



PROVIDING LANGUAGE SERVICES IN STATE AND LOCAL HEALTH-RELATED BENEFITS OFFICES: EXAMPLES FROM THE FIELD

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January 2007

ABSTRACT: Changing demographics, along with federal and state policies, have increased the need for effective models of providing language services to people with limited English proficiency. Many benefits offices, which help people apply for Medicaid and other public programs, lack knowledge and resources, creating barriers to access and care. To assess this environment, the National Health Law Program visited benefits offices and conducted telephone interviews and surveys. Certain strategies emerged as promising practices, defined as creative, effective methods replicable by others. These include written language access plans; recruiting bilingual staff for dual roles (e.g., front desk and interpreter positions); interpreter competency testing; training for interpreter staff; telephone language lines; community resources such as universities, local advocates, legal aid organizations, and refugee resettlement organizations; and tapping into underused funding sources. The authors include an eight-step plan to help benefit offices develop a strategy to meet the needs of clients.

Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff. This report and other Commonwealth Fund publications are available on the Fund's Web site at www.cmwf.org and the National Health Law Program's Web site at www.healthlaw.org. To learn about new Fund publications when they become available, visit the Fund's Web site and [register to receive e-mail alerts](#). Commonwealth Fund pub. no. 995.

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ACKNOWLEDGMENTS

This report could not have been written without the generous assistance of The Commonwealth Fund. We specifically would like to thank Anne Beal for her assistance.

In addition, our thanks are due to all the individuals who completed the survey. Special thanks also go out to the individuals and their staff members who provided in-depth information about the programs highlighted in this report. These individuals are: Lydia Glasson and Juanita F. Francis (Ariz.); Eileen Kelly (Calif.); Heidi Gordon (Idaho); Grace Hou and Greg Diephouse (Ill.); Cathy Cox (Ky.); Robert Contreras (Neb.); Terry Hodges, Carlotta Dixon, and Carolyn Sexton (N.C.); Maude Holt and Joseph LaFleur (Wash., D.C.); and Nora Guzman-Dyrseth, Ashley Mai, and Jason Reed (Wash.).

Additional individuals and organizations assisted us in disseminating the surveys. We wish to thank the National Immigration Law Center; National Council of Interpretation in Health Care; National Council of State Legislatures; National Association of Counties; National Asian Pacific American Legal Consortium; National LEP Task Force; National Association of Counties; and the American Public Human Services Association.

Finally, we would like to thank our interns who provided assistance in gathering and assembling information and conducting telephone surveys, Chandra Napora and Travis Robey.

This report describes a variety of ongoing activities designed to improve language services in state and local health-related benefits offices. Inclusion in this report does not signify endorsement by NHeLP. NHeLP offers this information to help interested persons understand the variety and complexities of language services.

EXECUTIVE SUMMARY

Background

For over 40 years, civil rights laws have prohibited federally funded entities from discriminating on the basis of national origin, race, and ethnicity. Changing demographics, however, as well as heightened federal and state policies, have increased the need for effective and efficient models of providing language services to individuals who are limited English proficient (LEP).

Medicaid and the State Children's Health Insurance Program (SCHIP) provide health insurance to many low-income individuals, including those who are LEP. State and local benefits offices ("benefits offices") that administer these programs are responsible for activities such as outreach, enrollment, retention, and communication with applicants/enrollees ("clients"). These benefits offices must be able to communicate effectively with their LEP clients. Communication can, in fact, be the deciding factor in whether a LEP individual actually enrolls in a program and receives benefits. Benefits offices that have implemented effective communication strategies help ensure that LEP individuals receive timely information, in languages other than English, that helps them understand how the program operates and how to access services and retain eligibility.

In contrast, communication barriers can preclude LEP individuals from applying for or retaining eligibility in these programs or from receiving full benefits. Offices' lack of resources and knowledge, or those placing a low priority on providing language services can create barriers for LEP clients. Resource constraints may include a shortage of bilingual staff and trained professional interpreters and translators. The lack of knowledge in benefit offices about LEP populations is also significant. According to a New York City survey, benefits office workers did not offer language services to 87 percent of LEP clients.¹ These clients reported being turned away from Medicaid offices; made to wait excessive amounts of time before being served; required to bring an "informal" interpreter or rely on a non-confidential interpreter; and required to make repeated visits before receiving benefits.

Summary of Findings

Through surveys and site visits, the National Health Law Program (NHeLP) assessed language service programs and activities under way in state and local agencies and benefits offices that help people apply for and retain eligibility for Medicaid, SCHIP, and other publicly funded health programs. Some states have implemented or are developing

department-wide language service plans. In others, the language service plan or policy applies to a specific subset of the department, such as the Medicaid agency within the Department of Health. Administrative subdivisions, such as Los Angeles County, have in some instances developed their own language services plans. Converting these plans from paper to practice can be a major challenge for benefits offices.

This study identified a number of innovative and replicable activities:

- **Designated staff.** To assure accountability and performance, almost all the benefits offices interviewed for this project have designated one or more staff members to coordinate language service activities.
- **Community involvement.** Benefits offices are beginning to recognize that providing language services requires broad community acceptance and participation. They are formalizing community involvement through advisory boards that offer suggestions, identify issues, and assist with planning and implementation of services.
- **Language access planning.** Benefits offices are creating written language plans, as suggested by the Department of Health and Human Services Office for Civil Rights (OCR). Language plans identify language needs and describe the office's strategy to meet the need.
- **Determining language needs at first points of contact.** Benefits offices are taking steps to introduce language access at the first points of client contact. For example, "I Speak" posters and cards that identify clients' language needs as soon as they walk through the door are used by front-desk staff.
- **Language services throughout the client encounter.** Because LEP clients experience language barriers throughout the health care encounter, benefits offices are using bilingual staff and interpreters to assist their clients throughout intake, clinical encounter, and follow-up.
- **Bilingual caseworkers.** Some agencies are assessing bilingual staff hired as caseworkers to determine if they can interpret for clients or staff.
- **Dual role bilingual staff.** Many benefits offices are hiring bilingual staff to perform multiple roles, including specific language assistance tasks. For example, in addition to other job responsibilities, individuals with conversational proficiency in a second language may provide limited telephone assistance at the front desk while those with greater proficiency may interpret during intake interviews.

- **Contract interpreters.** Some benefits offices are partnering with other state and local agencies to share interpreters and translators while others are using interpreters and translators who work on a contract basis. Offices interviewed for this report are finding such interpreters through state or local agencies, colleges and universities, refugee resettlement sites, community-based organizations, and commercial entities.
- **Community resources.** Benefits offices can work with entities in their community to improve language services available. Many are working with local advocates, legal aid organizations, community-based organizations, refugee resettlement organizations, and community colleges.
- **Interpreter competency.** Benefits offices are working to improve the competency of bilingual staff who provide services in languages other than English. Some offices have developed specific assessment or qualification testing.
- **Telephone language lines.** Benefits offices are using telephone language lines (i.e., services that offer interpreters via telephone), but only as a last resort for frequently encountered languages. They use them more often for less frequently encountered languages. The offices often verify the competency of the telephone language lines.
- **Written translations.** Some benefits offices are translating vital documents in-house, using bilingual staff, or through contracts with outside translators. They notify LEP clients of the availability of these documents through brochures, coloring books, kitchen magnets, and fotonovella (picture stories). When entire documents cannot be translated because of limited resources, benefits offices often use language notification flyers and taglines on documents to inform clients that an interpreter is available to translate the document orally.
- **Data collection.** Many offices collect client-level data on applications while others collect information on special language designation forms. Some offices use the data to help evaluate services and identify additional needs. Office staff may soon have language services easily available through databases currently being developed.
- **Staff training.** Staff training is essential to ensure that available language services are appropriately utilized in benefits offices. Some offices are engaging in on-site, staff-wide training and testing, while others are using online training and information dissemination.

- **Client satisfaction.** Benefits offices are monitoring client satisfaction as they continue to evaluate and expand their language services. This may be as simple as client-charting notations or may entail formal client surveys.

The results here represent one step toward identifying and evaluating the various models of providing linguistic access and cultural competency in health care. The activities described in this report clearly demonstrate that one size does not fit all when it comes to providing language services. Rather, the nature, scope and delivery approach will vary from state to state, community to community, and from one local benefits office to another. However, by borrowing and adapting from the activities already under way, benefits offices can make great strides toward improving health care access. Benefits offices that are developing language services should follow this eight-step process:

Step 1—Designate responsibility.

