includes interpreters. Interpreters are paid \$12./15 minutes or \$48/hour.
MED, MFA	Ohio Admin. Code 5122-7-02(E) (3)(ii)	For regional psychiatric hospitals, if a client is unable to read or speaks a language other than <b>standard English</b> as a primary means of communication, the list of client rights shall be explained to them by providing interpreters, readers or appropriate communication devices or other assistance.
HOS, MEN	Ohio Admin. Code 5122:14 10(B) (9)	Psychiatric hospitals shall provide qualified interpreters to patients for whom English is not the primary language and their families at no charge and shall do training of direct care staff and treatment team members in issues relating to barriers to traditional English communication.
HOS, MEN	Ohio Admin. Code 5122:14-11(G)	Psychiatric hospitals must ensure that patient and family education incorporates interpreters.

## Ohio continued

Type	Provisions	Description
MEN	Ohio Admin. Code 5122:24-01(B)(3)	<p>The Department of Mental Health certification requires that programs have the ability for persons served to enter, approach, communicate with, or make use of the services of an agency, including the need for bilingual staff.</p> <p>“Accessibility” means the ability for persons served to enter, approach, communicate with, or make use of the services of an agency, including but not limited to the need for bilingual staff, minority-specific programming, staffing patterns that reflect community demographics and adequacy of hours of operation.</p>
MEN	Ohio Admin. Code 5122:26-06(D)(7)(d), (8)(c)	Mental health service agencies must have a written personnel policies and procedures, including a staff orientation program with training on sensitivity to cultural diversity and training to ensure culturally competent provision of service..
MEN	Ohio Admin. Code 5122:26-17(C), (D)(1)	Mental Health Services Agencies shall providing assistance, as appropriate according to the person’s needs, at no additional cost to persons served, to persons requesting or receiving services, and their families or significant others, who speak a language other than English as a primary means of communication. Other assistance to be provided according to the needs of persons served include interpreters fluent in the first vernacular language of the person served, and with demonstrated ability and/or certification; services provided by a professional who is able to communicate in the same vernacular language as the person served; and referral to a service that provides interpreters. The Mental Health Services Agencies shall provide culturally sensitive and responsive treatment planning and service delivery. Minimum criteria for acceptability of services shall include, but not be limited to sensitivity to ethnic and cultural differences among people.
MEN	Ohio Admin. Code 5122:29-22(C)(2)	Mental health services provided by agencies funded by community mental health boards shall ensure access and availability for persons whose primary means of communication is a language other than English.

## Ohio continued

Type	Provisions	Description
MFA	Ohio Admin. Code 5122:29-28(B)	Intensive home-based treatment services must be culturally, ethnically, racially, and linguistically appropriate, and respect and build on the strengths of the child and family's race, culture, and ethnicity.
MED	Ohio Admin. Code 5160-58-08.4(B)(3)	Regarding appeals and grievances for MyCare Ohio Medicaid appeals and grievances, notices of action shall explain that oral interpretation is available for any language, written translation is available in prevalent non-English languages as applicable, and written alternative formats may be available as needed. Notices of action shall explain how to access the interpretation and translation services as well as alternative formats that can be provided by the MyCare Ohio plan. When so directed by the Ohio Department of Medicaid, the notice of action shall be printed in the prevalent non-English languages of members in the MCOP's service area.
INS	Ohio Admin. Code 3901-8-16(D)(1)(d)	Issuers must make a reasonable effort to provide assistance to individuals with limited English proficiency or disabilities with respect to accessing the provider directory or directories.
HOS	Ohio Admin. Code 5160-2-07.17(D)(3)	Hospitals receiving payment under Chapter 5168 must publish notices specifying the rights of persons with incomes at or below the federal poverty line to receive, without charge to the individual, basic, medically necessary hospital-level services at the hospital. Such notices must be printed in English and other languages that are common to the population of the area serviced.
MED	Ohio Admin. Code 5160-21-02.2	For Medicaid covered sterilization services, an interpreter must be provided if the individual to be sterilized did not understand the language used on the consent form or the language used by the person obtaining consent.
MED, LTC	Ohio Admin. Code 5123:2-14-01(E)(5)	Preadmission screening for developmental disabilities evaluations shall be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated.
MEN	Ohio Admin. Code 5122-30-22.1(E)(1)	Each resident of Class 1 or Class 2 mental health facility has the right to be verbally informed of all resident rights in language and terms appropriate for the resident's understanding, prior to or at the time of residency, absent a crisis or emergency.

# Oklahoma

Type	Provisions	Description
STA	Okla. Stat. tit. 63, § 1-738.2(A)(1)(e)	No abortion may be performed unless the patient is informed of certain information, and nothing may be construed to preclude the provision of the required information in a language understood by the woman through an interpreter.
WOM	Okla. Stat. tit. 63, § 1-738.10(a)	Publication of a specified statement regarding agencies available to assist a woman through pregnancy, childbirth, and while child is dependent, in English and in each language which is the primary language of two percent (2%) or more of the population of the state.
STA	Okla. Stat. tit. 63, § 1-746.3	State Board of Medical Licensure and Supervision shall cause to be published, in English and in each language which is the primary language of two percent (2%) or more of the population of the state, printed materials including geographically indexed materials designed to inform the female who has been told her unborn child has a fetal anomaly incompatible with life of public and private agencies and services available to her which offer perinatal hospice and palliative care if she chooses to continue her pregnancy.
AGY, OAA	Okla. Stat. tit. 63, § 1-879.2(5)	The Alzheimer's Research Advisory Council shall recommend specific innovation service delivery models that address the unique needs of multi-cultural populations, including but not limited to ethnic sensitive practices, and culturally relevant programming.
XXX	Okla. Stat. tit. 63, § 2553(A)	A person who is unable to communicate coherently or effectively in the English language is authorized and encouraged to wear an identifying device (to include, for example, the person's name, type of medical condition, physician's name and other medical information).

## Oklahoma continued

Type	Provisions	Description
PUB	Okla. Stat. tit. 63, § 6701(C)	If the public health authority has reason to believe there are large numbers of people of the state who lack sufficient skills in English to understand information of a declared or terminated state of catastrophic health emergency, the authority shall make reasonable efforts to provide the information in the primary languages of those people as well as in English.
PUB	Okla. Admin. Code § 310:566-3-1(7)	Breast and Cervical Cancer Early Detection Program shall include the systematic design and delivery of clear and consistent messages about breast and cervical cancer and the benefits of early detection, using a variety of methods and strategies to reach priority populations. Outreach activities should work toward the removal of barriers to care including interpreter services.
RGT	Okla. Admin. Code § 310:667 3 3(3)	Establishes a patients' right to make informed decision about medical treatment; requires that information be presented in their own language if they do not speak English.
HOS, MFA	Okla. Admin. Code § 317:30-5-96.2	In in-patient psychiatric facilities, routine services includes interpreter services.
HOS	Okla. Admin. Code §§ 317:30-5-276(c), 317:30-5-281	In fee-for-service, coverage for children include outpatient psychotherapy services includes use of an interpreter.
AGY	Okla. Admin. Code § 340:1-11-8(a), (b)	The Department of Human Services collects and maintains LEP data showing the extent to which these individuals are beneficiaries of and participants in its programs. The data should alert the Department to suspect situations where there is a relatively low rate of minorities participating or where these groups do not appear to be receiving equal benefits and services. The OCR administrator should use this data-to set investigative priorities.



## Oklahoma continued

Type	Provisions	Description
AGY, TRA	Okla. Admin. Code § 340:1-11-10(a), (c)(1)	The Department provides, at no charge, interpreter services for DHS clients, applicants, and employees with limited English proficiency to overcome language barriers and provide equal access and equal opportunity to participate in DHS services and employment. Each county office or facility maintains a list of employees and members of the community available to provide interpreter services. The list designates the interpreter's name, contact number, and language. In areas where the client population served by a program is 5% or more non-English speaking, a formalized procedure for bilingual services and literature in the respective language must be provided.
AGY, RGT	Okla. Admin. Code § 340:2-3-55(c)(4)	The Department of Human Service' Client Bill of Rights poster should be posted in conspicuous view of the public in all department offices and facilities. Applicants and recipients of benefits and services administered by the Department have the right to have benefits and services explained in native language, if not able to understand English.
HEA	Okla. Admin. Code §§ 340:2-5-44(g)(3), 340:2-5-73(h)(2)	In fair hearings in which a party is assisted by an interpreter, an oath shall be administered by the hearing officer to the interpreter. (The form used for the oath consists of: "Do you solemnly swear (or affirm) that you will truthfully translate from English into (state the other language) the questions about to be asked, and from (state the other language) into English the answers about to be given in the case to the best of your ability.")
MED, EPS	Okla. Admin. Code. § 340:70-9-5(a)	For mandatory outreach for Medicaid EPSDT program, special arrangements must be provided for those persons who do not read and/or understand English, including informing them of available services through face-to-face contact. When necessary, the social services specialist arranges for the assistance of a second-language translator.
OAA	Okla. Admin. Code §§ 340:105-10-38(a)(3), (c)(3) (D), 340:105-10-3	The Area Agency on Aging (AAA) shall target certain groups for special consideration including persons with limited English speaking ability. This includes including sources of minority and bilingual professionals in recruitment efforts for AAA staff positions, such as recruitment announcements in publications with large minority readership, or recruitment announcements at minority colleges and universities.

## Oklahoma continued

Type	Provisions	Description
OAA	Okla. Admin. Code § 340:105-10-54(a)(3)	Supportive services include language services to assist older persons with limited English speaking ability to obtain services.
OAA	Okla. Admin. Code §§ 340:105-10-58(a)(5), 340:105-10-60(c)(3)	Under programs pursuant to the Older American Act (Title III), all individuals age 60 years of age and older are eligible to receive outreach services. Special targeting objectives are developed to reach individuals, including those with limited English speaking ability, and should include utilizing outreach workers who are fluent in the language of such individuals when a substantial number of such persons reside in the planning and service area.
HEA	Okla. Admin. Code § 450:15-7-14(6)	When conducting investigations, if the Office of Consumer Advocacy (Department of Mental Health and Substance Abuse) needs to interview a person who is non-English speaking, the Office shall arrange interpreter services by an independent and qualified interpreter.
MEN	Okla. Admin. Code §§ 450:17-21-3, 450:55-17-3(a)(8)	For community mental health services and staff of assertive community treatment programs, required annual staff in-service training must include cultural competence.
AGY	Okla. Admin. Code § 612:1-13-4(6)	The Department of Rehabilitation will, in areas where there are significant numbers of non-English speaking minorities, communicate its policy, including complaint rights, in the appropriate languages.
TRA, AGY	Okla. Admin. Code § 612:1-13-8	If the client population served by a program under the Department of Rehabilitation is 5% or more non-English speaking, a formalized procedure for bilingual services and literature in the respective language must be provided.
PWD	Okla. Admin. Code § 612:10-11-42(c)	Under the program providing independent living services for older individuals who are blind, interpreter services may be provided to individuals who do not speak English. The Department of Rehabilitation Services Commission determines the rate of pay for interpreter services.



# Oregon

Type	Provisions	Description
AGY	Or. Rev. Stat. § 413.259	Creates in the Oregon Health Authority the patient centered primary care home program. This program includes authority establishing learning collaborative with state agencies, private health insurance carriers, third party administrators, patient centered primary care homes and behavioral health homes to share best practices for maximizing the utilization of patient centered primary care homes and behavioral health homes by individuals enrolled in medical assistance programs, including culturally specific and targeted outreach and direct assistance with applications to adults and children of racial, ethnic and language minority communities and other underserved populations.
AGY	Or. Rev. Stat. § 413.260	The Oregon Health Authority, in collaboration with health insurers and purchasers of health plans including the Public Employees' Benefit Board, the Oregon Educators Benefit Board and other members of the patient centered primary care home learning collaborative and the patient centered primary care home program advisory committee, shall, among other things, develop, test and evaluate community-based strategies that utilize community health workers to enhance the culturally competent and linguistically appropriate health services provided by patient centered primary care homes in underserved communities.
AGY	Or. Rev. Stat. § 413.450	The Oregon Health Authority shall approve continuing education opportunities relating to cultural competency, including numerous opportunities for cultural or linguistic immersion, application of linguistic skills to communicate effectively with patients from diverse cultures, groups and communities, and using cultural information to establish therapeutic relationships.

## Oregon continued

Type	Provisions	Description
AGY, INT	Or. Rev. Stat. §§ 413.550 – 413.558	Creates the Oregon Council on Health Care Interpreters to educate and train health care interpreters and establish training, assessment, qualification and certification standards. Legislative Assembly institutes policies to require use of certified or qualified health care interpreters whenever possible to ensure the accurate and adequate provision of health care to persons with limited English proficiency and to persons who communicate in sign language.
AGY	Or. Rev. Stat. §§ 414.635, 414.651	The Oregon Health Authority shall adopt by rule safeguards for members enrolled in coordinated care organizations that protect against underutilization of services and inappropriate denials of services. Each member must have access to advocates, including qualified peer wellness specialists, peer support specialists, personal health navigators, and qualified community health workers who are part of the member's care team to provide assistance that is culturally and linguistically appropriate to the member's need to access appropriate services and participate in processes affecting the member's care and services. Coordinated care organizations also shall work to provide assistance that is culturally and linguistically appropriate to the needs of the member to access appropriate services and participate in processes affecting the member's care and services.
PAY	Or. Rev. Stat. § 414.760	The Oregon Health Authority shall provide reimbursement in the state's medical assistance program for services provided by patient centered primary care homes and behavioral health homes. The authority may reimburse patient centered primary care homes and behavioral health homes for interpretive services provided to people in the state's medical assistance programs if interpretive services qualify for federal financial participation.
MEN	Or. Rev. Stat. § 427.154	The Oregon Health Authority shall ensure that each individual receiving support services for adults under the Developmental Disability Services Program has an active role in choosing the services, activities and purchases that will best meet the individual's needs and preferences and to express those choices verbally, using sign language or by other appropriate methods of communication.