Step 2—Conduct ongoing analysis of language needs.

Step 3—Identify and work with resources in the community.

Step 4—Determine what language services to provide.

Step 5—Determine response to LEP individuals.

Step 6—Train staff.

Step 7—Notify LEP clients of available language services.

Step 8—Update activities after periodic review.

While determining appropriate language services depends on individual circumstances, benefits offices have an array of options that can be tailored to the needs of their LEP clients and the office's setting, size, and location. Offices may hire bilingual staff and contract interpreters, use in-person or telephone interpreters, or partner with other agencies and offices to share resources and costs.

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INTRODUCTION

Residents of the United States, both in urban and rural areas, speak hundreds of languages. Nearly 19 percent speak a language other than English at home. Of these, almost 45 percent speak English less than “very well”—including 50 percent of Spanish speakers, 34 percent of other Indo-European speakers, 50 percent of Asian and Pacific Islander speakers, and almost 30 percent of other language speakers.²

Between 1990 and 2000, the population of foreign-born residents surged by 57 percent, a wave of immigration unsurpassed even in the early twentieth century. Among the states with the highest populations of LEP residents are: California (where 20 percent report speaking English less than “very well”), Texas (13.9%), New York (13%), Hawaii (12.7%), New Mexico (11.9%), Arizona (11.4%), Nevada (11.2%), New Jersey (11.1%), Florida (10.3%), and Illinois (9.1%). Notably, LEP populations are increasing most rapidly outside urban states, with the largest gains in North Carolina, Georgia, Nevada, Arkansas, and Nebraska.³ For the eight sites featured in this report, the percentages of residents who speak English less than “very well” are as follows: Arizona (11.1%), Los Angeles County (30%), Idaho (4.7 %), Kentucky (1.7%), Nebraska (3.7%), North Carolina (4.2%), Washington, D.C. (7.9%), and Washington (5.6%).⁴

According to a study of 141 Medicaid applicants/recipients in five Medicaid offices in New York City between June and August 2002:

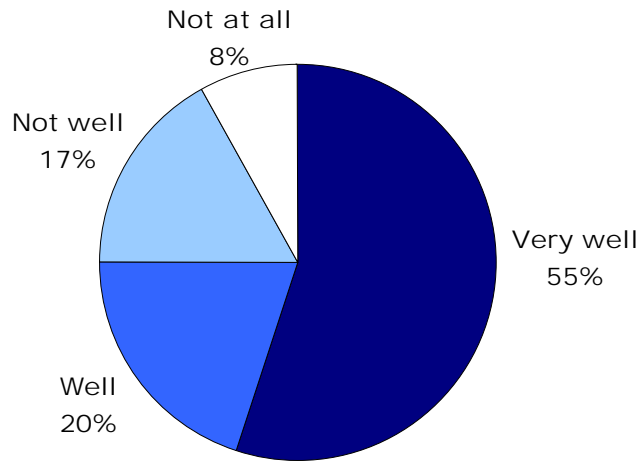
- Medicaid workers did not offer interpreter assistance to 87 percent of the LEP beneficiaries interviewed by the Collaborative.
- Seventy-one percent of the respondents reported confusion about their coverage and Medicaid benefits.
- Sixty-five percent of the respondents brought their own informal, unskilled “interpreter,” of which 9 percent were minor children. Forty-six percent reported that family tensions were caused as a result of bringing a family member to interpret.
- Ten percent of respondents reported withholding information because they were worried about issues of confidentiality when forced to rely on an unskilled, informal “interpreter.”
- Seventeen percent of respondents felt that the person who ended up “interpreting” for them did not do so accurately.

Source: *Seen But Not Heard: The Need for Meaningful Access to Language Services for Limited English Proficient Medicaid Beneficiaries at New York City Medicaid Offices*, Legal Aid Society, Health Law Unit (May 2003).

Language Services in Health-Related Benefits Offices

The lack of resources, knowledge, and institutional priority to provide language services in benefits offices creates barriers to helping LEP clients enroll in Medicaid, SCHIP, and other publicly funded health programs. Resource constraints include a shortage of bilingual agency staff and trained professional interpreters. The lack of knowledge of LEP populations is also significant. According to one survey conducted in New York City Medicaid offices, staff members did not offer language services to 87 percent of LEP clients.⁵ The clients reported being turned away from Medicaid offices without being served; made to wait excessive amounts of time; required to bring an “informal” interpreter or rely on non-confidential interpreters, such as other clients of the Medicaid office; and forced to make repeated visits before receiving services.

Figure 1. Ability to Speak English
by Non-English-Language Speakers



Source: U.S. Census Bureau, 2005 American Community Survey, Table B16004.

The Need for Promising Practices

Information about promising practices can help benefits offices understand and meet the needs of their communities better while ensuring that those eligible for publicly funded health insurance are enrolled. Identifying promising practices can also help benefits offices meet their responsibilities under Title VI of the Civil Rights Act of 1964. The Department of Health and Human Services' Office for Civil Rights (OCR) Title VI Guidelines apply to all federally funded entities, including benefits offices that administer or oversee federal programs such as Medicaid and SCHIP. Taking their size into account, OCR expects these benefits offices to ensure meaningful access for LEP populations.⁶

PROMISING PRACTICES FOR HEALTH-RELATED BENEFITS OFFICES

During the summer and fall of 2005, the National Health Law Program conducted surveys, site visits, and in-depth telephone interviews throughout the United States to explore the nature and extent of language services in benefits offices. (See [Appendix C](#) for a description of the project methodology.)

Getting Started

It takes time and resources to identify and develop appropriate language services. However, by tailoring and borrowing from the activities under way, benefits offices can

make great strides toward improving health care access for LEP clients. Benefits offices that are developing language services should follow an eight-step process (see [Appendix A](#)).

This section discusses two initial steps that can help benefits offices identify needs and start providing language services: designating staff and data collection. With these two steps completed, benefits offices can prepare themselves for the next step: deciding how to provide language services.

Designating Staff

Almost all the benefits offices interviewed for this project have designated one or more staff members to coordinate language service activities. They are thus better able to assess needs and develop activities and programs. Designated staff may coordinate the initial assessment and data collection to identify the client population and its needs. A language services coordinator quickly becomes familiar with the service needs of the local LEP population, the community resources available, and potential partners and funding sources.

The role of staff can vary, depending on the agency's needs and progress. Staff may initially coordinate data collection and work with community-based organizations to identify needs. Some agencies develop plans that outline specific methods of providing language services, names of people to assist clients, and agency policies and procedures. Several staff members may be involved in drafting and implementing the plan.

[Los Angeles County's Department of Public Social Services](#), for example, has a Central Coordinating Office while [North Carolina's Department of Health and Human Services](#) has designated Title VI coordinators; both include community members in advisory capacities. [Nebraska's Department of Health and Human Services System](#) has a Central Office LEP Language Assistance Implementation Planning Guidance Team to develop a language services plan and oversee implementation.

Data Collection

Two types of data collection can help benefits offices identify language needs and determine how to provide services: general and specific. General data include information about the agency's community area and eligible individuals. It may include data from the U.S. Census Bureau, or from community-based organizations serving specific immigrant, refugee, or language communities. It gives a broad overview of languages spoken in the geographic area studied.

Alternatively, specific data concern individual clients and may be collected at intake, on applications, or through other sources. In aggregate, it gives a broad picture of clients served by the benefits offices and can be helpful for initial assessments as well as ongoing planning. Many benefits offices are collecting data on clients' languages and how language services are provided. Client language information is often noted in offices' databases.

[Arizona's Department of Economic Security's](#) database, for example, does not allow a staff member inputting eligibility to proceed past certain fields without noting the client's language needs. The database includes 68 language choices plus an open-ended option. Clients are asked their primary language at initial and renewal interviews. The [Los Angeles County Department of Public Social Services](#) also collects language information at initial eligibility and renewals and uses it for snapshot reports of language needs and services that are then distributed to division heads, eligibility offices, and the community advisory board. One report shows the number of LEP individuals in the Medicaid caseload, by language spoken, served by each eligibility office during the month. [Washington's Department of Social and Health Services](#) requires noting the client's primary language in its computer system—88 language codes are available as well as a field for “interpreter needed.” The interpreter's name is also fed into the computer system.