## Oregon continued

Type	Provisions	Description
CHI	Or. Rev. Stat. § 430.272	The Director of the Oregon Health Authority shall develop education resources focusing on the problem of inhalant abuse by minors. Materials shall be in English and in such other languages as may be commonly used in this state. Merchants shall be encouraged to post signs in languages other than English if English is not the primary language of a significant number of the patrons of the business.
RGT, MEN	Or. Rev. Stat. § 430.535	The Oregon Health Authority shall, subject to the availability of funds, develop bilingual forms to assist non-English-speaking persons in understanding their rights under Oregon status for mental health and developmental disabilities.
WOM, TRA	Or. Rev. Stat. § 435.205(3)	Any family planning materials and birth control information produced by the health department and offered in counties in which a significant segment of the population does not speak English shall be made available in the appropriate language for that segment of the population.
AGY	Or. Rev. Stat. §§ 442.820(2)(a), 442.835, Notes § (4)(g)(D)	The Oregon Patient Safety Commission shall develop a patient safety reporting systems for adverse events, including the frequency and types of serious adverse events associated with language barriers or ethnicity.
INS	Or. Rev. Stat. § 743B.250(1)(q)	All insurers offering a health benefit plan must furnish to all enrollees either directly or, in the case of a group policy, to the employer or other policyholder for distribution to enrollees written general information including description of any assistance provided to non-English-speaking enrollees.
INS	Or. Rev. Stat. § 746.115	An insurer or licensee who advertises in a language other than English is not required to provide an insurance policy in any language other than English so long as the advertisement states clearly that the policy that is purchased is available only in English. Advertisements regarding an insurance policy in languages other than English may not be construed to modify the policy in the event of a dispute over the provisions of the policy.

## Oregon continued

Type	Provisions	Description
AGY	Or. Admin. R. 309-019-0175	Programs approved and designated as culturally specific programs shall ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery; consider race, ethnicity, and language data in measuring customer satisfaction; and ensure that grievance processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints.
AGY	Or. Admin. R. 309-019-0300	Outpatient behavioral health crisis line services provider must include 24/7 bi-lingual or interpreter availability.
CON, TRA	Or. Admin. R. 309-114-0010	Procedures for Obtaining Informed Consent and Information to be given: The person from whom informed consent to a significant procedure is sought shall be given information, orally and in writing, the substance of which is to be found on the treating physician's or psychiatric nurse practitioner's informed consent form. In the case of medication, there shall be attached a preprinted information sheet on the risks and benefits of the medication listed on the treating physician's or psychiatric nurse practitioner's form. All written materials under this rule will be provided in English. However, if the institution has reason to believe a patient has limited English language proficiency or the patient requests it, then the institution will make reasonable accommodations to provide the patient with meaningful access to the information, such as providing the patient with copies of the materials in the patient's native language if the materials are readily available in that language or providing the opportunity to have an interpreter orally translate written materials into the patient's native language. Specific information about significant procedures of a similar class will not be provided to or discussed with the patient.

## Oregon continued

Type	Provisions	Description
MEN, CON, TRA	Or. Admin. R. 309-114-0020	Good cause for involuntary administration of significant procedures to persons requires that if the institution has reason to believe a patient has limited English language proficiency or the patient requests it, the institution will make reasonable accommodations to provide the patient with meaningful access to the informed consent process, such as providing the patient with the opportunity to have an interpreter orally translate written materials into the patient's native language and provide translation during the treating physician's or psychiatric nurse practitioner's attempts to obtain informed consent and the medication educator's attempt to provide information about the significant procedure.
INT	Or. Admin. R. 333-002-00000230	Establishes standards for registry, enrollment, qualification and certification of health care interpreters.
MED, FAM, TRA	Or. Admin. R. 333-004-0060(4), 333-010-0130(3), 333-010-0225(16-18)	<p>Providers in the Medicaid family planning extension program must ensure that all services, support and other assistance are provided in a manner that is responsive to language of the individuals who are receiving services. The provider should employ bilingual-bicultural staff, personnel or volunteers skilled or certified in the provision of medical and clinical interpretation during all clinic encounters for clients with limited English proficiencies or who otherwise need this level of assistance. All persons providing interpretation services must adhere to confidentiality guidelines. The provider must assure the competency of language assistance provided to limited English proficiency clients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services, unless requested by the client. All print, electronic and audiovisual materials should be appropriate in terms of the client's language and literacy level. A client's need for alternate formats must be accommodated.</p> <p>Same provisions are applied for the breast and cervical cancer screening and diagnostic services and WiseWoman program screening and services.</p>

## Oregon continued

Type	Provisions	Description
RGT, HIV	Or. Admin. R. 333-022-1150(5)	Applicants and clients of CareAssist services receive language assistance services, including access to translation and interpreter services at no cost if the individual has limited English proficiency. The same right applies for HIV Case Management clients.
RGT, HIV	Or. Admin. R. 333-022-2080(3)(c)	An agency can authorize supportive services for HIV case management for linguistics services (meaning interpretation and translation services).
XXX	Or. Admin. R. 333-700-0090	Licensing requirements of renal dialysis centers requires all consent forms in the medical record document that the information was provided in such a way that acknowledges the patient's individual language and special needs.
MED, MFA	Or. Admin. R. 410-010-0080(9)	For Medicaid residential programs, if there is a barrier to treatment (Including cultural or language), the program shall provide: individuals capable of assisting the program to minimize barriers; or referral to an agency capable of providing the necessary services.
MED	Or. Admin. R. 410-120-0045	Providers enrolled with the Oregon Health Authority can apply for Medicaid reimbursed service of assisting patients applying for public or private health coverage offered by Oregon and the Oregon Health Insurance Exchange. After sites indicate willingness to assist, the application assister shall provide information to applicants about public medical programs and private insurance products so each applicant can make an informed choice when enrolling into a health insurance product. Language interpreters or interpreter services or referrals must be provided if requested by applicants including linguistically and culturally appropriate materials.
MED, MCO	Or. Admin. R. 410-141-0220(1)(b)(A), (7)(a-c)	Medicaid prepaid health plans (PHPs) must develop an access plan that identifies populations in need of interpreter services. Plans must also have written policies to communicate with and provide care to Medicaid recipients where no adult communicates in English and provide or ensure the provision of qualified interpreter services for medical, mental health, or dental visits, including home health. Interpreters shall be linguistically appropriate, be capable of communicating in English and the primary language of the LEP individual, be able to translate clinical information effectively, and shall be culturally appropriate, i.e., demonstrating both awareness for and sensitivity to cultural differences.



## Oregon continued

Type	Provisions	Description
MED, MCO	Or. Admin. R. 410-141-0261(2)(a), 0262(2)(a), 0263(2)	PHPs must provide Medicaid members with any reasonable assistance to file a complaint or appeal including providing interpreter services and toll free phone numbers that have adequate interpreter capabilities. Notices of action must comply with the language requirements in federal Medicaid managed care regulations.
MED, MCO	Or. Admin. R. 410-141-0320(2)(w)	Medicaid PHP members have the right to receive interpreter services as defined in OAR 410-141-0220.
MED	Or. Admin. R. 410-141-3015 (15), (19)	As part of the certification criteria for Coordinated Care Organizations (CCOs), applicants will assure that members have a choice of providers within the CCO's network, including providers of culturally and linguistically appropriate services.
MED, MCO	Or. Admin. R. 410-141-3160(23)	A Managed Care Entity (MCE) shall demonstrate that participating providers have the tools and skills necessary to communicate in a linguistically and culturally appropriate fashion with members and their families or caregivers and to facilitate information exchange between other providers and facilities (e.g., addressing issues of health literacy, language interpretation, having electronic health record capabilities).
MED, MCO	Or. Admin. R. 410-141-3220(9)	<p>Managed Care Entities' (MCEs) policies and procedures shall provide certified or qualified interpreter services by phone, in person, in MCE administrative offices, especially those of member services and complaint and grievance representatives, and in emergency rooms of contracted hospitals.</p> <p>MCEs shall ensure the provision of certified or qualified interpreter services for covered coordinated care services including medical, behavioral health, or dental care (when the MCE or DCO is responsible for dental care) visits, and home health visits to interpret for members with hearing impairment or in the primary language of non-English speaking members. All interpreters shall be linguistically appropriate and be capable of communicating in English and the members' primary language and be able to translate clinical information effectively. Interpreter services shall be sufficient for the provider to understand the member's complaint, make a diagnosis, respond to member's questions and concerns, and communicate instructions to the member.</p>

## Oregon continued

Type	Provisions	Description
MED, MCO, TRA	Or. Admin. R. 410-141-3280(11- 12), 3300	<p>MCEs shall develop informational materials for potential members in their service area that meet the language requirements as identified in this rule. Materials shall be culturally and linguistically appropriate and be sensitive to people with disabilities or reading limitations, including those whose primary language is not English. MCE's shall honor requests made by other sources such as potential members, potential family members, or caregivers for language accommodation, translating to the potential member's language needs as requested. Alternate formats shall be provided and may include but are not limited to braille, large (18 point) print, audio narration, oral presentation, and electronic file along with other aids and services for other disabilities, including sign language interpretation and sighted guide.</p> <p>MCEs shall ensure that all staff who have contact with potential members are fully informed of MCE and Authority rules applicable to enrollment, disenrollment, complaint and grievance policies and procedures, the availability of free qualified or certified health care interpreters in any language required by the member including American Sign Language, and the process for requesting auxiliary aids or alternative format materials, which participating providers have bilingual capacity, which providers offices/facilities are accessible and have accommodations for people with physical disabilities, including offices, exam rooms, restrooms and equipment and are accepting new members.</p> <p>MCEs also are required to have mechanisms to help members understand requirements and benefits of plans that are culturally and linguistically appropriate. Member materials must be made available in prevalent non-English languages. Requests to translate written materials into prevalent non-English languages served by the MCE must be accommodated.</p> <p>MCEs must notify that oral interpretation is available free of charge for any language, and written information is available in prevalent non-English languages.</p>

## Oregon continued

Type	Provisions	Description
MED	Or. Admin. R. 410-141-3320(k), (p)	CCO members are entitled to receive assistance in navigating the health care delivery system and in accessing community and social support services and statewide resources including but not limited to the use of certified or qualified health care interpreters advocates, community health workers, peer wellness specialists, and personal health navigators who are part of the member's care team to provide cultural and linguistic assistance appropriate to the member's need to access appropriate services and participate in processes affecting the member's care and services; receive certified or qualified health care interpreter services.
CHC	Or. Admin. R. 410-147-0020(5)	Federally qualified health centers (FQHCs) and rural health clinics (RHCs) cannot bill oral interpreter services as a stand-alone service since they are professional services included in a clinic's all-inclusive PPS encounter rate. Clinics must report this service as an allowed administrative program cost on a cost statement for calculating a clinic's PPS encounter rate.
CHC	Or. Admin. R. 410-147-0080(7)	For federally qualified health centers (FQHCs) and rural health clinics (RHCs), PHPs are responsible to ensure the provision of oral interpreter services for covered medical, mental health or dental care visits, for their enrolled Medicaid members who are non-English speaking.
OAA	Or. Admin. R. 411-045-0040(2), (3)(b), 0070(1), (2)	The Program of All-inclusive Care for the Elderly (PACE) will provide informational and marketing materials that are culturally sensitive and are in the appropriate languages for each substantial population of non-English speaking PACE applicants and participants. PACE programs will provide or ensure the provision of qualified interpreter services for covered medical, mental health or dental care visits, including home health visits and after hours emergency calls for non-English speaking participants. And PACE programs must ensure all staff in contact with program participants are fully informed of program policies, including the provision of language interpreter services including providers who have bilingual capacity.
OAA	Or. Admin. R. 411-045-0080(3)(b)(B), (E)	PACE programs must have written policies including the standards for the provision of interpretive services after office hours and written procedures and trained staff to communicate with hearing impaired PACE participants via TDD/TTY or Relay Service, and with limited English proficient PACE participants.

## Oregon continued

Type	Provisions	Description
OAA	Or. Admin. R. 411-045-0110(4)(v)	PACE participants have the right to receive interpreter services.
INS, TRA	Or. Admin. R. 836-053-1033	<p>All notices and communications required to be provided by an insurer to enrollees must be provided in a manner that is culturally and linguistically appropriate. For purposes of this section, an insurer is considered to provide relevant notices in a culturally and linguistically appropriate manner if the plan or issuer meets all the following requirements with respect to the applicable non-English languages (those for which ten percent or more of the population residing in the county is literate only in the same non-English language.) The plan or issuer must provide oral language services (such as a telephone customer assistance hotline) that include answering questions in any applicable non-English language and providing assistance with filing claims and appeals (including external review) in any applicable non-English language.</p> <p>The plan or issuer must provide, upon request, a notice in any applicable non-English language.</p> <p>The plan or issuer must include in the English versions of all notices, a statement prominently displayed in any applicable non-English language clearly indicating how to access the language services provided by the plan or issuer.</p>
INS, TRA	Or. Admin. R. 836-053-1190(2)(e)	An insurer offering managed health insurance or preferred provider organization insurance must submit an annual summary of information including whether the insurer's provider directory and updates to the directory disclose which providers are fluent in languages other than English and, if so, what languages are available.

# Pennsylvania

Type	Provisions	Description
AGY	35 Pa. Cons. Stat. Ann. § 449.8(c)(1)(iii)	The Health Care Cost Containment Council shall undertake a study of the number and characteristics of the medically indigent population, including by racial or linguistic characteristics, and the changes in these characteristics including the needs and problems of indigent persons who are members of racial or linguistic minorities.
MCE, RGT, TRA	35 Pa. Cons. Stat. Ann. § 449.36(c)	Health care practitioners who treat non-English speaking Medicare beneficiaries must post translated signs of patients' rights supplied by Pennsylvania's Bureau of Professional and Occupational Affairs.
MCO, INS,	40 Pa. Cons. Stat. Ann. § 991.2136(a)(5)	A managed care plan must provide a description of how it addresses the needs of non-English-speaking enrollees.
AGY, INS	40 Pa. Cons. Stat. Ann. § 991.2305-A(a)(3)	The Insurance Department, in consultation with appropriate Commonwealth agencies, shall coordinate the development of an outreach plan to inform potential contractors, providers and enrollees regarding eligibility and available benefits. The plan shall include provisions for reaching special populations, including nonwhite and non-English-speaking children.

## Pennsylvania continued

Type	Provisions	Description
CRD, HHC, OAA, RGT, TRA	6 Pa. Code § 11.9(b)	Older adult daily living centers shall post the list of client rights in English and other predominant language of the community in a prominent place within the center. The program director/administrator shall ensure that client rights are explained to each client and responsible party orally in a language understood by the client and responsible party Under 6 Pa. Code § 11.3 an adult daily living center is a premises operated for profit or not-for-profit in which older adult daily living services are simultaneously provided for four or more clients who are not relatives of the operator for part of a 24-hour day. Older adult daily living services--Services provided or arranged to assist in meeting the needs, including personal care, social, nutritional, health and educational needs, of clients. These are provided, as appropriate for each client, through a planned program of social, educational, recreational, therapeutic, rehabilitative, habilitative and developmental activities. The term does not include services provided for persons whose needs are such that they can only be met in a long-term care facility on an inpatient basis receiving professionally supervised nursing care and related medical and other health services.
CRD, HHC, OAA	6 Pa. Code § 11.19(b)(1)	Older adult daily living center operators shall develop and implement civil rights policies and procedures including nondiscrimination in the provision of services, admissions, placements, facility usage, referrals and communications with clients who are non-English speaking.
CRD, HHC, OAA	6 Pa. Code § 11.193(1)(iii)	Older adult daily living centers' client records must include the language or means of communication spoken or understood by the client and the primary language used in the client's natural home, if other than English.
OAA	6 Pa. Code § 35.3	For Area Agency on Aging advisory councils, "greatest social need" includes the need caused by non-economic factors which include language barriers and cultural or social isolation including that caused by racial or ethnic status.

## Pennsylvania continued

Type	Provisions	Description
MCO, TRA	28 Pa. Code § 9.702(a)(5)	As part of a managed care plan's complaint and grievance process, a plan shall have a toll-free telephone number for an enrollee to use to obtain information regarding the filing and status of a complaint or grievance and make reasonable accommodations to enable non-English speaking enrollees to secure the information.
MCO, TRA	28 Pa. Code § 9.705(b)	Managed care plans shall make staff available to record an oral grievance for an enrollee who is unable by reason of disability or language barrier to file a grievance in writing.
HOS, TRA	28 Pa. Code § 101.165	When it is substantiated that the regular patient population of the hospital contains a foreign language speaking population for whom the language barrier constitutes a service disadvantage, the hospital should have a roster of bilingual personnel or volunteers, or both, and post bilingual signs and have other printed materials, such as hospital handbooks, medical care instructions and follow-up care, readily available.
HOS, RGT	28 Pa. Code § 103.22(b)(14)	In both general and special hospitals, patients who do not speak English should have access, where possible, to an interpreter according to the Patient's Bill of Rights.
HOS, TRA	28 Pa. Code § 119.5(e)	For outpatient services, where there are language barriers between patients using the services and the personnel providing those services, it is desirable to provide interpreters or make other arrangements to facilitate effective communication between the patients and the hospital staff. Under 28 Pa. Code § 119.1, outpatient services are provided by a hospital or indirectly through a contract between the hospital and other organizations or individuals through alternative, innovative organization approaches.
LTC, RGT	28 Pa. Code § 201.29(n)	Upon admission, nursing homes must make arrangements to communicate patients' rights to non-English speaking residents or resident's responsible person.

## Pennsylvania continued

Type	Provisions	Description
RGT, TRA, XXX	28 Pa. Code § 553.12(b)(13)	Ambulatory surgical facilities shall establish a patient's bill of rights that includes access to an interpreter for non-English speaking patients where possible. Under 28 Pa. Code § 551.3 an ambulatory surgical facility is a (i) A facility or portion thereof not located upon the premises of a hospital which provides specialty or multispecialty outpatient surgical treatment. (ii) This does not include individual or group practice offices of private physicians or dentists, unless the offices have a distinct part used solely for outpatient surgical treatment on a regular and organized basis. For the purposes of this provision, outpatient surgical treatment means treatment to patients who do not require hospitalization, but who require constant medical supervision following the surgical procedure performed.
INS, TRA	31 Pa. Code § 59.13	Each insurer shall assure that the notice relating to notice of cancellation or refusal to renew shall be given to each policyholder affected. In the event the insurer, or its agent, knows or has reason to believe that any policyholder will be unable to read such notice, the insurer shall assure that the notice is communicated to the policyholder by an appropriate foreign language equivalent or oral communication in a language understood by the policyholder.
CON, PAY, STA	55 Pa. Code §§ 1126.55(b)(5), (c)(3), 1141.55(b)(5), (c)(3), 1163.60(b)(5), (c)(3), 1221.55(b)(5), (c)(3)	Payment for covered sterilization procedures is made to a physician, hospital, clinic, or emergency services only if the individual gives informed consent through an offered language interpreter, if necessary, and another witness or the interpreter signs the consent form.
MED, WOM,	55 Pa. Code § 1140.41(12)	Providers that contract with Medicaid's Healthy Beginnings Plus program must ensure use of qualified interpreters for each non-English speaking patient.
HEA, LTC, OAA	55 Pa. Code Part III, Ch. 1181, Appendix N(I)(B) (1)	Patient's Bill of Rights - a hospital patient who does not speak English shall have access, when possible, to an interpreter.



## Pennsylvania continued

Type	Provisions	Description
AGY, OAA,	55 Pa. Code § 2050.33(5)	For services through the Adult Services Block Grant, Providers shall make appropriate arrangements, including but not limited to the use of interpreters if necessary, to communicate with non-English speaking applicants and clients. Under 55 Pa. Code § 2050.3, a provider is a public agency, private organization, or individual who has been designated by the county commissioners or county executive to provide adult services or to determine and re-determine the eligibility of persons for adult services.
CHI, CON, MFA	55 Pa. Code § 3800.31(b)	For child residential and day treatment facilities, each child and parent and, if applicable, the child's guardian or custodian, shall be informed of the child's rights, the right to lodge grievances, and applicable consent to treatment protections relating to consent to treatment, in an easily understood manner, and in the primary language or mode of communication of the child, the child's parent and, if applicable, the child's guardian or custodian.
CHI, MFA	55 Pa. Code § 3800.243(1)(iv)	Child residential and day treatment facilities client record must include the language or means of communication spoken and understood by the child and the primary language used by the child's family, if other than English.
EIS,	55 Pa. Code § 4226.5	Definitions of early intervention services includes "native language" which is the language or mode of communication normally used by the parent of a child. If the parent is deaf or blind, or has no written language, the mode of communication is that normally used by the parent (such as sign language, Braille or oral communication).
AGY, MEN	55 Pa. Code § 4226.62(1), (2)	Each county mental health/mental retardation program shall adopt nondiscriminatory procedures for the evaluation and assessment of children and families that ensure, at a minimum, that tests and other evaluation materials and procedures are administered in the native language of the parent, unless it is clearly not feasible to do so; and assessment and evaluation procedures and materials are selected and administered so as not to be racially or culturally discriminatory.

## Pennsylvania continued

Type	Provisions	Description
EIS,	55 Pa. Code § 4226.72(d)(2)	Individualized family service plan meetings shall be conducted in the native language of the parent, unless it is clearly not feasible to do so. Under 55 Pa. Code § 4226.5, an individualized family service plan (“IFSP”) is a written plan for providing early intervention services to an infant or toddler with a disability and the infant or toddler’s family. Early intervention services are any developmental services that: are provided under public supervision, are designed to meet the developmental needs of each eligible child and the needs of the family, are selected in collaboration with the parents, are provided by qualified personnel, are provided in conformity with an individualized family service plan.
CON, EIS, TRA	55 Pa. Code § 4226.92(a)(1)	For early intervention services, the parent shall be fully informed of all information relevant to the activity for which consent is sought, in the parent’s native language.
EIS, TRA	55 Pa. Code § 4226.95(c)(2), (d)	Notices regarding early intervention services shall be provided in the native language of the parent, unless it is clearly not feasible to do so. If the native language of the parent is not a written language, the county mental health/mental retardation program shall take steps to ensure that the notice is translated orally or by other means to the parent in the parent’s native language, the parent understands the notice, and written evidence that the requirements of this subsection have been met is maintained in the child’s record.
AGY, CRD, MEN	55 Pa. Code § 5230.52(j)	The Psychiatric Rehabilitation Services agency shall have trained staff available or other accommodations to address the language needs of an individual.
MFA	55 Pa. Code §§ 6400.34(b)(1), 6500.34(b)(1)	Community residential homes for individuals with mental retardation and family living homes shall develop and implement civil rights policies and procedures including nondiscrimination in the provision of services, admissions, placement, use of the home, referrals and communication with non-English speaking and nonverbal individuals.
MFA	55 Pa. Code §§ 6400.213(1)(iii), 6500.182(1)(iii)	For community residential homes for individuals with mental retardation and family living homes, client records must include the language or means of communication spoken or understood by the individual and the primary language used in the individual’s natural home, if other than English.

# Rhode Island

Type	Provisions	Description
CRD	5 R.I. Gen. Laws § 37-9.2(a)(6)(viii)	As a part of physician licensing and profiling, the identification of any language translating services that may be available at the physician's primary practice location; subject to the limitation, that a statement is included in the profile indicating that these services may be temporary and that the physician's office should first be contacted to confirm the present availability of language translation shall be reported to the board.
CRD	5 R.I. Gen. Laws § 37.2-10(4)	An applicant for examination for a license to practice acupuncture and Oriental medicine or any branch of acupuncture and Oriental medicine, shall pay any fees required by the department for an investigation of the applicant or for the services of a translator, if required, to enable the applicant to take the examination.
STA, CON, TRA	23 R.I. Gen. Laws § 4.7-5(c)	<i>Informed Consent for Abortion:</i> In cases where the woman does not understand English, either the consent form shall be written in a language understood by her, or the person informing her shall certify on the consent form that in his or her opinion, the information required to be given has been given in a manner as to be understandable by her; if an interpreter is used, the interpreter shall be named and reference to that use shall be made on the consent form.

## Rhode Island continued

Type	Provisions	Description
HOS, HHC, LTC, MFA	23 R.I. Gen. Laws § § 17-2(6), (11), (15), 31-4  R.I. Code R. § 18-040-005	For health care facilities (institutional health service provider, facility or institution including hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, rehabilitation and convalescent home, health maintenance organizations, emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization) "non-English speaker" means a person who cannot speak or understand, or has difficulty in speaking or understanding, the English language, because he/she uses only or primarily a spoken language other than English. "Qualified interpreter" means a person who, through experience and/or training, is able to translate a particular foreign language into English.
HOS; LTC	23 R.I. Gen. Laws § 17-47; 31-4  R.I. Code R. § 18:4.5(I)	Health care facilities shall require all persons who examine, observe, or treat a patient or resident of the facility to wear a badge which indicates fluency in sign language other than English, if any.
HOS, TRA	23 R.I. Gen. Laws § 17-52; 31-4  R.I. Code R. § 18:4.9(D)(2)	As a condition of licensure, hospitals shall provide the department of health's concern line number to all patients and staff through posted notices in conspicuous places throughout the hospital. The notices shall be written in English and in, at minimum, the three (3) most common foreign languages used by the patients served by each hospital as determined by the hospital.
LTC, RGT	23 R.I. Gen. Laws § 17.5-18.	Nursing home residents' rights shall devolve for residents who are found to exhibit a communication barrier. If however, the communication barrier is one of speaking a language other than English, then an attempt shall be made to find an interpreter to allow the resident to knowingly exercise his or her rights.
HOS, INT	23 R.I. Gen. Laws § 17 54	Hospitals, as well as freestanding emergency care facilities, as a condition of initial and continuing licensure, must provide a qualified interpreter, if an appropriate bilingual clinician is not available, for all services provided to every non English speaker who seeks treatment and is not accompanied by a qualified interpreter; persons under age sixteen are not qualified interpreters. A notice will be posted to that effect in English and, minimally, the three most other common languages, as determined by the hospital.

## Rhode Island continued

Type	Provisions	Description
LTC	23 R.I. Gen. Laws § 17.5 18(3)	Nursing homes serving non-English speaking patients must attempt to find interpreters to allow patients to exercise their rights.
HOS, LTC	23 R.I. Gen. Laws § 17.27 4(c)	Discharge plan for patient will, when providing instructions or training to a caregiver, in non-technical language and in the caregiver's native language.
AGY	23 R.I. Gen. Laws § 64.1-5(a)(4)	Commission for Health Advocacy and Equity is empowered to advise and provide information to governor and the general assembly on the state's policies concerning the health of populations in the state experiencing racial, ethnic, cultural, socio-economic or linguistic disparities in health status, as well as evaluate policies, procedures, activities, and resource allocations to eliminate health status disparities among racial, ethnic and linguistic populations in the state.
AGY	23 R.I. Gen. Laws § 72-3	Department of Health shall prepare consumer's mercury alert notice to be provided for free to professional medical offices that provide gynecological, obstetrical gynecological, obstetrical or pediatric care and in the patient or client areas of all maternal and child health and nutrition programs, who shall post the notice in all patient areas and nutrition programs. The notice will be printed in large type in English, Spanish, and other languages in which persons commonly doing business with such offices can understand.
RGT	23 R.I. Gen. Laws § 74-14(a)	Unlicensed health care client bill of rights: Reasonable accommodations shall be made for those clients who do not read or speak English to inform them of the unlicensed health care client bill of rights.
AGY	23 R.I. Gen. Laws § 8-3.1	Contingent on funding, a health care planning and accountability advisory council is established and appointed no later than September 30, 2011, to develop and promote recommendations on the health care system. Among five (5) consumer representatives to be considered are individuals from organizations representing the minority community who have an understanding of the linguistic and cultural barriers to accessing health care in Rhode Island.

## Rhode Island continued

Type	Provisions	Description
AGY	28 R.I. Gen. Laws § 57-13	The department of labor and training shall develop and implement a multilingual outreach program to inform employers, employees, parents, and persons who are under the care of a health care provider about the availability of paid sick and safe leave time under this chapter. This program shall include the distribution of notices and other written materials in English and in all languages spoken by more than five percent (5%) of Rhode Island's population and any language deemed appropriate by the department to all child care and elder care providers, domestic violence shelters or victim services organizations, schools, hospitals, community health centers, and other health care providers.
MED, WOM	2 R.I. Gen. Laws § 12.3-3(e)	The Department of Human Services shall provide enhanced services, as appropriate, to pregnant women eligible for Medicaid, including interpreter services.
MEN	42 R.I. Gen. Laws § 72.7-6(4)	The coordinated, individualized, appropriate child and family driven system of care pilot program services are to be culturally and ethnically competent and service effectiveness is to be assessed considering cultural and ethnic competence.
AGY, INS	42 R.I. Gen. Laws § 14.6-4	The health insurance commissioner and the secretary of the executive office of health and human services shall convene a patient-centered medical home collaborative. The care coordination payments under this shall be consistent across insurers and patient-centered medical homes and shall be in addition to any other incentive payments such as quality incentive payments. In developing the criteria for care coordination payments, the commissioner shall consider the feasibility of including the additional time and resources needed by patients with limited English-language skills, cultural differences, or other barriers to health care. The commissioner may direct the collaborative to determine a schedule for phasing in care coordination fees.