[Kentucky's Cabinet for Health and Family Services](#) collects language information and specifics on each encounter using language services. The online LEP interaction form allows the agency to monitor the frequency of LEP contacts, languages served, interpreter resources used, and programs with the greatest LEP clientele. The online form collects information on language spoken, services requested, how language services were provided (staff interpreter, external interpreter, community partner, or telephone language services), how much time was spent assisting the LEP individual, and the cost (if any).

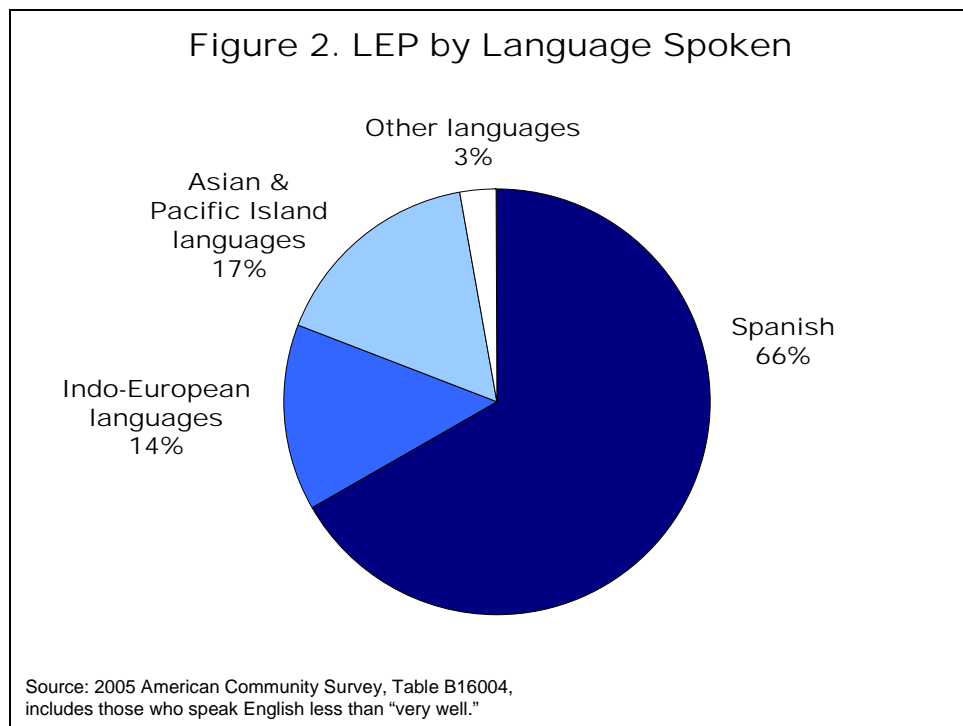
Agencies usually need both kinds of data for planning. When collecting client-specific data, general community-level data can help the agency plan even before knowing exactly whom it serves. If a benefits office does not provide language services, it may not be serving all eligible people and its own language data may undercount actual need. Supplementing specific data with general data can help identify shortfalls and promote collaboration with community-based organizations. The data also reflect whether targeted outreach or translated materials are reaching all those eligible for benefits.

Advanced Steps in Ensuring Language Access

The agencies and benefits offices in this section have already designated staff and collected data and have begun a variety of activities to ensure language access for LEP clients. While there is no one-size-fits-all solution, the following examples describe proven ways to adapt and replicate language access programs.

Agency staff members interviewed for this project repeatedly noted that it takes time to develop language services. They highlighted the importance of thinking creatively to implement services while keeping costs manageable. The promising practices included here are not necessarily comprehensive or expensive but rather reflect a way to provide effective language services that can be replicated. Benefits offices need to share information, wherever it comes from, and pool resources to make the best use of resources and keep costs reasonable.

(See the second part of this report, [Examples from the Field](#), for an in-depth discussion of how the survey sites are implementing these practices)



Language Access Planning

Benefits offices are developing written language plans, agency-wide and office by office, that often incorporate the OCR suggestions for providing language access and complying with Title VI (www.hhs.gov/ocr/lep/revisedlep.html). These plans identify language needs and present the entity's own strategy for meeting that need. [Idaho's Department of Health and Welfare](#) and Nebraska's Department of Health and Human Services System each have written plans. North Carolina's Department of Health and Human Services has an overall language access plan and requires each of its 100 counties to develop their own language services plan for department approval. A task force that includes the Title VI coordinators, benefits offices representatives, and consumer advocates is helping to review the county plans.

[Illinois's Department of Human Services](#) has started an agency-wide project to coordinate language services activities throughout each of its divisions. Each division has a designated LEP liaison for a department workgroup that includes external stakeholders. In addition, Illinois's Governor recently signed an executive order creating a New Americans Immigrant Policy Council. By September 1, 2007, state agencies must have New Americans plans that incorporate effective training and resources, ensure culturally and linguistically competent and appropriate services, and include administrative practices that reach out to and reflect the needs of the immigrant and LEP populations. Washington's Department of Social and Health Services has three administrative code sections that specifically address LEP as well as an extensive policy on the subject.

Determining Language Needs at First Points of Contact

Benefits offices are introducing language access at the first points of client contact. For example, offices are using "I Speak" posters and cards at their front desks to identify clients' language needs as soon as they walk through the door (e.g., [Arizona](#), [California](#), and [Washington, D.C.](#)). Arizona's "I Speak" poster includes 23 languages: Albanian, Apache, Arabic, Bosnia/Croatian/Serbian, Chinese (Cantonese and Mandarin), Farsi, French, German, Hindi, Hopi, Italian, Korean, Navajo, Pima, Romanian, Russian, Somali, Spanish, Vietnamese, Yaqui, and Yavapai.

The "I Speak" materials are easy for both client and staff to use. The phrase "I Speak . . ." appears in the different languages spoken in the office, the client points to his or her language, and the front desk staff sees the name of the language written in English. "I Speak" materials can be downloaded from the federal government's language site (www.lep.gov). [Washington, D.C.'s, Medical Assistance Administration](#), working with local community advocates, developed "I Speak" posters and brochures and a "Know

Your Rights” pamphlet. The brochure and pamphlet were sent to each Medicaid enrollee and the posters are displayed in benefits offices and local health care providers’ offices. The Los Angeles County Department of Public Social Services Language Designation Form is translated into the county’s eight “threshold” languages (Spanish, Vietnamese, Chinese, Armenian, Korean, Cambodian, Russian, and Tagalog) and allows an individual to ask for oral or written translations. This form becomes part of the client’s case file and goes into the county’s computer system.

Telephone receptionists also help ensure that LEP clients can communicate with office staff. Some benefits offices are requiring that their telephone answering services provide assistance in languages other than English. For example, Idaho’s Department of Health and Welfare’s telephone system has English and Spanish versions, including a bilingual health education line. English- and Spanish-speaking staff answer [Nebraska’s Health and Human Services System’s](#) main telephone line. North Carolina’s Department of Health and Human Services’ CARELINE, which provides information on Departmental services, offers assistance in Spanish.

Once offices identify language needs, they are creating an easily accessible record of the language spoken. Many offices have developed coding for their computer systems to easily record language needs.

Community Involvement

Benefits offices are recognizing that developing and implementing language services requires broad community acceptance and participation. They are formalizing community involvement through advisory boards that offer suggestions, identify issues, and help with policy development and implementation. The Los Angeles County Department of Public Social Services has convened a community advisory board that meets six times each year to discuss issues. North Carolina’s Department of Health and Human Services includes community members on its Title VI advisory committee and has a subcommittee that created forms to monitor the progress of language access plans at the county level. The committee is working with the state physician advisory group to develop system-wide standards and payment rates for interpreter services. Illinois’ Department of Human Services contracted with the Sargent Shriver National Center on Poverty Law and a local demographer, with funding from the Frey Foundation, to conduct a comprehensive assessment of how DHS interacts with LEP clients in outreach efforts and services provided in benefits offices.

Language Services Throughout the Client Encounter

Because LEP clients communicate with caseworkers during repeated encounters (requests for information, application, eligibility interviews, recertification and renewals, service issues), offices are using interpreters to assist individuals throughout the process.

Offices are exploring other ways to providing accessible materials to LEP clients. [North Carolina's Division of Public Health](#) developed a popular fotonovella (picture story) to help Spanish-speaking immigrants understand how the health care system works.

Benefits offices are taking bilingual services to where clients live. For example, Idaho's Department of Health and Welfare designates two caseworkers to conduct eligibility interviews at community-based organizations that are assisting refugees. When the date for these clients to renew their benefits approaches, the department sends notices both to the client and the local community-based organization, which can then assist in contacting the client in the preferred language.