## Rhode Island continued

Type	Provisions	Description
HOS, HHC, LTC, MFA, TRA	2-3 R.I. Code R. §§ 4.01; 4.06; 4.07; 4.08 (definition of “health care facility – 23 R.I. Gen. Laws § 17-2(6))	All private licensed health care facilities (institutional health service provider, facility or institution including hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, rehabilitation and convalescent home, health maintenance organizations, emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization) in the state must comply with the following Services and Admission Standards: Outreach - Have an effective and ongoing means of communicating, advertising and outreach to the non-English speaking persons who reside in the facility's geographical service area. Written Information - Have all written pertinent information, such as notices, patient instructions; translated and printed in a variety of languages for the non-English reading persons who reside in the area that the health care facility services. Interpreters - Have an effective and ongoing means of interpreting and verbally communicating with non-English speaking persons who reside in the facility's geographical service area. This may be accomplished by the availability of a bilingual person, or a formal agreement with an agency who provides interpreter services.
INS	R.I. Code R. § 11-5-23:VI Section 2	When addressing health benefit contracts, each insurer shall instruct its agents that such agents must ascertain whether each applicant is able to read and understand the English language. When questions or answers on such application are written in English and the applicant is unable to read and/or understand English, the agent must read or interpret or have someone else interpret all questions and answers in such manner that they could reasonably be expected to be understood by the applicant.
MEN, CHI	R.I. Code R. § 14-3-151:II-A(2), II-D	The provider for Mental Health Emergency Service Interventions for Children, Youth and Families shall publicize the service throughout their service delivery area including in languages other than English in diverse communities. The Provider ensures all staff have knowledge of culture-specific services, the linguistic capacity of community services and the ability to work effectively with an interpreter of sign language and/or spoken language.

## Rhode Island continued

Type	Provisions	Description
HOS	R.I. Code R. § 31-4-9:11.3(h), (i)	Hospitals shall post public 'Notice of Hospital Financial-Aid' in Emergency Departments, admission areas, outpatient care areas and on the hospital's website and shall make this notice available in other languages in accordance with the applicable "Standards for Culturally and Linguistically Appropriate Services in Health Care".
MED	R.I. Code R §§ 39-3:0300.01(B) (2); 30-05-2.9; 30-05-2.30	Medicaid coverage includes interpreter services. Medicaid office can take into account language needs when identifying primary care providers for automatic assignment.
AGY	R.I. Code R. § 39-9:0900.10	The Department of Health and Human Service's Administration for Children and Families sets forth requirements that limit eligibility for refugee social services and targeted assistance, with the exception of referral and interpreter services, to refugees who have been in the U.S. for 5 years or less.
OAA	R.I. Code R. § 40-00-5.3.3(H), (I), 5.8.2(D)	Certification of Case Management Agencies in the Department of Elderly Affairs must demonstrate the capacity to communicate (orally and in writing) and work effectively with non-English speakers within its service area and multiple community and cultural settings with people of different races, ethnicities, languages and religions. The agency must distribute and explain the consumer bill of rights to all consumers (or their representatives, families) staff, and volunteers in the appropriate language.





# South Carolina

Type	Provisions	Description
INS. TRA	S.C. Code Ann. § 38-61-60(A)	If an insurer advertises an insurance policy, or the availability of a foreign language informational sheet, or the availability of a translation of an insurance policy in a language other than English, the insurer only needs to provide an English written insurance policy, so long as the advertisement clearly states that the insurance policy is only available in English.
MEN	S.C. Code Ann. §§ 44-22-60(A), 44-26-150(A)	Before or when admitted to a mental health facility or mental retardation residential program, a patient or his guardian or parent must be provided with an explanation, in terms and language appropriate to the person's ability to understand, of the rights of the patient while under the care of the facility.
MEN	S.C. Code Regs. 36-21(B)(4), (F)(1), (O)(2)	Psycho-educational Specialists shall fully inform parents and students about all relevant aspects of services in advance, taking into account language and cultural differences so that the explanation may be understood by the student, parent, or guardian. Psycho-educational Specialists shall not engage in or condone practices that discriminate against clients based on native language. Psycho-educational Specialists Listings in telephone directories shall include foreign languages spoken.
MED	S.C. Code Regs. 114-1020(J)(4)(a)	The applicant or recipient for public assistance shall provide necessary information and documentation of his eligibility for assistance, unless he is unable to do so because of language barriers at which point the agency may take the initiative to secure such information.

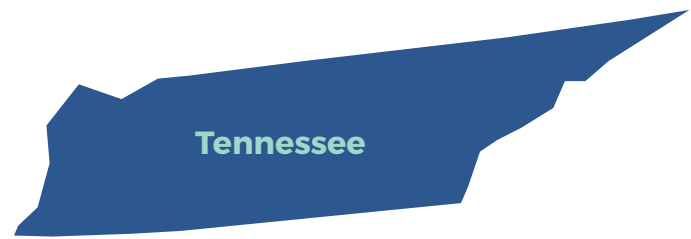
# South Dakota

Type	Provisions	Description
INT	S.D. Codified Laws § 1-36A-12	The Department of Human Services may establish qualifications for interpreters serving in medical settings.
RGT	S.D. Codified Laws § 27A-12-3.6	A person in a mental health facility has the right to be provided with a reasonable explanation, in terms and language appropriate to such person's condition and ability to understand, of the treatment plan.
AGY, TRA	S.D. Codified Laws § 34-23A-10.3	The health department shall publish, in culturally sensitive languages, information about fetal development and organizations to assist in pregnancy.
EIS, TRA	S.D. Admin. R. 24:14:11:04(5)	Early intervention screening instruments must be culturally sensitive and administered in the native language or mode of communication of the family unless it is clearly not feasible to do so.
EIS, TRA	S.D. Admin. R. 24:14:12:04(1), (2), 13:03(5)	Tests and other early intervention evaluation materials and procedures for children and their families must be administered in the native language of the parents or other mode of communication unless it is clearly not feasible to do so. Any assessment and evaluation procedures and materials that are used must be selected and administered so as not to be culturally discriminatory. Individual family service plan meetings must be conducted in settings and at times that are convenient to families and in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.
CON, EIS, TRA	S.D. Admin. R. 24:14:14:01.01(1)	For early intervention programs, consent means that the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication.

## South Dakota continued

Type	Provisions	Description
EIS, TRA	S.D. Admin. R. 24:14:14:04	Prior notice must be given to the parents of a child eligible for early intervention services in written language understandable to the general public and provided in the native language of the parents unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the service coordinator shall ensure that notice is translated orally or by other means to the parent in the parent's native language or other mode of communication.
EIS, TRA	S.D. Admin. R. 24:14:15:03	Early intervention services contractors may provide notification of rights by any means that is likely to inform the parents of their rights and that will effectively notify parents of children who have a primary or home language other than English.
OAA	S.D. Admin. R. 67:40:01:15	An individual is eligible to receive service through the office of adult services and aging if, along with other criteria, the individual is at least 60 years old and has a language barrier, or is isolated culturally to such an extent that it restricts the individual's ability to perform normal daily tasks or threatens the individual's capacity to live independently.

# Tennessee



Type	Provisions	Description
HOS, MEN, MFA	Tenn. Code Ann. § 33-4-105(a)	Upon admission of a person with mental illness, serious emotional disturbance, or developmental disability to a hospital, developmental center, or other residential service, the chief officer shall provide the person a written statement outlining in simple, non-technical language all release procedures and all other rights. The chief officer shall have the service recipient informed in language understood by the service recipient, including the service recipient's native language or sign language if appropriate. The chief officer also shall provide the written statement to the person's parent, legal guardian, legal custodian, conservator, spouse or other nearest known adult relative.
MEN	Tenn. Code Ann. § 33-5-105(a)	Assessing eligibility for service and support under developmental disabilities services must take into account cultural and linguistic diversity as well as differences in communication and behavioral factors.
AGY, CHI	Tenn. Code Ann. § 37-3-112(a)	The council for Administration of Children and Youth Services shall develop a plan for a statewide system of care where children's mental health care is child-centered, family-driven, and culturally and linguistically competent and that provides a coordinated system of care for children's mental health needs in this state.
AGY, CHI	Tenn. Code Ann. § 37-5-126(a)	The Department of Children services shall assist the council on children's mental health care in developing a plan that will establish demonstration sites in certain geographic areas where children's mental health care is child-centered, family-driven, and culturally and linguistically competent and that provides a coordinated system of care for children's mental health needs in this state.

## Tennessee continued

Type	Provisions	Description
AGY, CHI	Tenn. Code Ann. § 49-1-201(2)(e)	The commissioner for the Department of Education shall assist the council on children's mental health care in developing a plan that will establish demonstration sites in certain geographic areas where children's mental health care is child-centered, family-driven and culturally and linguistically competent and that provides a coordinated system of care for children's mental health needs in this state.
AGY, CRD, PUB	Tenn. Code Ann. § 63-32-105(14)	Under the Health Care Right-to-Know Act of 1998, each board regulating a provider shall collect information and provide it to the department of health in order for the department to create individual profiles on licensees, in a format created by the department that shall be available for dissemination to the public, the identification of any translating services that may be available at the licensee's primary practice location.
AGY, CHI	Tenn. Code Ann. § 68-1-126	The Department of Health shall assist the council on children's mental health care in developing a plan that will establish demonstration sites in certain geographic areas where children's mental health care is child-centered, family-driven, and culturally and linguistically competent and that provides a coordinated system of care for children's mental health needs in this state.
AGY	Tenn. Code Ann. § 68-1-2203(2)	The Office of Minority Health shall recommend methods and programs that are sensitive and relevant to the unique linguistic, cultural and ethnic characteristics of minority populations.
PWD, RGT, TRA	Tenn. Code Ann. § 71-5-107(a)(26)	Medical assistance for programs and services for poor people shall be provided to eligible individuals and may include language interpreter services such as sign language interpreter services when such services are necessary to help hearing impaired recipients obtain covered services and interpreter services to all recipients with LEP.

## Tennessee continued

Type	Provisions	Description
AGY, CHI, CON, PRO	Tenn. Comp. R. & Regs. 0250-04-08-.02(11), (13)(b), (c)	For juvenile detention centers that have youth with special needs, provisions must be made to address the needs of youth who exhibit or who have documented physical or intellectual disabilities or impairments, LEP, and/or mental or emotional health issues. Facility staff shall obtain informed consent using a language that is understandable to the youth and his or her parent or legal guardian. Facility administrators shall provide means for parents and legal guardians, including individuals who have LEP, to ask questions about the facility and its programs and ensure that those questions are answered. The facility shall provide parents and guardians contact information for a staff member who they can contact to obtain information about their youth and his or her adjustment to the facility. The facility shall make appropriate arrangements to communicate with parents or guardians who have LEP.
CHI, MEN	Tenn. Comp. R. & Regs. 0250-04-08-.05(6)(f)	Juvenile Detention Centers shall have grievance procedures. The facility's grievance system shall be accessible to all youth, including youth with limited literacy, who have LEP and with intellectual or developmental disabilities. Staff shall ensure that: youth with intellectual disabilities, developmental disabilities, or limited literacy or LEP proficiency receive oral explanations of the grievance process that they can understand; grievance forms shall use easy-to-understand language and shall be simple in their design; youth shall be able to report grievances orally and in writing; and youth with intellectual disabilities, developmental disabilities, or limited literacy or LEP receive assistance in using the grievance process.
CRD	Tenn. Comp. R. & Regs. 1000-1-.14 (1)(a)(6), (b)(9)	The Registered Nurse shall, as part of the standards for nursing competency, seek resources for patients/clients with cultural or language barrier and conduct practice without discrimination based on race, national origin, language, handicap or disease.

## Tennessee continued

Type	Provisions	Description
HHC, HIV, HOS, LTC, MFA	Tenn. Comp. R. & Regs. 1200-8-16-.02(8), (16) (definition of "health care facility" in Tenn. Code. Ann. § 68-11-201(16), -204(a)(1))	Licensed health care facilities (defined as a hospital, recuperation center, nursing home, home for the aged, residential HIV supportive living facility, assisted-care living facilities, home care organization, alcohol and drug prevention and treatment facility, residential hospice, birthing center, prescribed child care center, renal dialysis clinic, outpatient diagnostic center, or ambulatory surgical treatment center but not a government institution) must provide services in a non-discriminatory manner in compliance with Title VI and Section 504. Each facility shall include in their operational policies and procedures manuals a procedure for effective communication with LEP patients for the purpose of giving notice concerning benefits, services, waiver of rights, and consent to treatment, including emergency treatment.
MED	Tenn. Comp. R. & Regs. 1200-13-13-.02 (6)(a)(2)(iv), (6)(b)(3)(iii), (7)(b)(3), (7)(b)(4), (7)(c)(4), (7)(e), (8)(b)(3)-(4), (8)(c)(4)	LEP Medicaid enrollees will have the opportunity to request interpretation assistance for responding to the certain requests and notices. A "good cause" extension after date of termination of Medicaid eligibility is available for certain enrollees, including those with LEP. A good cause extension will be granted if the Department of Health Services ("DHS") determines that a health problem, mental health problem, learning problem, disability or limited English proficiency prevented an enrollee from understanding or responding timely to the Request for Information. LEP enrollees will have the opportunity to request translation assistance for their appeal. The TennCare Bureau will send Termination Notices to all enrollees being terminated pursuant to TennCare Medicaid eligibility reforms who are not determined to be eligible for open Medicaid categories pursuant to the Ex Parte Review or Request for Information processes, and LEP enrollees will have an opportunity to request translation assistance for their appeal.
EPS, MED	Tenn. Comp. R. & Regs. 1200-13-13-.04(4)(b)(3), (5)(b)(3)	Medicaid contractors shall use effective methods (developed through collaboration with agencies which have established procedures for working with such individuals) to inform Medicaid individuals who cannot understand English about the availability of Early and Periodic Screening, Diagnostic and Treatment ("EPSDT") Services.

## Tennessee continued

Type	Provisions	Description
PWD	Tenn. Comp. R. & Regs. 1200-13-19-.03	Information concerning the availability of language assistance must be provided to applicants and enrollees for TennCare, including individuals with disabilities or who have LEP, in plain language and in a manner that is accessible and timely as required by the Americans with Disabilities Act and section 504 of the Rehabilitation Act.
INS	Tenn. Comp. R. & Regs. 1200-13-14-.04(1)(b)(20)	Physical health and mental health benefits covered under the TennCare for enrollees includes language assistance such as interpreter services or reading for someone who is illiterate.
MED	Tenn. Comp. R. & Regs. 1200-13-14-.02 (5)(c)(2)(iv)(VI), (10)(a)(2)(iii)	“Good cause” reasons for not completing the Medical Eligibility Determination packet within 60 days include if the enrollee asked for help because s/he does not speak English and neither the Medicaid agency nor the Department of Health Services (“DHS”) gave the help that the enrollee needed. Assistance will also be provided for LEP enrollees who request assistance during the Medicaid renewal process and request for information forms. A good cause extension will be granted if DHS determines that a health problem, mental health problem, learning problem, disability, or LEP prevented an enrollee from understanding or responding timely to the Request for Information.