Benefits offices are trying to preclude the use of family members, friends, or other clients as interpreters. For example, [Los Angeles's Department of Public Social Services](#) has notified eligibility offices not to use family and friends to interpret unless the LEP individual has been offered and refused an interpreter. A form designates use of a family member and applies only to the single visit (i.e., if a client wants to use a family member at subsequent visits, a new form will be required for each visit).

Bilingual Caseworkers

Benefits offices are recruiting bilingual caseworkers to provide services directly in languages other than English (primarily Spanish) but the limited number of qualified applicants has created difficulties. Agencies that are hiring bilingual caseworkers include those in [Arizona](#), [Kentucky](#), [Los Angeles County](#), [Illinois](#), [Nebraska](#), [North Carolina](#), and [Washington](#).

The Los Angeles County Department of Public Social Services, to improve the availability and use of bilingual staff, has its human resources division certify language skills. Certified eligibility workers have mastered a required level of competency in reading and speaking while clerical workers are assessed for their oral communication skills. Each eligibility office receives printouts showing where all bilingual caseworkers work. This allows offices to call neighboring offices for assistance when an unusual language need occurs. Washington's Department of Social and Health Services certifies bilingual employees through language fluency tests. The employee's classification

questionnaire that describes his or her employment responsibilities outlines the duties involved in providing language assistance.

Bilingual Staff Trained as Interpreters and Translators

Many of the benefits office sites in this project are hiring bilingual staff in support roles and using them for specific language assistance tasks. For example, individuals with conversational proficiency may provide limited services at the front desk (such as answering phones or scheduling appointments), while those with higher proficiency interpret during eligibility interviews. Kentucky's Cabinet for Health and Family Services has a special Language Access Section that includes four trained interpreters who can assist caseworkers in the local offices. [Washington's Department of Social and Health Services](#) bilingual employees can provide interpretation for another worker when they are also certified as interpreters and it is documented in the employee's classification questionnaire.

It is important to define job responsibilities for bilingual staff that includes both interpreting and additional job responsibilities and to monitor the demands placed on these employees.

Contract Interpreters and Translators

If the benefits office has been unable to hire enough bilingual staff members, contract interpreters may be needed on a limited basis. State or local agencies, refugee resettlement sites, community-based organizations, colleges and universities, language agencies, and commercial entities may all be places to find interpreters. Kentucky's Cabinet for Health and Family Services, for example, qualifies community partners (both individual interpreters and language agencies) to interpret for the agency. Washington's Department of Social and Health Services has a comprehensive process to certify contract employees and only those who pass certification (in the state's seven most common languages) or assessment (for other languages) may provide services to the agency.

Community Resources

Benefits offices are working with community organizations to develop workable language assistance policies. Both Los Angeles County Department of Public Social Services and North Carolina's Department of Health and Human Services work with community members to identify and meet the needs of LEP clients. North Carolina's Department of Health and Human Services includes community members on its Title VI Advisory Committee and utilizes the Committee for a range of activities. For example, one of its subcommittees has developed reporting forms for monitoring implementation of

language access plans at the county level. Last year, it hosted a meeting where a number of language line vendors gave presentations on telephone interpreter services.

Benefits offices are working with community groups to widen the pool of available resources. Idaho's Department of Health and Welfare contracts with local community organizations that assist with refugee resettlement. The department assigns two caseworkers to conduct eligibility interviews at these community sites and the community organizations, in turn, provide interpreters during the interview. North Carolina's Division of Public Health is working with the United Hmong Association of North Carolina to translate its fact sheets. Washington, D.C.'s Medical Assistance Administration worked with community advocates to develop its "I Speak" poster and cards and a "Know Your Rights" pamphlet. Community advocates helped design and test early drafts. Illinois' Department of Human Services funds the Illinois Coalition on Immigrant and Refugee Rights which in turn funds 34 community organizations that provide information and referral services to immigrant families, case management services, and interpretation services.

Telephone Language Lines

Benefits offices are also using telephone language lines, often as a last resort for commonly encountered languages but as the first line of assistance for less frequently encountered languages. Offices using telephone lines include Idaho's Department of Health and Welfare, Los Angeles' Department of Public Social Services, Kentucky's Cabinet for Health and Family Services, and Washington D.C.'s Medical Assistance Administration.

Benefits offices should verify the competency of the telephone language lines being used before signing a contract by asking whether the telephone interpreters are trained in the relevant terminology and confidentiality; whether the service has the capacity to provide services in case of an unusual event; and whether there are other agencies that may want to join in discount purchasing of telephone language-line services.

Written Translations

Benefits offices are beginning to translate important documents, which those interviewed termed an efficient way to improve the client encounter. Some offices are translating their outreach materials while others are translating applications and notices of action into Spanish and other languages spoken in the community.

Washington's Department of Social and Health Services computer system includes translations in Cambodian, Chinese, Korean, Laotian, Russian, Somali, Spanish, and Vietnamese for all automated case maintenance letters (standardized letters sent out by caseworkers to discuss a client's case). The department's forms and records management system also includes some translated forms and workers can request additional translations, which are then posted on the Web site. The Los Angeles County Department of Public Social Services is piloting a system that gives eligibility workers desktop access to hundreds of translated notices and forms. Benefits workers are available to translate documents online through a special program. A form can be obtained using its call number or, if the number is not known, using a key word search. Kentucky's Cabinet for Health and Family Services intranet has translated forms that local benefits offices can download, a quick reference guide to its language access policies and procedures, a Spanish greetings and phonetics guide, and links to federal materials and guidance. Washington, D.C.'s Medical Assistance Administration requires its managed care enrollment broker to distribute all enrollment materials in Spanish (at a fifth-grade reading level). The broker must also provide written enrollment materials in Vietnamese, Chinese, Amharic, Korean, and Braille (and any other languages the District may designate). The broker's notification letter, sent to all new enrollees, must state that oral interpretation services are available free of charge in any language and that translated enrollment materials are available.

While benefits offices cannot translate every document needed by LEP clients, they can notify them of available assistance through other means. Arizona's Department of Economic Security created a language notification flyer that is sent out along with all correspondence to clients. The flyer notifies clients in 20 languages about the availability of free language assistance and oral translation of written materials. Washington, D.C.'s Medical Assistance Administration includes five non-English language "taglines" on all notices, informing clients who cannot understand the correspondence to call the agency for assistance.

Benefits offices are using bilingual staff and contract interpreters to translate documents, including outreach materials, office notices and applications. Nebraska's Health and Human Services System has two staff translators (who have bachelor's degrees and certificates in translation from the University of Nebraska at Kearney or an equivalent degree). Kentucky's Cabinet for Health and Family Services has four staff members who translate documents and each has been "deemed qualified" at the highest level, using Kentucky's language competency assessment.

Benefits offices are also using outside resources to review translated materials. For example, Idaho's Department of Health and Welfare works with the Idaho Migrant Council and the Hispanic Commission to review benefits forms for the appropriate Spanish translation. It also uses a focus group to review translated materials and to evaluate language nuances for Mexican clients, who form the predominant Spanish-speaking ethnic group in Idaho. Nebraska's Health and Human Services System uses outside translation companies for documents that will be reviewed in court.

Interpreter, Translator, And Bilingual Staff Competency Assessments

Benefits offices, including those in Los Angeles and Kentucky, have improved the competency of bilingual staff who provide services in languages other than English and serve as interpreters. Some offices retain external organizations to assess interpreters' competency while others have developed internal assessments. Offices provide on-the-job training as well.

Washington has the only statewide interpreter assessment program. Candidates who want to work as interpreters for Department of Social and Health Services programs—whether in a benefits office or other health care setting—must pass the state certification test. The Department reports costs for interpreters to the federal Centers for Medicare and Medicaid Services (CMS), which reimburses the state at a matching rate of 50 percent for language services provided to Medicaid and SCHIP clients.

Kentucky's Cabinet for Health and Family Services worked with a consortium of local colleges and universities to develop an assessment program. Only staff members who have passed this test are “deemed qualified” to provide services in languages other than English or act as interpreters. Los Angeles' Department of Public Social Services allows only certified bilingual eligibility workers to interpret. Nebraska's Health and Human Services System plans to develop an assessment test for new hires who self-identify as bilingual. Only those who pass the assessment will be allowed to use their non-English language skills on the job. Nebraska will also develop an assessment test for outside interpreters. North Carolina's Department of Health and Human Services is working with other agencies to develop system-wide standards and payment rates for interpreters

Washington's Department of Social and Health Services uses certified bilingual employees to facilitate communication. These employees are certified by language fluency tests and have their language-assistance duties defined in their classification questionnaire. These employees generally provide services directly to clients, but they may also interpret for other workers if they are certified as interpreters and their classification questionnaire

documents the role. External contract interpreters must also pass interpreter certification or assessment.