# Texas

Type	Provisions	Description
XXX	Tex. Hum. Res. Code Ann. § 40.0521	The executive commissioner of the Department of Family and Protective Services shall adopt and the department shall implement rules that require an investigating employee to document indications of domestic violence, including elder, spousal, and child abuse and shall require that written information, printed in English and Spanish, concerning community services that are available to victims of domestic violence be distributed to those victims.
RGT	Tex. Hum. Res. Code Ann. § 102.003	An elderly individual, in any circumstance, may not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care, or services.
AGY	Tex. Gov't Code Ann. § 531.0191	Each contract with the health and human services commission or a health and human services agency that requires the provision of call center services or written communications related to call center services must include performance standards that measure the effectiveness, promptness, and accuracy of the contractor's oral and written communications with persons with LEP. Each person who seeks to enter into a contract described by this subsection shall include in the bid or other applicable expression of interest for the contract a proposal for providing call center services or written communications related to call center services to persons with LEP.
LTC, MFA	Tex. Gov't Code Ann. § 531.164	A nursing facility or group home for individuals with intellectual and developmental disabilities must make reasonable accommodations to promote the participation of the parent or guardian of a child residing in the institution in all planning and decision-making regarding the child's care, including providing a language interpreter, if applicable.

## Texas continued

Type	Provisions	Description
INT	1 Tex. Admin. Code § 351.835	The Advisory Committee on Qualifications for Health Care Translators and Interpreters (“ACQHCTI”) advises the Texas Health and Human Services Commission (“HHSC”) on qualifications and standards for health care translators and interpreters for persons with limited English proficiency and persons who are deaf and hard of hearing. The ACQHCTI establishes and recommends qualifications for health care interpreters and health care translators and performs other tasks consistent with its purpose as requested by the Executive Commissioner of the HHSC.
HEA, INT	1 Tex. Admin. Code § 357.1	For the purpose of uniform fair hearings, a certified Spanish/English Interpreter is an interpreter who is certified by American Translators Association, Federally Certified Court Interpreter through the Federal Court Interpreter Certification Examination, Interpreter Certification offered through a four-year college or university, State Certification Programs, United States Department of State, or any other nationally recognized certification program.
HEA	1 Tex. Admin. Code § 357.21	Hearings officers for uniform fair hearings must determine the need for interpreters, provide the appropriate type of interpreter, and assure the effectiveness of the interpretation.
HEA, TRA	1 Tex. Admin. Code § 357.23	The hearings officer for uniform fair hearings issues a decision based exclusively on testimony and evidence introduced at the hearing and must issue a written decision in English, and provide a translated cover letter in Spanish for hearing decisions where a Spanish interpreter is used. The cover letter instructs the appellant to call the hearings officer if he needs assistance to understand the decision. An appellant who indicates by telephone, in person, or in writing that assistance is needed to understand the decision must receive an explanation of the hearing decision from bilingual personnel within a reasonable period.
HEA	1 Tex. Admin. Code § 357.23 (see 1 Tex. Admin. Code § 357.482(5) for definition of “referring agency”)	For hearings under the Administrative Procedure Act, the referring agency is normally responsible for providing reasonable accommodation (not further defined) for an individual with LEP or for disclosed disabilities.

## Texas continued

Type	Provisions	Description
AGY	1 Tex. Admin. Code § 395.11 (see § 395.2 for definition of “limited English proficiency (LEP)”)	Health and Human Services (“HHS”) agencies must take reasonable steps to give applicants and participants with LEP access to HHS agency programs and services.
AGY, TRA	22 Tex. Admin. Code § 177.13	Non-profit health organizations shall provide to the public the name, mailing address, and phone number of the Medical Board for the purpose of directing complaints to the Board regarding health-care delivery by licensees of the Board practicing through non-profit health organizations. The notification shall be displayed in a prominent location at each site of health-care delivery and readily visible to patients or potential patients in English and Spanish. The English and Spanish versions of the Board-approved statement can be found at § 177.13(b) and § 177.13(c) respectively.
UNI	22 Tex. Admin. Code § 178.3	For the purpose of directing complaints against licensees to the Texas Medical Board, the board and its licensees shall provide notification to the public of the name, mailing address, telephone number and website address of the board by one or more methods including displaying in prominent location at a licensee’s place of business, signs in English and Spanish with the board approved notification statement printed alone and in its entirety in black on white background in type no smaller than standard 24-point Times Roman print with no alterations, deletions, or additions to the language of the board-approved statement. The English and Spanish versions of the Board-approved statement can be found at § 178.3(b) and § 178.3(c) respectively.
TRA	22 Tex. Admin. Code § 183.22	All medical records and prescriptions for acupuncture services are to be written in English with the exception of acupuncture terms, including herbs that are more frequently known by their Chinese or Pinyin translation, if appropriate. All written instructions to patients must be in English. If the patient does not speak English then the acupuncturist shall make reasonable efforts to translate to the patient’s native language.

## Texas continued

Type	Provisions	Description
CRD	22 Tex. Admin. Code § 184.6	Applicants for licensure as a surgical assistant will be required to submit documentation. Any document that is in a language other than the English language will need to have a certified translation prepared and a copy of the translation submitted with the translated document.
CRD	22 Tex. Admin. Code § 188.6	Applicants for licensure as a perfusionist will be required to submit documentation. Any document that is in a language other than the English language will need to have a certified translation prepared and a copy of the translation submitted with the translated document.
XXX	22 Tex. Admin. Code § 291.125	A pharmacy that outsources prescription dispensing to a central fill pharmacy shall, if a prescription that is not for a controlled substance is delivered directly to the patient by the central fill pharmacy and not returned to the outsourcing pharmacy, place on the prescription container or on a separate sheet delivered with the prescription container, in both English and Spanish, the local, and if applicable, the toll free number of the pharmacy and the statement: "Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions at (insert the pharmacy's local and toll-free telephone numbers)."
MFA	25 Tex. Admin. Code § 134.42	Each private psychiatric hospital and crisis stabilization unit shall prominently and conspicuously post for display in a public area of the hospital that is readily visible to patients, residents, employees, and visitors a statement that nonemployees, employees and staff are protected from discrimination or retaliation for reporting a violation of law. The statement shall be in English and in a second language appropriate to the demographic makeup of the community served.
STA	25 Tex. Admin. Code § 139.6	An abortion facility shall provide to a woman, at the time the woman initially consults the facility, a written statement available in both English and Spanish indicating the toll-free telephone number to call: 1-888-973-0022.

## Texas continued

Type	Provisions	Description
RGT	25 Tex. Admin. Code § 172.42	Each end stage renal disease facility shall adopt, implement, and enforce policies and procedures appropriate to the patient population served which ensure each patient is provided information in a manner to facilitate understanding by the patient and the patient's legal representative, family member, or significant other. This includes written patient materials available in languages other than English. In lieu of written materials in the patient's primary language, an interpreter, interpreter service, visual and hearing impaired assistance shall be provided.
MED	25 Tex. Admin. Code § 354.2203	The Texas Health and Human Services department will make reasonable accommodations (not further defined) to assist Medicaid recipients in reading and understanding notices and procedures related to Medicaid appeals procedures. The department will also provide assistance to recipients who require language translations or have hearing or speech communication needs.
MFA, RGT, TRA	25 Tex. Admin. Code §§ 404.161(f), 404.162(d)	Mental health facilities must provide all handbooks and the Patient, Teen and Children's Bill of Rights brochures in English and Spanish, and any other language used by a significant percentage of the service area's population.
MFA, RGT	25 Tex. Admin. Code § 404.163	In addition to receiving a rights handbook, each newly admitted individual receiving mental health services from a mental health facility, the parent or conservator of a minor, and the guardian of the person shall be informed orally of all rights in his or her primary language using plain and simple terms within 24 hours of admission into services.
MFA	25 Tex. Admin. Code § 414.404	The treating physician, registered nurse, licensed vocational nurse, physician's assistant, or registered pharmacist will explain to the patient and to the patient's legally authorized representative, in simple nontechnical language, in the person's primary language, the risks and benefits of psychoactive medication.

## Texas continued

Type	Provisions	Description
MFA	25 Tex. Admin. Code § 415.265 (see 25 Tex. Admin. Code § 404.153 for definition of “emergency”)	Communication with an individual during restraint or seclusion initiated in response to a behavioral emergency shall be conducted in a developmentally appropriate language by a method that is understandable to the individual (e.g. American Sign Language, Spanish, and Vietnamese) and that accommodates the individual’s method of communication.
CON	25 Tex. Admin. Code § 601.5	The Texas Medical Disclosure Panel adopts a standard form to be used by a physician or healthcare provider, and available in both English and Spanish language versions, for disclosure and consent relating to only radiation therapy procedures and to inform a patient, or person authorized to consent for a patient, of the possible risks and hazards involved in radiation therapy.
CON	25 Tex. Admin. Code § 601.8	The Texas Medical Disclosure Panel adopts a standard form to provide informed consent to a patient or person authorized to consent for the patient of the possible risks and hazards involved in a hysterectomy. Care providers retrieving consent shall have the form available in both English and Spanish language versions.
CON	25 Tex. Admin. Code § 601.9	The Texas Medical Disclosure Panel adopted a standard form to provide informed consent to a patient or person authorized to consent for the patient of the possible risks and hazards involved in anesthesia and/or perioperative pain management (analgesia). Care providers retrieving consent shall have the form available in both English and Spanish language versions.
INS	28 Tex. Admin. Code § 11.1602	A health maintenance organization (“HMO”) must include on its enrollment form a space in which an enrollee may indicate the enrollee’s primary language. The HMO must also provide, at its own expense, a member handbook and materials relating to the complaint and appeal process and the availability of the independent review process in the language of the major population of the HMO’s enrolled population.

## Texas continued

Type	Provisions	Description
UNI	Tex. Health & Safety Code Ann. § 48.001	“Promotora” or “community health worker” means a person who, with or without compensation, provides a liaison between health care providers and patients through activities that may include assisting in case conferences, providing patient education, making referrals to health and social services, conducting needs assessments, distributing surveys to identify barriers to health care delivery, making home visits, and providing bilingual language services.
MED, TRA	Tex. Health & Safety Code Ann. § 62.103(c)	Applications for coverage under the Child Health Plan for certain low-income children shall, to the extent possible, be made available in languages other than English.
RGT, UNI	Tex. Health & Safety Code Ann. § 81.205	A person receiving inpatient health services shall be informed of rights orally, in simple, nontechnical terms, in writing that (if possible) is in the person’s primary language, and reasonably calculated to communicate with the hearing impaired or visually impaired person, if applicable.
HIV	Tex. Health & Safety Code Ann. § 84.257	A service provider shall provide pretesting counseling to an individual who is considering using a home collection kit for HIV infection testing in English and in Spanish.
HIV	Tex. Health & Safety Code Ann. § 84.2258	A vendor of a home collection kit for HIV infection testing must have a kit labeled in Spanish available.
CHI	Tex. Health & Safety Code Ann. § 161.253	On request, an e-cigarette and tobacco awareness program for minors who are participating in required community service may be taught in languages other than English.
HOS, MFA, RGT, TRA	Tex. Health & Safety Code Ann. §§ 161.132(e), 161.134(j), 161.135(h), 321.002(h)  25 Tex. Admin. Code §§ 133.42(e), 133.43(a), 133.47(c) (2)	Hospitals and facilities that offer mental health, crisis stabilization, rehabilitation, and alcohol and chemical dependency services must post notice of patient rights, patient abuse reporting responsibilities, and right to be free from retaliation for reporting violations of law, in English and a second language representative of the demographic makeup of the community served by the facility.

## Texas continued

Type	Provisions	Description
AGY, MEN, TRA	Tex. Health & Safety Code Ann. § 161.136(a)	State health care regulatory agencies are empowered to require mental health service providers to furnish patients with brochures in English and in a second language summarizing laws prohibiting sexual exploitation of patients.
TRA, WOM	Tex. Health & Safety Code Ann. § 161.501	A hospital, birthing center, nurse midwife, or midwife who provides prenatal care to a pregnant woman during gestation or at delivery of an infant shall provide the woman and the father of the infant, if possible, or another adult caregiver for the infant, with a resource pamphlet that includes educational information in both English and Spanish on pertussis disease and the availability of a vaccine, and the incidence of cytomegalovirus. The woman and the father of the infant, if possible, should receive a resource guide including information in English and Spanish relating to the development, health, and safety of a child from birth until age five.
MEN, TRA	Tex. Health & Safety Code Ann. § 161.652	The public health department shall make available information regarding down syndrome that includes: information addressing physical, developmental, educational, and psychosocial outcomes, life expectancy, clinical course, and intellectual and functional development for individuals with down syndrome; information regarding available treatment options for individuals with down syndrome; contact information for support programs and resources; and other relevant information. This information must be published in English and Spanish.
AGY, TRA	Tex. Health & Safety Code Ann. § 163.003	Course materials and instruction from the department of public health relating to sexually transmitted diseases must be available in English and Spanish.
MFA, PAY, RGT	Tex. Health & Safety Code Ann. § 164.009 (see Tex. Health & Safety Code Ann. § 164.003 for definition of “treatment facility”)	A treatment facility may not admit a patient to its facilities without fully disclosing to the patient or, if the patient is a minor, the patient’s parent, managing conservator, or guardian, in, if possible, the primary language of the patient, managing conservator, or guardian, as the case may be, information about the facility’s estimated average daily charge for inpatient treatment, the name of the attending physician or mental health professional, and the current patient’s bill of rights.



## Texas continued

Type	Provisions	Description
STA, TRA	Tex. Health & Safety Code Ann. § 171.014	Any informational materials published by the Department of Public Health relating to abortion must be published in English and Spanish.
TRA, UNI	Tex. Health & Safety Code Ann. § 242.011	An institution may not prohibit a resident or employee from communicating in the person's native language with another resident or employee for the purpose of acquiring or providing medical treatment, nursing care, or institutional services. An institution is defined as an establishment that furnishes, in one or more facilities, food and shelter to four or more persons who are unrelated to the proprietor of the establishment and provides minor treatment under the direction and supervision of a physician licensed by the Texas Medical Board, or other services that meet some need beyond the basic provision of food, shelter, laundry.
TRA, UNI	Tex. Health & Safety Code Ann. § 242.042	Each institution shall prominently and conspicuously post for display in a public area of the institution that is readily available to residents, employees, and visitors notice, in English and a second language, that employees, other staff, residents, volunteers, and family members and guardians of residents are protected from discrimination or retaliation. An institution is defined as an establishment that furnishes, in one or more facilities, food and shelter to four or more persons who are unrelated to the proprietor of the establishment and provides minor treatment under the direction and supervision of a physician licensed by the Texas Medical Board, or other services that meet some need beyond the basic provision of food, shelter, laundry.
STA	Tex. Health & Safety Code Ann. § 245.023(d) (see Tex. Health & Safety Code Ann. § 245.002 for definition of "abortion facility")	Abortion facility shall provide the toll-free number from which people can obtain in English or Spanish information regarding the abortion facility's license and inspection history.