Some agencies are giving additional compensation to bilingual staff. Arizona's Department of Economic Security offers a stipend of \$1,000 a year to staff members who qualify through a telephone evaluation of their oral language skills by a DES vendor. Los Angeles's Department of Public Social Services offices give \$100 monthly bonuses to certified bilingual workers. North Carolina's Department of Health and Human Services recently amended its employee classification system so that individuals who are proficient in Spanish can be employed at a higher grade level, with salary increases of 25 to 30 percent. Local offices can give a 5 percent bonus to bilingual workers who provide interpreter and translation services. Kentucky's Cabinet for Health and Family Services plans to pay qualified bilingual employees who provide interpretation services in addition to their regular duties at a higher pay level.

Benefits offices themselves may help staff members improve bilingual skills. For example, some of Los Angeles's Department of Public Social Services eligibility offices have arranged for employees to attend night classes to prepare for certification testing.

Language and cultural competency courses are increasingly available in both urban and rural communities through colleges and community colleges, state departments of public health or offices for minority health, state-based interpreter associations, and Area Health Education Centers. For home study, Yale University and the University of North Carolina are developing DVD and interactive Spanish language proficiency modules for health care professionals, called *¡A Su Salud!* (yalepress.yale.edu/yupbooks/salud/index.html).

Staff Training

Many benefits offices are training staff members to become familiar with available language services. All 13,500 employees of the Los Angeles County Department of Public Social Services, after a one-day training session, must take (and, if necessary, retake) and pass an open-book test. The sessions are repeated for new employees, and contractors or subcontractors take half-day sessions. The curriculum was developed with the community advisory board. A handbook serves as a desk reference and covers legal requirements, tools for oral interpretation and written translation, issues of interpreter ethics and competence, compliance and monitoring, frequent asked questions, and reprints of important forms. North Carolina's Department of Health and Human Services is conducting training on the Title VI legal requirements and implementation. Teams of county executives, social services directors, health department directors, and local mental health directors have

attended the sessions so far. Washington’s Department of Social and Health Services requires appropriate staff members to participate in “How to Work with an Interpreter” training, which covers topics such as LEP laws and regulations, differences between bilingual workers and contracted interpreters, how to access an interpreter in different situations, and how to conduct an interview with an interpreter. Some agencies are using their intranets for staff training. Idaho’s Department of Health and Welfare’s intranet site provides information on available language services. Kentucky’s Cabinet for Health and Family Services requires one-time, online LEP training for all local benefits offices’ staff. Employees must then pass a quiz demonstrating knowledge of agency policies and procedures.

Client Satisfaction

Benefits offices are monitoring client satisfaction as they continue to evaluate and expand their language services. Kentucky’s Cabinet for Health and Family Services is developing an evaluation and compliance monitoring system to track best practices and identify inadequacies. This system will track the number of LEP encounters per day and include client feedback, focus groups and a “secret-shopping” component. That is, the agency will send in a test client to see if language services are actually provided. North Carolina’s Division of Public Health tests translated materials with Spanish speakers and further assesses the materials through annual consumer surveys.

FUNDING OPPORTUNITIES

Benefits offices can seek funding to underwrite their language services. Perhaps the most readily available yet underused funding sources are Medicaid and SCHIP. Offices can submit costs attributable to providing language services to Medicaid and SCHIP clients—such as hiring interpreters, creating brochures, and translating material—to CMS as part of the state’s administrative costs. These expenses are generally reimbursed at 50 percent.⁷

Charitable foundations are increasingly interested in language services. The New Hampshire Endowment for Health funded a local non-profit to establish a language bank (an organization that can offer trained interpreters). The Commonwealth Fund is supporting research on promising, replicable practices, as well as providing and evaluating language services. The California Endowment has made cultural competence and linguistic access a major funding initiative. The Robert Wood Johnson Foundation’s *Hablamos Juntos* (We Speak Together) project provided grants to test medical interpretation methods in the health care arena.

CONCLUSION

While determining appropriate language services depends on individual circumstances, benefits offices have an array of options that can be tailored to the needs of their LEP clients and the office's setting, size, and location. Offices may hire bilingual staff and contract interpreters, use in-person or telephone interpreters, or partner with other agencies and offices to share resources and costs.

Offices that are developing language services should begin with the following eight-step process, (described fully in [Appendix A](#)):

- Step 1—Designate responsibility.
- Step 2—Conduct ongoing analysis of language needs.
- Step 3—Identify and work with resources in the community.
- Step 4—Determine what language services to provide.
- Step 5—Determine response to LEP individuals.
- Step 6—Train staff.
- Step 7—Notify LEP clients of available language services.
- Step 8—Update activities after periodic review.

EXAMPLES FROM THE FIELD

The following section summarizes the site visits and interviews conducted with a variety of benefits offices.

Inclusion in this report does not signify endorsement by the National Health Law Program (NHeLP). NHeLP did not conduct scientific evaluations of these practices but rather offers this information to help state agencies, benefits offices, policymakers, and others understand the variety and complexities of providing language services. Further, NHeLP does not endorse any of the highlighted training programs, telephone language lines, or other resources described.

ARIZONA—DEPARTMENT OF ECONOMIC SECURITY

Background

In Arizona, the Department of Economic Security (DES) is responsible for overall implementation of social services programs. The Arizona Health Care Cost Containment System (AHCCCS) administers Medicaid and different agencies determine eligibility, depending on the category. The Family Assistance Administration, which is responsible for assuring language access, administers the Temporary Assistance to Needy Families (TANF) and Food Stamp programs and contracts with AHCCCS to determine eligibility for several Medicaid populations.⁸

Because Spanish is the dominant language in Arizona, DES and AHCCCS have made some language services available for a number of years. DES began to address the needs of its LEP clients actively after a Southern Arizona Legal Aid coalition, the William E. Morris Institute for Justice, and the Welfare Law Center became concerned with inadequate services to the Spanish-speaking population and investigated the problem. In reviewing public records, the coalition found that many vital documents had not been translated into Spanish and requested DES to address language access issues. DES in response developed a Language Action Plan, informing the coalition of progress monthly.

Promising Practices

DES translates all vital documents into Spanish, including notices needed for eligibility into Medicaid and other public benefits programs. DES achieved this promising practice through the action plan described below.

Posters

DES created posters and distributed them to all local offices to tell clients how to obtain free interpretation services. The posters featured information in the 12 most common languages across the state,⁹ based on data from the Census and the Arizona Technical Eligibility Computer System (AZTECS).¹⁰ In 12 languages, the poster states: “We provide FREE interpretation. If you need an interpreter, please take a card and present it to the front desk.” Clients tear off a tab that states their language and give it to the office staff.

Notice to LEP Clients

DES created a language notification flyer that tells clients to contact the agency for free language assistance and oral translation of written materials. The Language Notification Flyer, written in 20 different languages,¹¹ is sent with letters to households where English is not the primary language. The text reads “If you need this notice translated into _____, please call (602) 542-9935 or 1-800-352-8401.”

Collection of Information

DES has been tracking clients’ preferred language in the Arizona Technical Eligibility Computer System (AZTECS) since the system’s 1986 inception. DES at first manually tracked a client’s preferred language through case file notes, but in 2001 it modified the system to enter the client’s primary language electronically. Every eligibility office uses the system and office workers determine the language designation rather than clients.

In 2003, at the advocacy coalition’s request, DES introduced a Language Needs form to validate the data in AZTECS, to be used with applicants during initial and renewal interviews. Language information (spoken and read) was entered in AZTECS and the form placed in the case file. Now, applicants self-identify their preferred language on the application, which offers 68 language choices plus a fill-in-the-blank option. The eligibility worker then enters a numerical code for the language in AZTECS. The eligibility worker cannot progress through the AZTEC system without inserting the client’s preferred language into certain fields. The “read” code is programmed to send letters in the designated language, although only Spanish and English notices are currently available. Letters in English include a tag line in Spanish stating that the document can be translated into Spanish. DES also sends a Language Notification Flyer containing a statement in the most common languages in Arizona that the letter can be translated by calling a customer service line.