## Texas continued

Type	Provisions	Description
STA	Tex. Health & Safety Code Ann. § 245.025 (see Tex. Health & Safety Code Ann. § 245.002 for definition of “abortion facility”)	An abortion facilities shall display separate signs, in English, Spanish, and any additional languages, side by side in each restroom and patient consulting room that include the following information: no person, including an individual’s parents, may force any individual to have an abortion; it is illegal for a person to force an individual to engage in sexual acts; a woman who needs help may call or text a state or national organization that assists victims of human trafficking and forced abortions; and the toll-free number of an organization with resources available.
LTC, RGT	Tex. Health & Safety Code Ann. § 247.064	Each assisted living facility shall post a residents’ bill of rights in a prominent place in the facility which must be written in the primary language of each resident of the facility and must also provide the toll-free telephone number of the department for reporting abuse and neglect.
MFA	Tex. Health & Safety Code Ann. § 252.005	An intermediate care facility for individuals with an intellectual disability may not prohibit a resident or employee from communicating in the person’s native language with another resident or employee for the purpose of acquiring or providing care, training, or treatment.
MFA, RGT, TRA	Tex. Health & Safety Code Ann. § 321.002	A facility providing mental health, chemical dependency, and rehabilitation services shall prominently and conspicuously post a copy of the patient “bills of rights” for display in a public area of the facility that is readily available to patients, residents, employees, and visitors. The “bill of rights” must be in English and in a second language.
MFA, TRA	Tex. Health & Safety Code Ann. § 462.013	The executive commissioner of the Health and Human Services Commission by rule shall require the treating physician of a patient admitted to a treatment facility for chemical dependency or a person designated by the physician to provide to the patient in the patient’s primary language, if possible, information relating to prescription medications ordered by the physician.
MFA, RGT	Tex. Health & Safety Code Ann. § 572.003	A person admitted to an inpatient mental health facility shall be informed of their rights orally in simple, nontechnical terms, within 24 hours after the time the person is admitted, in writing, and in the person’s primary language.

## Texas continued

Type	Provisions	Description
MFA, RGT	Tex. Health & Safety Code Ann. § 576.009	A patient with a mental health or intellectual disability receiving involuntary inpatient mental health services shall be informed of their rights orally, in simple, nontechnical terms, and in writing that, if possible, is in the person's primary language.
MFA, PAY	Tex. Health & Safety Code Ann. § 576.010	At the time a patient is admitted to an inpatient mental health facility for voluntary or involuntary inpatient mental health services, the facility shall provide to the patient, and the parent if the patient is a minor or the guardian of the person of the patient, written notice, in the person's primary language, that a qualifying trust is not liable for the patient's support. In addition, the facility shall ensure that, within 24 hours after the patient is admitted to the facility, the notification is explained to the patient orally, in simple, nontechnical terms in the patient's primary language, if possible.
MFA, PAY	Tex. Health & Safety Code Ann. § 592.056	At the time a resident is admitted to a residential care facility (not further defined in this section), the facility shall provide to the patient, and the parent if the resident is a minor or the guardian of the person of the resident, written notice, in the person's primary language, that a qualifying trust is not liable for the resident's support. In addition, the facility shall ensure that, within 24 hours after the resident is admitted to the facility, the notification is explained to the resident, and the parent if the resident is a minor or the guardian of the person of the resident orally, in simple, nontechnical terms in the patient's primary language, if possible.
CON, TRA, WOM	Tex. Civ. Prac. & Rem. Code Ann. § 74.107	The Texas Medical Disclosure Panel must develop and prepare written materials to inform a patient or person authorized to consent for a patient of the risks and hazards of a hysterectomy. The materials shall be available in English, Spanish, and any other language the panel considers appropriate.
WOM	Tex. Occ. Code § 203.153	The Texas Department of Licensing and Regulation shall issue basic information manuals for the practice of midwifery and instructor manuals that may be used in basic midwifery education courses available in English and Spanish.
WOM	Tex. Occ. Code § 203.351	The state-mandated disclosure of legal requirements for the practice of midwifery may not exceed 500 words and must be in English and Spanish.

## Texas continued

Type	Provisions	Description
AGY	Tex. Occ. Code § 205.153	The Texas State Board of Acupuncture Examiners shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the executive director shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the acupuncture Board's programs and services.
AGY	Tex. Occ. Code § 301.205	The Texas Board of Nursing shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the Board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the Board's programs.
AGY	Tex. Occ. Code § 351.202	The Texas Optometry Board shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the Board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the Board's programs.
AGY	Tex. Occ. Code § 452.203	The Executive Council of Physical Therapy and Occupational Therapy Examiners shall develop and implement policies that provide the public with a reasonable opportunity to appear before the council and to speak on any issue under the council's jurisdiction and the council shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the council's programs and services.
AGY	Tex. Occ. Code § 453.155	The Texas Board of Physical Therapy Examiners shall develop and implement policies that provide the public with a reasonable opportunity to appear before the board and to speak on any issue under the board's jurisdiction and the board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the board's programs.

## Texas continued

Type	Provisions	Description
AGY	Tex. Occ. Code § 454.154	The Texas Board of Occupational Therapy Examiners shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the Board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the Board's programs.
AGY	Tex. Occ. Code § 501.206	The Texas State Board of Examiners of Psychologists shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the Board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the Board's programs.
AGY	Tex. Occ. Code § 502.205	The Texas State Board of Examiners of Marriage and Family Therapists shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the Board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the Board's programs.
AGY	Tex. Occ. Code § 503.256	Texas State Board of Examiners of Professional Counselors shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the Board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the Board's programs.
AGY	Tex. Occ. Code § 505.255	Texas State Board of Social Worker Examiners shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the Board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the Board's programs.

## Texas continued

Type	Provisions	Description
AGY	Tex. Occ. Code § 555.009	Texas State Board of Pharmacy shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the Board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the Board's programs.
AGY	Tex. Occ. Code § 603.205	Texas Medical Board shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction and the Board shall prepare and maintain a written plan that describes how a person who does not speak English may be provided reasonable access to the Board's programs.
INS	Tex. Ins. Code § 544.103	A health benefit plan issuer may not use an underwriting guideline that is based on the ability of an insured or enrollee or an applicant for insurance coverage or health care benefits to speak English fluently; or the literacy in English of the insured enrollee or applicant.
INS	Tex. Ins. Code § 843.205	A health maintenance organization ("HMO") shall establish procedures to provide to an enrollee a member handbook and materials relating to the complaint and appeals process in the languages of the major populations (a group constituting 10 percent or more of the enrolled population of the HMO) of the enrolled population.

# Utah

Type	Provisions	Description
AGY, TRA	Utah Code Ann. § 26-7-2(3)(f)	The Center for Multicultural Health shall develop and increase the capacity of the center to ensure the delivery of qualified timely culturally appropriate translation services across all department programs; and provide, where appropriate, linguistically competent translation and communication services for limited English proficiency individuals.
AGY	Utah Code Ann. § 26-10b-107(1)	The Department may, as funding permits, contract with community based organizations for the purpose of developing culturally and linguistically appropriate programs and services for low income and medically underserved populations to educate individuals on how to use private and public health care programs, products, and services, how to pursue preventive care, how to locate health care programs and services, to assist individuals to develop personal health management, to support translation of health materials and information, and to facilitate an individual's access to primary care and providers, including mental health services.
MED	Utah Admin. Code r. 414-1- 6(2)(k)	In Medicaid, interpreter services are available to both categorically and medically needy enrollees.
MED	Utah Admin. Code r. 414-100- 3(5)(j)	Interpretive services provided by contracting entities competent to provide medical translation services for people with LEP are available to eligible adults enrolled in the Medicaid Primary Care Network.
MED	Utah Admin. Code r. 414-200- 3(3)(v)	Interpretive services, if they are provided by entities under contract with the Department of Health to provide medical translation services for people with LEP, are available to Non-Traditional Medicaid Health Plan enrollees.

## Utah continued

Type	Provisions	Description
AGY	Utah Admin. Code r. 501-2-9(J), 14(A)-(J)	Human service programs that contract with the state shall provide interpreters for consumers or refer consumers to appropriate resources as necessary to communicate with consumers whose primary language is not English.



# Vermont

Type	Provisions	Description
HOS, RGT	Vt. Stat. Ann. tit. 18, § 1852(a)(15)	Patient bill of rights gives hospital patients who do not understand English a right to an interpreter if the language barrier presents a continuing problem to patient's understanding of the care and treatment being provided.
MEN, RGT	Vt. Stat. Ann. tit. 18, § 8728(a)(5), (b)(3)	Every family and person with a developmental disability who receives services has the right to communicate in his or her primary language and primary mode of communication.
AGY	Vt. Stat. Ann. tit. 18, § 9719(a)	The commissioner shall provide, but without the obligation to adopt a rule, optional forms for advance directives for individuals with limited English proficiency.
CRD	Vt. Stat. Ann. tit. 26, § 1368(a)(16)	The Department of Health shall collect information to create individual profiles on all health care professionals licensed, certified, or registered by the department including the identification of any translating services that may be available at the health care professional's primary practice location.
LTC, RGT	Vt. Stat. Ann. tit. 33, § 7301(2)(A)  13-110-005 Vt. Code R. § 3.5(b)	Nursing homes must make reasonable accommodations to communicate patients' rights to non-English speaking residents.
MEN	Vt. Stat. Ann. tit. 18, § 8728(b)(3)	Individuals and families who receive developmental disabilities services/supports have the right to communicate in his or her primary language and primary mode of communication.

# Virginia



Type	Provisions	Description
AGY, TRA	Va. Code Ann. § 18.2-76(F)	Department of Health shall publish in English and in each language that is the primary language of 2 percent of more of the population of the state and display at every local health department information about adoption alternatives, description of fetal development at two-week increments, and risks of abortion.
MFA	Va. Code Ann. §§ 37.2-802(B), 804(B), 64.2- 2002(B)(9)	<p>In any mental health, mental retardation, or substance abuse services proceeding pursuant for admissions and dispositions, emergency custody and voluntary or involuntary civil admissions in which a non-English-speaking person is alleged to have mental retardation or mental illness or is a witness in such proceeding, an interpreter for the person shall be appointed by the district court judge or special justice, or a magistrate, before whom the proceeding is pending. Failure to appoint an interpreter when an interpreter is not reasonably available or when the person's level of English fluency cannot be determined shall not be a basis to dismiss the petition or void the order entered at the proceeding. The compensation for the interpreter shall be fixed by the court in accordance with the guidelines set by the Judicial Council of Virginia and shall be paid out of the state treasury.</p> <p>Petition for the appointment of a guardian, a conservator, or both, shall to the extent known as of the date of filing, include the native language of the respondent and any necessary alternative mode of communication.</p>
PUB, CHI	12 Va. Admin. Code § 30-10- 50(A)(3)	With respect to any population of vaccine eligible children a substantial portion of whose parents are LEP, the state will identify program registered providers who are able to communicate with vaccine eligible population in the appropriate language and cultural context.

## Virginia continued

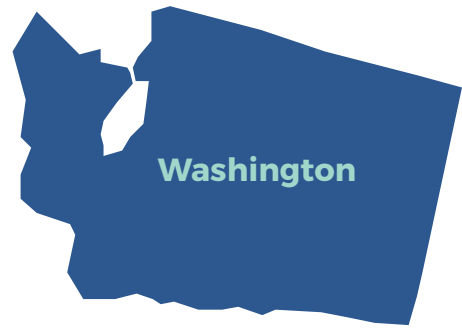
Type	Provisions	Description
XXX	12 Va. Admin. Code §§ 5-20-80(A)(6)-(7), 40-890-70(B)(6)	No human research shall be conducted or authorized by the institution or agency unless a research review committee has reviewed and approved the proposed human research project giving consideration to whether the voluntary informed consent is to be obtained by methods that are adequate and appropriate to the individual's language of greatest fluency and whether the written consent form is adequate and appropriate in both content and wording for the particular research and for the particular participants of the research relative to their language of greatest fluency.
INS	12 Va. Admin. Code § 5-408-260(C)	The Managed Care Health Insurance Plan licensee shall incorporate strategies into its access procedures to facilitate utilization of health care services by covered persons with language or cultural barriers.
MED, TRA	12 Va. Admin. Code § 30-50-210(A)(7)(c)(2)	The preferred drug list through the Medicaid fee-for-service program shall include computer and website access to multilingual material.
MED, LTC	12 Va. Admin. Code § 30-130-200(B)	Evaluations performed under Preadmission Screening and Annual Resident Review (PASARR) and PASARR notices must be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated.
MEN	12 Va. Admin. Code § 35-105-665(4)	Individualized services plan (ISP) for mental health services shall include a communication plan for individuals with communication barriers, including language barriers.
CRD	18 Va. Admin. Code § 85-20-280(A)(9)	Profile of information for doctor of medicine, osteopathic medicine, or podiatry shall include whether there is access to translating services for non-English speaking patients at the primary and secondary practice settings and which, if any, foreign languages are spoken in the practice.
PWD	22 Va. Admin. Code § 30-30-80(B)(5)	Independent Living Services Program funds may be used to provide interpreter services.
PWD	22 Va. Admin. Code § 30-30-120(A)(4)	Independent Living Services Programs must ensure that persons who are unable to communicate in English or who rely on alternative modes of communication must be provided an explanation of service provider policies and procedures affecting personal information through methods that can be adequately understood by them.

## Virginia continued

Type	Provisions	Description
PWD	22 Va. Admin. Code § 30-30-160(D)	Centers for independent living (CIL), to the maximum extent feasible, must make available personnel able to communicate in the native languages of individuals with significant disabilities whose English proficiency is limited.
MEN	Va. Code Ann. § 37.2-815(B)	Translation or interpreter services shall be provided for mental health commitment hearing for involuntary admission, where necessary.
HOS, LTC	Va. Code Ann. § 32.1-137.03(D)	Hospital or nursing patients admitted for inpatient care shall be allowed the opportunity to designate an individual who will care for or assist the patient in his residence following discharge and to whom the hospital shall provide information regarding the patient's discharge plan. Patients shall be provided the opportunity for a demonstration of specific follow-up care tasks that the designated individual will provide to the patient in accordance with the patient's discharge plan prior to the patient's discharge, and such opportunity shall be provided in a culturally competent manner and in the designated individual's native language.
RGT, CON	Va. Code Ann. § 32.1-162.19(B)	No human research shall be conducted or authorized by an institution or agency unless the committee has reviewed and approved the proposed human research project giving consideration to whether the informed consent is to be obtained by methods that are adequate and appropriate and whether the written consent form is adequate and appropriate in both content and language for the particular research.
INS	14 Va. Code Ann. § 5-216-70(C)	Health carriers must provide notice of benefit determinations in a culturally and linguistically appropriate manner. The health carrier must provide oral language services, in any applicable non-English language, provide, upon request, any notice in any applicable non-English language, and include in the English versions of all notices, a statement prominently displayed in any applicable non-English language clearly indicating how to access the language services provided by the health carrier. A non-English language is an applicable non-English language if 10% or more of the population residing in the city or county is literate only in the same non-English language, as determined by the American Community Survey data published by the United States Census Bureau.

## Virginia continued

Type	Provisions	Description
AGY	22 Va. Code Ann. § 45-51-20(A)(4)	An explanation of Department for the Blind and Visually Impaired policies and procedures affecting personal information shall be provided to each individual in that individual's native language or through the appropriate mode of communication.
DIS	22 Va. Code Ann. § 45-80-110	An explanation of policies and procedures affecting personal information will be made by appropriate media by Department for the Visually Handicapped's independent living rehabilitation services to individuals who do not communicate in English or who rely on special modes of communication.



# Washington

Type	Provisions	Description
UNI	Wash. Rev. Code § 1.20.100	It shall be the policy of the state of Washington to welcome and encourage the presence of diverse cultures and the use of diverse languages in business, government, and private affairs in this state.
LTC, HHC	Wash. Rev. Code §§ 70.128.120(4), 70.128.130(17)	Managers of adult family home providers and managers must have literacy in the English language, however, the provider and resident manager must assure that there is a mechanism to communicate with the resident in his or her primary language either through a qualified person on-site or readily available at all times, or other reasonable accommodations, such as language lines, and staff on-site at all times capable of understanding and speaking English well enough to be able to respond appropriately to emergency situations and be able to read and understand resident care plans.
CHI, MEN	Wash. Rev. Code § 71.36.030(6)(b)	Children's mental health services delivery plans shall address the needs of children of color through services to children of color that are culturally relevant and acceptable, as well as linguistically accessible.

## Washington continued

Type	Provisions	Description
AGY, HEA, TRA	Wash. Rev. Code § 74.04.025	The Department of Social and Health Services and the Office of Administrative Hearings shall insure that bilingual services are provided to non-English speaking recipients and applicants. DSHS shall employ bilingual staff if the number of applicants and recipients sharing the same language equals or exceeds 50 percent of the average caseload of a full time caseworker. DSHS shall ensure bilingual services to supplement staff. Initial client contact materials must inform clients in their primary language of the availability of services. Notices to clients must contain written communications in their primary language informing them of how to obtain assistance. DSHS must ensure that sufficient resources are available to allow patients to respond to notices in a timely fashion. Basic informational pamphlets must be translated into Spanish, Vietnamese, Cambodian, Laotian, Chinese, and other primary languages as determined by DSHS.
PWD, TRA	Wash. Rev. Code § 74.18.045(3)	The Department of Services for the Blind may expand the type and scope of materials available on the telephonic reading service to meet the local, regional, or foreign language needs of blind or visually impaired residents.
PWD, TRA, AGY	Wash. Rev. Code § 74.18.127(2)(e)	The Department of Services for the Blind must provide an explanation of department policies and procedures affecting personal information at intake or on request to each individual in that individual's native language.
PWD, DEF	Wash. Rev. Code § 74.41.030(1)	Family caregiver long-term care information and support services" means providing long-term care information and support services to unpaid family and other unpaid caregivers of adults with functional disabilities, including translating and interpreter services.
HOS, TRA, PAY	Wash. Rev. Code § 70.170.060(9)	Hospital obligations under federal and state laws to provide meaningful access for limited English proficiency and non English-speaking patients apply to information regarding billing and charity care. Hospitals shall develop standardized training programs on the hospital's charity care policy and use of interpreter services, and provide regular training for appropriate staff, including the relevant who perform functions relating to registration, admissions, or billing.

## Washington continued

Type	Provisions	Description
CHC	Wash. Admin. Code § 182-20-160(8)	Community health clinics must establish policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served and provide sufficient staff with the ability to communicate with the individuals.
MED, MCO, INS, TRA, HEA	Wash. Admin. Code § 182-526-0120	If the party the hearing needs an interpreter because the party or witness is a person with limited-English proficiency, the office of administrative hearings will provide an interpreter at no cost to that party.
MED, MCO, INS, TRA	Wash. Admin. Code § 182-538A-180	When applying for or receiving Medicaid-funded health care services, individuals have the right to be provided a qualified interpreter and translated material at no cost to the individual, and the right to receive any languages offered other than English of providers in a managed care organization (MCO).
MED, MCO, INS, TRA	Wash. Admin. Code § 182-503-0110(1)	Washington Apple Health provides interpreter and translation services for limited-English proficient individuals free of charge if they have limited ability to read, write, and/or speak English.
MED, MCO, INS, TRA, HEA	Wash. Admin. Code § 182-526-0150	When an interpreter is used at a hearing for a limited-English-proficient party, the administrative law judge must explain that the decision is written in English and that the office of administrative hearings will provide an interpreter for a sight translation of the decision at no cost to that party. The office of administrative hearings must provide the party needing sight translation services information about how to obtain these services, and this information must be attached to the decision or order.
MED, MCO, INS, TRA, HEA	Wash. Admin. Code § 182-526-0135	The office of administrative hearings must provide a qualified interpreter to assist any person at no charge who has a limited-English-proficiency and is a party or a witness in a hearing.
MEN, RGT, TRA	Wash. Admin. Code § 246-341-0600(1)(c)	Each agency licensed by the department to provide any behavioral health service must develop a statement of individual participant rights applicable to the service categories the agency is licensed for, including the right to be reasonably accommodated in case of limited ability to communicate, limited-English proficiency, and cultural differences,



## Washington continued

Type	Provisions	Description
HEA	Wash. Admin. Code §§ 246-10-121, 246-11-200	When the program or the adjudicative clerk office is notified or otherwise made aware that a limited-English-speaking person is a party in an adjudicative proceeding, all notices concerning the hearing, including notices of hearing, continuance, and dismissal, shall either be in the primary language of the party or shall include a notice in the primary language of the party which describes the significance of the notice and how the party may receive assistance in understanding and, if necessary, responding to the notice.
HEA	Wash. Admin. Code §§ 246-10-122, 123(3), 203(1)(f), 246-11-210, 220(3), 270(1)(f)	A "limited-English-speaking person" means a person who because of a non-English-speaking cultural background cannot readily speak or understand the English language. If a limited-English-speaking person is involved in an adjudicative proceeding and a need for an interpreter is made known to the adjudicative clerk office, the presiding officer shall appoint an interpreter who is acceptable to the parties or, if the parties are unable to agree on an interpreter, the presiding officer shall select and appoint an interpreter. Before beginning to interpret, an interpreter shall take an oath or make affirmation that: a true interpretation shall be made; and the interpreter shall repeat the statements of the impaired person to the presiding officer, in the English language, to the best of the interpreter's skill and judgment. When an interpreter is used in a proceeding: the interpreter shall translate all statements made by other participants in the proceeding; the presiding officer shall ensure sufficient extra time is provided to permit translation; and the presiding officer shall ensure that the interpreter translates the entire proceeding to the hearing impaired person or limited-English-speaking person to the extent that the person has the same opportunity to understand the statements made as would a person not requiring an interpreter. An interpreter appointed under this section shall be entitled to a reasonable fee for services, including waiting time and reimbursement for actual necessary travel expenses. The program shall pay the interpreter fee and expenses incurred for interpreters for license holders, applicants, or recipients of benefits. The party on whose behalf a witness requiring an interpreter appears shall pay for interpreter services for that witness.

## Washington continued

Type	Provisions	Description
PUB, HIV	Wash. Admin. Code § 246-100- 203(e)(iii)(A), (f)(i)	State board of health requirements for detainment of individuals demonstrating behaviors that present an imminent danger to public health (BPID) include sufficient access to services and programs directed toward cessation of BPID and providing linguistically and culturally appropriate ongoing AIDS education and counseling. Board of health standards for an individualized counseling and education plan for a detainee must include consideration of detainee's culture and language.
LTC	Wash. Admin. Code § 246-310- 136(1)(c)	In the course of reviewing and making decisions on applications for construction or establishment of nursing home beds for ethnic minorities, the department shall consider the relative degree to which the long-term care needs of an ethnic minority are not otherwise being met, including consideration of the legislature's finding that certain ethnic minorities have special cultural and language needs not generally met by existing nursing homes which are intended to serve the general population.
HOS, MEN	Wash. Admin. Code § 246-322- 010(49)(f)	For psychiatric hospitals, "special services" means clinical and rehabilitative activities or programs including language translation.
HOS, TRA	Wash. Admin. Code §§ 246-453- 010(16), 020(2), (5)	Hospitals providing charity care must prominently display within public areas, provide in writing, and explain to the person in any language spoken by more than 10 percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking patients a notice that charges for qualified patients may be waived or reduced. Hospitals must take into account any language barriers that may hinder the responsible party's capability of complying with the application procedures for purposes of determining the person's qualification for charity care sponsorship.
HEA	Wash. Admin. Code § 284-02- 070(1)(c)	Hearings in the Office of Insurance Commissioner shall make accommodation for persons needing assistance due to difficulty with language.
HEA	Wash. Admin. Code § 388-02- 0120	If you need an interpreter because you or any of your witnesses are a person with limited English proficiency, the Department of Social and Health Services Office of Administrative Hearings will provide an interpreter at no cost.

## Washington continued

Type	Provisions	Description
HEA	Wash. Admin. Code § 388-02-0125	Definitions for Department of Health and Social Services' (DSHS) hearings: " <i>limited English proficient (LEP)</i> " includes limited English speaking persons or other persons unable to communicate in spoken English; " <i>limited English-speaking (LES) person</i> " means a person who, because of non-English speaking cultural background cannot readily speak or understand the English language; " <i>qualified interpreter</i> " includes qualified interpreters for a limited English-speaking person; " <i>qualified interpreter for a limited English-speaking person</i> " means a person who is readily able to interpret or translate spoken and written English communications to and from a limited English speaking person. If an interpreter is court certified, the interpreter is considered qualified.
HEA	Wash. Admin. Code § 388-02-0130	If DSHS is notified that a person is a limited English speaking person, all hearing notices, decisions and orders must be written in your primary language; or include a statement in your primary language that indicates the importance of the notice; and tells the person how to get help in understanding the notice and responding to it.
HEA	Wash. Admin. Code § 388-02-0135	DSHS must provide a qualified interpreter to assist any person who has limited English proficiency; and is a party or witness in a hearing. DSHS may hire or contract with persons to interpret at hearings. Relatives of any party and DSHS employees may not be used as interpreters. The hearing judge must determine, at the beginning of the hearing, if an interpreter can accurately interpret all communication for the person requesting the service. To do so, the hearing judge considers the interpreter's: ability to meet the needs of the hearing impaired person or limited English speaking person; education, certification and experience; understanding of the basic vocabulary and procedures involved in the hearing; and ability to be impartial. The parties or their representatives may question the interpreter's qualifications and ability to be impartial. If at any time before or during the hearing the interpreter does not provide accurate and effective communication, the hearing judge must provide another interpreter.

## Washington continued

Type	Provisions	Description
HEA	Wash. Admin. Code § 388-02-0140	LEP individuals may waive interpreter services if the request is made in writing or through a qualified interpreter on the record; the hearing judge determines the waiver has been knowingly and voluntarily made. The individual may withdraw your waiver at any time before or during the hearing.
HEA	Wash. Admin. Code § 388-02-0145	For DSHS hearings, interpreters must: use the interpretive mode that the parties, the interpreter and the hearing judge consider the most accurate and effective; interpret statements made by the parties and the hearing judge; not disclose information about the hearing without the written consent of the parties; and not comment on the hearing or give legal advice. The hearing judge must allow enough time for all interpretations to be made and understood.
HEA	Wash. Admin. Code § 388-02-0150	When an interpreter is used at a hearing, the hearing judge must explain that the decision is written in English but that a party using an interpreter may contact the interpreter for an oral translation of the decision at no cost. Interpreters must provide a telephone number where they can be reached. This number must be attached to any decision or order mailed to the parties. DSHS must mail a copy of a decision or order to the interpreter for use in oral translation.
HEA	Wash. Admin. Code § 388-02-0255(2)(b), (d)	Hearing notices must include information that if the individual or any witnesses are LEP, DSHS will provide an interpreter at no cost and how to indicate any special needs, including the need for an interpreter.
HEA	Wash. Admin. Code § 388-02-0360(2)(a)	In all DSHS cases a party requesting a change in how a hearing is held or the way a witness appears (in-person or by telephone) must show good cause. A party must also show good cause which may include that a party does not speak or understand English well.
HEA	Wash. Admin. Code § 388-02-0460(3)	In DSHS hearings, witnesses may request interpreters at no cost.
INT	Wash. Admin. Code §§ 388-03-010 to 03-176	The provisions establish the rules for certification of Department of Social and Health Services' interpreters/translators, including qualifications and the code of conduct for interpreters/translators and procedures for administering certification examinations.

## Washington continued

Type	Provisions	Description
OAA, HHC	Wash. Admin. Code § 388-71- 0515(1)	For home and community services and programs, an individual provider or home care agency provider must understand the client's plan of care that is signed by the client or legal representative and social worker/case manager, and translated or interpreted, as necessary, for the client and the provider.
HHC, MEN	Wash. Admin. Code § 388-76- 655(4)	For adult family homes, providers must ensure that the provider, entity representative, resident manager and all caregivers are able to communicate or make provisions for communicating with the resident in his or her primary language.
HHC, MEN	Wash. Admin. Code §§ 388-76- 10520, 10522(2)	The adult family home must inform each resident both orally and in writing in a language the resident understands of resident rights, including all rules and regulations governing resident conduct and responsibilities during the stay in the home, and provide a statement indicating whether the adult family home will accept Medicaid or other public funds as a source of payment for services orally and in writing in a language the resident understands.
LTC, RGT	Wash. Admin. Code § 388-97- 0120(2)(b)	If a nursing home/facility initiates the transfer or discharge of a resident, the notice must be in writing, in a language the resident understands.
MED, LTC, RGT	Wash. Admin. Code § 388-97- 0410(c)	For Medicare/Medicaid certified skilled nursing facilities or nursing homes, regarding transfer or discharge, the home must inform the resident in writing, in a language and manner the resident can understand, of appeal rights.
LTC, CON	Wash. Admin. Code § 388-97- 0260	In nursing homes, the informed consent process and information on advance directives must include information in words and language that the resident, or if applicable the resident's surrogate decision maker, understands.
LTC	Wash. Admin. Code § 388-106- 1300(12)	For long term care services, individuals have the right to interpreter services provided free of charge if the individual cannot speak or understand English well.