Translations

Using a request-for-purchase bidding system, DES awarded three vendor contracts for written translation services. The state procurement office monitors vendor performance.

DES has translated all vital documents into Spanish, but has not yet expanded translation into other languages. After Spanish and English, Navajo is the most widely spoken language, but DES decided that, because of the low reading level of many Navajo speakers, translating written documents would not be an efficient use of resources. These clients will continue to require oral interpretation.

Bilingual Staff

According to DES, 40 percent of its staff is self-declared bilingual. In 2005, DES began paying an annual stipend of \$1,000 to bilingual staff members who qualified through a telephone evaluation of their spoken language skills by a DES vendor.

Telephone Interpretation

If a client at the benefit office tears off a tab from the “I speak” posters on display indicating a language that no one on staff speaks, staff use telephone Language Line Services to assist clients.

Issues

Staff members at the front desk may have problems identifying a language not on the posters. In these situations, staff must use the Language Line Services to identify the client’s language.

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CALIFORNIA—LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES

Background

Los Angeles County is the most populous county in the United States, with over 9.5 million residents or about one-third of California's total population. It is also the most diverse county in the United States; over a third of the population was born in another country. It has more than 80 nationalities and 63 racial/ethnic groups, and 100 languages. Over half of the county's residents speak a language other than English at home and 30 percent speak English less than "very well."

The Los Angeles County Department of Public Social Services (DPSS) is responsible for the county's public assistance programs on a day-to-day basis, including CalWORKS (Temporary Assistance to Needy Families), Food Stamps, and Medi-Cal (California's Medicaid program). The Office for Civil Rights (OCR) filed a complaint in 1999 against DPSS charging the Department with failing to provide language access during service delivery. A Settlement Agreement, following negotiation, was reached in October 2003. DPSS agreed to provide prompt and effective communication with each LEP person to ensure meaningful access to all DPSS-administered programs. For example, DPSS agreed to improve the range of welfare-to-work opportunities to LEP persons, including offering program information and vocational assessments in primary languages.

In particular, DPSS agreed to make sure that individuals in "threshold language" groups receive language services. Threshold languages, defined as those spoken by 5 percent or more of the caseload of any CalWORKS or Medi-Cal district eligibility office (as assessed annually), include Spanish, Vietnamese, Chinese, Armenian, Korean, Cambodian, Russian, and Tagalog.

Promising Practices

Central Coordinating Office

The OCR Settlement Agreement required DPSS to establish a Central Coordinating Office (CCO) to assess needs for LEP services in DPSS offices throughout the county; develop a written policy on language access; train staff; and monitor compliance. The CCO is responsible for coordinating and disseminating written translations and for disseminating lists of all certified staff available to serve as interpreters (to be updated quarterly). The CCO has proven to be a valuable resource for assuring accountability and serving as a central communication point for language services and other civil rights activities.

Community Advisory Board

The OCR complaint resolution required establishment of a Community Advisory Board composed of the DPSS Central Coordinating Office Director, community-based organizations, and consumer advocates. The board, which meets six times each year, provides updates on cultural and linguistic services provided and offers a forum where community members can raise issues and then work collaboratively with DPSS to resolve them. For example, it was recently noted that the language designation form allowed Chinese-speaking individuals to designate only Cantonese as their primary language, not Mandarin, although Mandarin is the predominant Chinese language in Southern California (while, in the Bay Area, it is Cantonese). The form is now being revised and circulated for comment.

Activity Reports

DPSS reports to division heads, eligibility offices, and the Community Advisory Board on language needs and services. One report shows the number of LEP individuals in the Medi-Cal caseload, by language spoken, served by each eligibility office during the month. The Department generates similar reports for its other programs, such as CalWORKS, Food Stamps, General Relief, and In-home Supportive Services. One report lists the number of bilingual employees, by language spoken (with each language color-coded), in each eligibility office. The CCO uses these reports to monitor LEP caseloads in each county office.

Computer-Generated Forms

At intake, each person designates a language on the Primary Language Designation Form and “re-designates” when re-determining. The information goes into LEADER, the department’s computer system. DPSS is revising the language form, to be renamed the Oral and Written Language Designation Form, to record spoken and written language preferences separately.

Providing translated forms to LEP clients has proved cumbersome. Each district office has manuals with copies of the “public contact” documents translated into the threshold languages. When an eligibility worker assists a LEP client, in the past, he or she had to retrieve and copy the appropriate form from the manual and replace the original form back into the manual. Then, using the copied form, the eligibility worker would write out the reasons for the action. Not surprising, this system was difficult to maintain.

In the winter of 2006, two DPSS district offices began pilot testing a system allowing eligibility workers to obtain translated documents using the LEADER system.

Each eligibility worker has a terminal connected to LEADER, which has a Medi-Cal forms library online, downloadable by call number or key word search. The eligibility worker can download a writable PDF copy of the necessary form(s) for LEP clients, complete the form, and print it out for the beneficiary. The worker records completing and printing the form in a case comment section. Supervisors can easily review English versions of the form, which appear next to the non-English version. During the testing period, eligibility workers in two offices will be trained and their performance monitored. DPSS hopes to take the program system-wide.

Certificating Bilingual Staff

DPSS has notified eligibility offices not to use family and friends to interpret unless the LEP individual has been offered and refused an interpreter. In that case, the family or friend's name is entered on a form that applies only to the single visit.

DPSS is trying to improve the availability and use of bilingual staff. The human resources division certifies language skills. Certified eligibility workers must have mastered a required level of competency in reading, writing and speaking, while clerical workers are assessed for their oral skills. Some eligibility offices have arranged for employees to attend night classes to prepare for certification testing. Offices can offer bonuses to certified bilingual workers, currently set at \$100/month.

Local Office Procedures

Language identification (Can We Help You?) posters and ("I speak") cards are posted in each eligibility office. These materials allow the client to point to the language spoken so that the DPSS employee can obtain appropriate interpreter services if needed.

Certified bilingual eligibility workers provide interpretation services. If they need an interpreter for a non-threshold language and none is available, the worker can use DPSS's quarterly report of bilingual employees and arrange for an in-person or telephone interpretation by an employee from another eligibility office. If no one can assist the individual, each office has an access code to the language line service that also tracks usage. In addition to working in eligibility offices, bilingual workers may work at external sites such as public hospitals, clinics and schools. An aggressive outreach effort for the Food Stamp program is using bilingual workers, on a pilot basis, to accept Food Stamp and Medi-Cal applications in grocery stores, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices, and food banks.

Department-Wide Civil Rights Training

As of August 2005, all 13,500 DPSS workers attended a one-day civil rights training session by the DPSS Training Academy. New employees will also receive training and DPSS contractors and subcontractors attend half-day sessions.

The one-day training curriculum was developed by DPSS in conjunction with the Community Advisory Board. At the conclusion of the training, attendees must take (and, if necessary, re-take) and pass an open-book test. An excellent training handbook discusses each topic and serves as a desk reference for trained employees. The training and handbook cover legal requirements for accessible services, resources and tools for effective oral interpretation services and written translation, bilingual and interpreter services procedures, issues of interpreter ethics and competence, civil rights complaints, compliance and monitoring activities, disseminating information, and summaries of duties and responsibilities. The manual also has a section on frequently asked questions; other sections offer a glossary of terms, examples of hypothetical situations and ways to approach them, and reprints of important forms.

Future Activities

Some fair hearing issues (i.e., the administrative process that a person uses to challenge an agency action) remain. For example, when DPSS prepares a position statement to inform the hearing officer of the reasons for the actions it has taken in contested case, the claimant receives only an English-language version of the statement.

Consumer satisfaction with language services is measured through exit interviews when clients leave the eligibility office or through telephone communications with consumers. DPSS wants to expand these and other activities such as translated information on its Web site in languages other than Spanish.

DPSS, with over 10,000 employees, oversees service delivery to hundreds of thousands of people and recognizes the need for more bilingual workers qualified in diverse languages. The Department also needs to ensure that bilingual workers are available on-site in all its eligibility offices. As DPSS's Medi-Cal director states, "With each bilingual person added, there is a sigh of relief among other workers. And the best thing for an LEP beneficiary is to have a bilingual worker."

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IDAHO—DEPARTMENT OF HEALTH AND WELFARE

Background

Idaho's Department of Health and Welfare (Department), established in 1974, provides a variety of social services through seven divisions: Medicaid, family and community services, welfare, health, management services, human resources, and information technology. The Department also partners with local community agencies and organizations. The Division of Welfare is responsible for service delivery and Medicaid eligibility for participants while the Division of Medicaid focuses on Medicaid eligibility standards. The Department, organized into seven regions encompassing all state counties, also has regional service centers and 27 local field offices.

Promising Practices

The Department has started to offer public health and social services to clients who speak a variety of languages, including Russian, Vietnamese, and Farsi, although the most prevalent language is Spanish. The Department familiarizes its staff with the importance of providing language assistance and includes information about language assistance in new employee orientation.

Limited English Proficiency Plan

The department has an established language assistance program plan, developed in 2001 with assistance from the Department of Health and Human Services, Office for Civil Rights, containing guidelines for employees on using interpreters, on interpreting and translating documents, and other topics.

The department is currently implementing a broad language assistance program with the following elements:

- Designation of a Title VI compliance officer responsible for compliance and overall development, coordination and oversight of the Department's language assistance program;

- Identifying the language needs of each LEP client and evaluating the mix of interpretation and translation resources;
- Providing language assistance services to LEP individuals;
- Collecting data on clients' languages.

InfoNet

The InfoNet, supervised by human resources, is accessible to staff in all Department divisions, the central office, and regions. It contains information for employees about the agency's activities, programs, policies, and procedures. The InfoNet tells employees about language access issues as well and includes resources for giving language assistance to LEP clients. Staff learn about pertinent Department news, initiatives, projects, and agency guidelines through the InfoNet.

Included in InfoNet's language access section are:

- Information on communicating with clients who speak a language other than English;
- A current listing of employee interpreters and their spoken languages;
- Procedures for obtaining interpreter and translation services;
- Tips on working effectively with an interpreter;
- Guidelines on how to volunteer as an interpreter;
- A listing of on-call interpreters in the local community;
- Questions, answers, resources, and tools for language assistance
- Common Spanish-English terms used at the Department;
- How to determine if an interpreter is needed;
- An overview of cultural differences;
- Instructions for using Language Line Services (LLS), and
- How to identify a client's native language.

Interpreters and Bilingual Staff

The Department recruits Spanish/English bilingual candidates, whose language skills are tested during the interview and selection process, for certain positions. To be listed as an interpreter, employees can either be hired as a bilingual employee or volunteer

to interpret by self-declaring their language proficiency level as basic, intermediate, or advanced.

The Division of Human Resources has developed a training curriculum for staff members who interpret and further recommends that interpreters state if they have the necessary skills for a particular interpreting session. The agency advises staff not to volunteer to interpret if they are uncomfortable with a topic or if they cannot adequately interpret for any reason.

The divisions can recommend local residents as interpreters, and residents can also volunteer. Other than services provided at the Refugee Center, the Department typically uses Language Line Services when a client applies for benefits or services or meets with a caseworker. Occasionally, the Department uses a community-based interpreter in benefit offices.

“I Speak” Posters and Pamphlets

Department employees have access to Language Line Services’ visual aids to help identify a client’s language. Large “I Speak” posters and a language identification pamphlet are available in offices and are also downloadable from the InfoNet. In over 90 languages (including Wolof, Tongan, Mandarin, Serbian, Portuguese, and Spanish) the posters and pamphlets state: “Point to your language. An interpreter will be called.” Staff members locate interpreters through InfoNet or call telephone interpretation contractors through Language line services. Language access information is posted in many common locations, including division and field office lobbies.

Telephone Interpretation

The department contracts for telephone interpretation with language line services, available 24 hours per day, seven days per week. Interpreters in over 100 languages are available through the service, which can also help identify a client’s language.

Language line services provide a monthly report to human resources on use of its services, including where requests originated (field offices, central office, or other divisions) and the topic being interpreted (e.g. Medicaid, benefit-related subjects, child welfare, or vital statistics).

Local Benefit Office Practices

Generally, the Department’s Division of Welfare benefit office determines whether clients are eligible for Medicaid and other services. It employs some Spanish-speaking

clerical staff and eligibility employees, but it can be difficult to recruit Spanish-speaking support staff in Idaho's job market, where the demand for Spanish-speaking employees has outstripped supply.¹² The benefit office been fortunate to find bilingual front desk and benefit eligibility examiners. Bilingual job applicants are asked to self-declare their language proficiency and bilingual office staff members assess applicant language skills during the interview.

Translations

Most forms are available in English and Spanish, including the application for assistance, information pamphlets, and Medicaid claim denials. When the contents of notices, forms, and pamphlets are altered, changes are simultaneously made in both the Spanish and English versions. Notices are written at an eighth-grade reading level and are translated by a contractor, who lowers the content to a fifth-grade reading level. The department has ongoing relationships with local organizations, such as the Idaho Migrant Council and the Hispanic Commission, which review the Spanish translations and ensure the message is communicated as intended.

Interdepartmental Meetings and Focus Groups

Representatives from various divisions meet twice weekly to exchange information on agency policies and any language access issues. Each program area determines when the departmental information exchange should occur, so it is usually conducted on an as-needed basis. The department has also held state-wide meetings with focus groups to obtain input from its Spanish-speaking clients; a meeting with regional office staff and a local Hispanic organization about developing materials for clients and staff training; and a division meeting with bilingual staff to review a new health document for translation into Spanish.

Telephone Assistance

The benefit office provides automated telephone responses in English and Spanish. Callers on hold, for example, hear a message in English and Spanish that tells them about the importance of certain topics. The Idaho CareLine (211) is a statewide number, staffed by English and Spanish-speaking employees, available to anyone. Callers can use it to find department and community resources in the area and to learn about new benefit programs and services.

Data Collection

The department's database, Eligibility Programs Integrated Computer System (EPICS), includes a field to record a client's primary language—20 languages are listed.

Although coding for language usage is not mandatory, an increasing number of employees are coding clients' language since this code can trigger subsequent letters, notices, and other information to clients in their primary language. The language field generates a message in the appropriate language at the top of the notices that directs the client to the CareLine for assistance in interpreting. Human Resources regularly examines EPICS data for usage, including identifying language needs, coding clients' primary languages, and recording changes.

The primary language field can also be used to get a count of the number of clients speaking a given language. This count can include the head of household—or applicant—as well as the other household members. EPICS also records how long staff and on-call and contractual interpreters spend providing language services. Human resources gathers a variety of information, such as estimated number of LEP contacts with an interpreter, number of LEP persons served, number of interpreter or bilingual hours provided to clients, and the number of translated documents available at the department. Human resources also surveys staff and contractual interpreters to learn more about languages needs, how often individuals interpret (daily, weekly, monthly, etc.), and how often individuals serve as interpreters in a year.

The EPICS data assist the Divisions of Welfare and Human Resources in identifying the most frequently interpreted languages.

Relationship with the Refugee Service Organizations

In 1985, Medicaid eligibility for refugees was housed within Idaho's state system, but in 1998 the refugee program was integrated with community agencies and state workers began visiting refugee centers to provide eligibility services. The benefit office has since developed a unique relationship with several refugee agencies, including the Idaho Office for Refugees, the Agency for New Americans, and World Relief. These organizations promote self-sufficiency among refugees and try to help them apply directly for benefits. The organizations work with the benefit office to streamline the eligibility process for Medicaid and other benefits for recent refugees in Boise.

When clients arrive at the refugee agency office, staff members already have enough background information to identify their language needs. Refugees usually have few financial resources, which simplifies their eligibility process for Medicaid and other services. The staff prepares a preliminary report, e-mailed in advance to caseworkers at the benefits office before they interview the family, on the refugee's language and other information to help caseworkers determine Medicaid eligibility. One of two designated

eligibility caseworkers records the refugees' primary language in the narrative section of their case file and visits the refugee center to interview families and bring prepared eligibility notices for Medicaid and other benefits.¹³ Since caseworkers are not bilingual, refugee agency staff arrange for an interpreter during the eligibility interview. An initial meeting with a refugee family may last between 30 minutes to an hour while the caseworker explains requirements for benefit programs, length of services, and identifies available health providers in the area.

As a result, a refugee family usually gets access to Medicaid and food stamps within three days of the caseworker's interview because they have little, if any, income or resources, and this simplifies the application process. Processing cases for re-certification often becomes more complicated since family members by then are often employed and have some income, but having two designated caseworkers provides a sense of continuity.