## Washington continued

Type	Provisions	Description
AGY	Wash. Admin. Code § 388-271-0010	<p>DSHS provides limited English proficient (LEP) services to applicants/recipients who are limited in the ability to read, write and/or speak English. These services provide a way for DSHS to communicate with the individual even though limited in ability to communicate in English. LEP services are provided in the individual's primary language by authorized bilingual workers or by contracted interpreters and translators. The primary language is the language indicated on the individual's application or eligibility review as the language the individual wishes to communicate in with the department. LEP services include interpreter (verbal) services in person and/or over the telephone; and translation of department forms, letters and other printed materials.</p>
AGY	Wash. Admin. Code § 388-271-0020	<p>If a DSHS applicant/recipient has trouble speaking and/or understanding English, and a bilingual worker is not available to assist, DSHS will get a qualified interpreter in the primary language to help the individual communicate verbally. A qualified interpreter is someone who is fluent in English and the person's primary language and is trained on the Interpreter Code of Professional Conduct. Interpreter services are provided in-person or over the telephone. DSHS pays for the interpreter. If a DSHS worker feels that they are not able to communicate with an individual well enough to provide adequate services, the worker may request the services of an interpreter even if the individual did not ask for help. DSHS will provide interpreter services in a timely manner so that DSHS can process your case within the processing timeframes.</p>
AGY, TRA	Wash. Admin. Code § 388-271-0030	<p>DSHS provides fully translated written communication in applicant/recipients' primary language. This includes, but is not limited to: DSHS pamphlets, brochures and other informational material that describe department services and client rights and responsibilities; DSHS forms, including applications and individual responsibility plans, that DSHS asks individuals to complete and/or sign; and certain DSHS letters. DSHS pays for the written translation.</p> <p>DSHS will provide translated documents in a timely manner so that DSHS can process cases within the processing timeframes.</p>

## Washington continued

Type	Provisions	Description
AGY, RGT	Wash. Admin. Code § 388-472- 0005(l)	DSHS applicants/recipients have the right to have interpreter or translator services given at no cost and without delay.
MED, TRA	Wash. Admin. Code § 182-502- 0160(c)	Health care providers may only bill Medicaid clients if the client is not enrolled in medical assistance managed care, and the client and provider sign an agreement regarding payment for the service. The agreement must be translated or interpreted into the client's primary language and signed before the service is rendered.
CON	Wash. Admin. Code § 182-531- 0050	In defining physician-related services, "informed consent" means that an individual consents to a procedure after the provider who obtained a properly completed consent form has communicated effectively using, as needed, language interpretation.
MED, MCO	Wash. Admin. Code § 388-538- 110(7)(f)(ii)	For Medicaid managed care, a managed care organization's notice of action must be in the enrollee's primary language and be easily understood as required by federal Medicaid managed care regulations.
MED, MCO	Wash. Admin. Code § 388-538- 111(3)(c)(i)	For primary care case management services, enrollees filing grievances are entitled to any reasonable assistance in taking procedural steps for grievances such as interpreter services.
MED, MCO	Wash. Admin. Code § 388-538- 130(2)(c)(v), (6)(d)	An exemption to requirements for managed care enrollment exist for a client/enrollee who speaks limited English and the client or enrollee can communicate with a provider who communicates in the client's or enrollee's language and is not available through the MCO and the MCO does not have a provider available who can communicate in the client's language and an interpreter is not available. Notices from DSHS regarding its determination of a client's/enrollee's request requires translation into the client's or enrollee's primary language when the client or enrollee has limited English proficiency.
MED	Wash. Admin. Code § 182-546- 5100	The definitions for Medicaid non-emergency transportation services includes availability of an escort who is a person authorized by the broker to be transported with a client to a medical service and may be authorized depending on the client's communication or translation requirements, or cultural issues.

## Washington continued

Type	Provisions	Description
MEN	Wash. Admin. Code § 388-825-370(1)	An individual or home care agency employed to provide respite care, attendant care, personal care, companion home services, or alternative living services must understand the client's individual service plan or plan of care that is signed by the client or legal representative and social worker/case manager, and translated or interpreted, as necessary, for the client and the provider.





# West Virginia

Type	Provisions	Description
RGT, TRA, WOM	W. Va. Code § 16-21-3(a-c).	<i>Women's Right to Know Act:</i> Information about services available to assist women through pregnancy, upon childbirth, and while the child is dependent, adoption, methods of procedures commonly employed, medical risks and the possible detrimental psychological effects of abortion, medical risks commonly associated with carrying a child to term, and fetal development at two-week intervals shall be published in English and in each language that is the primary language of two percent or more of the state's population (as determined by the most recent decennial census performed by the U.S. census bureau) and shall be available on the state's website in typeface clear and large enough to be legible.
HEA, MEN	W. Va. Code § 27-5-1(b)(1)	In any proceedings before any court for involuntary commitment to a mental health facility, the court shall appoint an interpreter for any individual who speaks a foreign language.
LTC, RGT	W. Va. Code R. § 64-13-4(4.5.c)	As a condition for licensure, nursing homes shall reasonably accommodate residents with a primary language other than English to inform residents of their rights.
CRD	W. Va. Code R. § 64-89A-2, App. A	Forms for the uniform credentialing of health care practitioners will ask if the practitioner speaks any other languages other than English.

## West Virginia continued

Type	Provisions	Description
OAA	W. Va. Code R. § 76-3-2, Attachment	Each area agency on aging (AAA) shall provide assurances that they will use outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, with special emphasis on older individuals with limited English speaking ability. In addition, the required state plan must provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are LEP, the State will require the AAA to utilize in the delivery of outreach services workers who are fluent in the language spoken by a predominant number of such LEP older individuals; and to designate an individual employed by the AAA, or available to the AAA on a full-time basis, whose responsibilities will include: taking such action as may be appropriate to assure that counseling assistance is made available to LEP older individuals to assist them in participating in programs and receiving assistance under this Act; and providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
MEN, RGT	W. Va. Code R. § 64-59-6(6.11)	Right to Ongoing Participation in Treatment Planning. Every client of a behavioral health facility is entitled to participate in the development and periodic revision of his or her individual treatment plan and shall be notified of its content as well as of all proposed changes in that plan, including but not limited to: plans for continued institutionalization, discharge, transfer to another facility or ward, changes in the therapy program and changes in medication. The client shall be provided with a reasonable explanation in plain and understandable language of all aspects of his or her condition, assessment and treatment by an appropriate member of the interdisciplinary team.

## West Virginia continued

Type	Provisions	Description
RGT, TRA	W. Va. Code R. § 114-96-7	To be considered to meet the requirements of the section involving expedited reviews of grievances involving an adverse determination (Series 96, Health Plan Issuer Internal Grievance Procedure), the issuer shall: provide oral language services, such as a telephone assistance hotline, that include answering questions in any applicable non-English language and providing assistance with filing benefit requests and claims and appeals in any applicable non-English language; provide, upon request, a notice in any applicable non-English language; and include in the English versions of all notices a statement prominently displayed in any applicable non-English language clearly indicating how to access the language services provided by the carrier. An issuer may provide the notice required under this section orally, in writing or electronically. If notice of the adverse determination is provided orally, the issuer shall provide written or electronic notice of the adverse determination within three days following the oral notification.
MEN, RGT	W. Va. Code R. § 64-11-8	All human and civil rights for consumers with disabilities have the right to be informed orally, in writing, and in an appropriate language and terms of the rights described in Section § 64-11-8.



# Wisconsin

Type	Provisions	Description
AGY, OAA	Wis. Stat. Ann. § 46.82(3)(a)(7)	The Department of Social Services shall work to ensure that programs and services for older individuals are available to non-English speaking persons, and to racial, ethnic, and religious minorities.
AGY, PUB	Wis. Stat. Ann. § 250.042(3)(b)	The Department of Health, when acting as the public health authority during a state of emergency related to public health, shall provide information specified by all available and reasonable means calculated to inform the general public, including reasonable efforts to provide the information in the primary languages of individuals who do not understand English.
STA, TRA	Wis. Stat. Ann. § 253.10(3)(d)	Written information about abortion alternatives and fetal development must be provided to patients in English, Spanish and languages spoken by a significant number of state residents in an easily comprehensible format and are printed in type of not less than 12-point size. The Department of Health shall distribute a reasonably adequate number of the materials to county departments as specified under Wis. Stat. Ann. § 46.245 and upon request, shall annually review the materials for accuracy and shall exercise reasonable diligence in providing materials that are accurate and current.
INS	Wis. Stat. Ann. § 609.22(8) (see Wis. Stat. Ann. § 609.01(a) for definition of “defined network plan”)	If a significant number of enrollees of the defined network plan customarily use languages other than English, the plan shall provide access to translation services fluent in those languages to the greatest extent possible.

## Wisconsin continued

Type	Provisions	Description
AGY, MEN	Wis. Admin. Code DHS § 36.07(5)(h)	The Department of Health and Family Services shall ensure that a consumer's cultural heritage and primary language are considered as primary factors when developing the comprehensive community services for persons with mental disorders comprehensive plan and that activities and services are accessible in a language in which the consumer is fluent.
EIS	Wis. Admin. Code DHS § 90.08(7)(d) (1)	Early intervention diagnostic testing for children from birth to age three shall be administered or provided in the child's or family's primary language or other mode of communication. When this is clearly not possible, the circumstances preventing it shall be documented in the child's early intervention record.
EIS	Wis. Admin. Code DHS § 90.10(7)(b) (3)	To ensure that parents fully understand and are active participants in the Individualized Family Service Plan ("IFSP") process for early intervention from birth to age three for children with developmental disabilities, all meetings shall be conducted with someone who can interpret if the family's native language is different from the language, unless this is not feasible.
EIS	Wis. Admin. Code DHS § 90.12(1)(c)	For all early intervention service provider for children from birth to age three with developmental needs must provide written notice to parents of children in the language understandable to the general public. If the parent's proficiency in English is limited or if the language or other mode of communication normally used by the parent is not written, the county agency or service provider shall take steps to ensure that the notice is translated orally or by other means into the language the parent normally uses or other mode of communication, the parent understands the notice, and there is written evidence of notice that complies with this subsection.
MED	Wis. Admin. Code DHS § 102.01(4)	In administering the state Medicaid program, agencies that serve substantial non-English speaking or limited English speaking populations must take whatever steps are necessary to communicate with them in their primary language.
CON, MED, STA	Wis. Admin. Code DHS § 107.06(3)(d) (3)	For Medicaid payment, if the individual to be sterilized does not understand the language used on the consent form or the language used by the person obtaining consent, an interpreter shall be provided.

## Wisconsin continued

Type	Provisions	Description
CRD	Wis. Admin. Code DHS § 129.08 (2) (d)	For nurse training and testing, the competency evaluation program shall provide students with written and oral examinations in English. If the student will be working in a provider setting in which the predominant language is other than English, the program may not refuse to test in the language that is predominant in that work setting.
EIS	Wis. Stat. Ann. § 253.15(2)	Child abuse and neglect prevention board shall purchase or prepare or arrange with a nonprofit organization to prepare printed and audiovisual materials relating to shaken baby syndrome and impacted babies in English, Spanish, and other languages spoken by a significant number of state residents, as determined by the board.
CRD	Wis. Admin. Code DHS § 129.13(1)(b)	A person may not provide hands-on assistance with feeding or hydrating residents (not further defined) unless the person has successfully completed a state-approved standardized written quiz with a score of 75 percent or greater. Individuals may request the quiz to be administered orally. Instructors shall consider the needs of persons who have LEP or literacy difficulties.
WOM	Wis. Admin. Code DHS § 105.52 (4)(c)(8), (4)(f), (4)(g)	To be certified to provide prenatal care coordination services, the prenatal care coordination agency shall submit a plan to the Department of Health Services documenting that, at a minimum, the agency has the name, location and telephone number of a translator and interpreter services including services for the hearing-impaired. In addition, the agency must have the ability and willingness to deliver services in a manner that is sensitive to the particular characteristics of the racial or ethnic group or groups with which it intends to work and has the ability to arrange for supportive services provided by other funding sources such as county interpreter services.
CON, RGT	Wis. Adm. Code DHS § 94.04(5)	As required by the Department of Health, all notification of rights, both oral and written, shall be in language understood by the patient, including sign language, foreign language or simplified language when that is necessary. A simplified, printed version of patients' rights shall be conspicuously posted in each patient area.

## Wisconsin continued

Type	Provisions	Description
INS	Wis. Admin. Code Ins. § 9.21(e)(4)	Defined network plans, preferred provider plans, and limited service health organizations shall provide access to translation services for the purpose of providing information concerning benefits, to the greatest extent possible, if a significant number of enrollees of the plan customarily use languages other than English.

# Wyoming

Type	Provisions	Description
CRD	Wyo. Stat. Ann. § 33-33-102(a)(vii) (B), (a)(ix)(B)	Speech-language pathology aide and Speech-language pathology assistants may provide bilingual interpretation and translation for screening and assessment activities exclusive of clinical interpretation.
INT, MED	048-0037-26 Wyo. Code R. § 20(a-b)	Interpreters shall adhere to national standards developed by the National Council on Interpreting in Healthcare (NCIHC), to include accuracy, confidentiality, impartiality, role boundaries, professionalism, professional development, and advocacy. The interpretation provider shall only bill for time spent with the client.
MED, RGT	048-0037-45 Wyo. Code R. § 4(e)(iii) (B)	Procedural requirements regarding rights: a provider that provides direct services shall have and implement policies and procedures that ensure: The information must be provided in a manner that is easily understood, given verbally and in writing, in the native language of the participant or legally authorized representative(s), or through other modes of communication necessary for understanding.
MEN	048-0029-1 Wyo. Code R. § 4(iii)(A)	A person admitted to the hospital for the purposes of receiving mental health services shall be accorded explanation of the general mental condition, objectives of treatment, nature, duration, and possible adverse effects of treatment, reasons why treatment is appropriate, and descriptions of alternatives, as well as posted notices listing and describing the patients' rights in a language appropriate to the person's condition and ability to understand.





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