The refugee service organizations find interpreters at Boise State University, area colleges, community groups, and local agencies. The benefit office pays the cost of interpretation, whether services take place at the refugee service office or the benefit office.

Potential interpreters for the refugee agencies can attend an eight-hour training session through the Idaho Office for Refugees free of charge. Resettlement agencies "sponsor" interpreters to attend by paying them for their time in class. The office also offers a 40-hour training program but few interpreters participate because the resettlement agencies cannot pay for their time. As an alternative, interpreters are encouraged to attend other training opportunities when they become available in the local community.

During the benefit re-certification process, the benefit office sends notices both to clients and the refugee service organizations, who now know the clients and can help with the first re-certification. Delays in re-certification can be typically attributed to the lack of documentation (i.e., bank statements, wage receipts, etc.), since refugees may not have had the opportunity or the orientation to save these documents while in their home countries.

Issues

The refugee organizations recommended that basic medical information for a variety of illnesses and conditions should be available in additional languages. The benefit office is having difficulty filling key clerical and benefit eligibility positions with bilingual staff.

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ILLINOIS—DEPARTMENT OF HUMAN SERVICES¹⁴**Background**

The Department of Human Services (DHS) has a \$5 billion budget to provide an array of services, including community health and prevention programs; programs for persons with developmental disabilities, mental illness, or substance abuse problems; employment, training, and independent living programs for persons with disabilities; financial support, employment and training programs; and child care and other family services for low-income families. DHS, which determines Medicaid and SCHIP eligibility, operates six divisions that focus on alcoholism and substance abuse treatment and prevention services; developmental disabilities; health services for pregnant women and mothers, infants, children and adolescents; prevention services for domestic violence and at-risk youth; mental health; rehabilitation services; and welfare programs, including Temporary Assistance for Needy Families, Food Stamps, and child care. DHS operates more than 116 local offices, nine hospitals for the mentally ill, and nine centers for persons with developmental disabilities across Illinois. DHS also provides contractual funding to about 1,800 service providers.

In 1999, the Illinois Coalition for Immigrant and Refugee Rights conducted a needs assessment that identified four primary barriers immigrants faced in accessing safety net services and public benefits:

- A lack of clarity on eligibility for safety net programs and services among both immigrants and service providers in the communities;
- Concern that receiving public benefits would interfere with the immigration and citizenship processes;
- Language and communication barriers that prevent immigrants from applying for and receiving benefits and services; and

- Complex application and re-determination processes for IDHS benefit programs.

Out of two events—the reform of the federal welfare program in 1996 and the needs assessment—a partnership called the Outreach and Interpretation Project developed between DHS and Illinois Coalition for Immigrant and Refugee Rights to improve language services for LEP clients of DHS.

Promising Practices

LEP Project

An agency-wide project coordinates language service activities throughout the divisions, each of which has a LEP liaison who participates in a DHS workgroup that also includes external stakeholders.

DHS goals, which range from coordinating rules and directives to implementing individual division goals, include:

- establishing at least one LEP expert on each of the Department’s advisory councils;
- requiring all RFP applicants to state their ability to serve LEP clients;
- developing a state-wide interpreter strategy and providing information, training and technical assistance on OCR Title VI requirements to DHS grantees and contractors;
- ensuring that each data system collects the same elements: Primary Language, OCR language most comfortable, Country of Origin and/or cultural self-identification;
- fostering cultural competency in staff and providers and respecting consumers’ human dignity;
- breaking down language and cultural barriers to accessing Food Stamp and other services; and
- improving skills of bilingual staff by assessing their proficiency and their fields of expertise (medical, legal, mental health, etc.) and providing them with interpreter skills training.

For the Division for Capital Development, which oversees the local benefits offices, goals include building stronger relations with community-based organizations to ensure adequate bilingual services and evaluating services to LEP elderly clients.

DHS has contracted with the Sargent Shriver National Center on Poverty Law, with funding from the Frey Foundation, to conduct a comprehensive assessment of how DHS interacts with LEP clients in outreach and services provided in state-run facilities and through community providers. DHS plans to use the recommendations, both general and division-specific, as the basis for a workplan.

Working with Community Organizations

As part of its outreach, DHS contracted with the Illinois Coalition for Immigrant and Refugee Rights to ensure that immigrant families and other LEP persons can access public benefits. DHS funds the Illinois Coalition for Immigrant and Refugee Rights, which in turn funds 34 community organizations that must demonstrate the ability to:

- Provide information and referral services to immigrant families on benefits and other services;
- Provide case management services to immigrant families who need long-term help accessing and maintaining benefits and services;
- Provide interpretation and translation services for immigrants in dealing with the Illinois Department of Human Services and other agencies.

Local Office Procedures

The local offices work with their community partners in different ways. In the Chicago area, the partners provide language interpretation services for all LEP clients. In many cases, LEP clients first go to the community organization for assistance; interpreters then accompany them to benefit offices to help with applications and talking with benefit office staff. The community partners post times when interpreters will be at benefit offices so benefit office staff can schedule interviews with LEP clients during those times. The community partners are also available on an on-call basis for benefit office staff.

Executive Order on New Americans and Immigrants

On November 19, 2005, the Illinois governor issued an executive order creating a New Americans Immigrant Policy Council.¹⁵ DHS is working with other Illinois agencies and the Governor's Office to implement the order, which has six major provisions:

- Creation of a New Americans Immigrant Policy to enable state government to help immigrants better in overcoming barriers to success and helping them become part of their communities;

- Creation of a New Americans Immigrant Policy Council that includes the chairs of the Joint Legislative Immigrant and Refugee Policy Task Force and a representative of the Illinois Coalition for Immigrant and Refugee Rights;
- By January 1, 2007, the Policy Council has to identify key policy areas, “best practices”; recommendations on policies and programs of state government to equip immigrants to become full contributing state residents; and assisting state agencies with plans to assist immigrants and their communities;
- By September 1, 2007, state agencies have to develop New Americans plans that incorporate effective training and resources, ensure culturally and linguistically competent and appropriate services, and include administrative practices that reach out to and reflect the needs of the immigrant and LEP populations.

DHS and the Illinois Department of Employment Security, in jointly leading the initiative, are required to develop best practices, policies, and procedures and recommend policy and administrative changes.

Translation of Materials

The Office of Hispanic/Latino Affairs provides most Spanish translations for the DHS. For other languages, DHS uses community-based organizations. The Illinois Coalition for Immigrant and Refugee Rights is translating DHS Medicaid informational brochures into Arabic, Bosnian, Chinese, English, Hindi, Korean, Polish, Russian, Spanish, and Vietnamese. It has also translated Medicaid fact sheets into Arabic, Chinese, English, Polish, and Spanish.

Future Activities

DHS is amending its bilingual pay policy, both internally and on a statewide basis. Currently, workers who pass an examination receive an additional five percent if they are responsible in part for working with LEP clients. There have been concerns raised with the testing process and the quality of bilingual staff. Many bilingual staff members who are using their language skills on the job are not getting the additional salary compensation while some who do receive the compensation are not actually using their language skills on the job. DHS may establish a clearer LEP policy based on the recommendations of the Shriver Center report.

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**KENTUCKY—CABINET FOR HEALTH AND FAMILY SERVICES,
DEPARTMENT FOR COMMUNITY-BASED SERVICES**

Background

As of 2005, Kentucky's largest LEP population speaks Spanish. While Census data indicate that Vietnamese is the next most common language, data tracked at the local benefits offices indicate that the next most common languages are Somalian and Bosnian.

In 1998, the Department for Community-Based Services, which determines Medicaid and SCHIP eligibility, was formed within the Cabinet for Families and Children to give Kentucky's 120 local offices more decision-making authority and to encourage more effective collaborations with other community service providers.

In 2003, an executive order established the LEP Language Access Section (LAS) as part of the Cabinet for Families and Children to address the needs of LEP persons and comply with federal laws.

In 2004, when the Cabinet for Families and Children and the Cabinet for Health Services merged into the Cabinet for Health and Family Services (CHFS), LAS guidelines, policies and procedures became applicable to the entire Cabinet.

Promising Practices

The LAS provides interpretation and translation for Spanish-speaking LEP clients through interpreters, other qualified staff, qualified community-based partners and language line services. It also provides interpretation and translations in other languages through qualified community-based partners and language line services.

Agency Policy

The Cabinet for Health and Family Services has an agency-wide LEP policy that governs all of its organizational units and all services provided to LEP clients. Updated in 2004, it applies both to internal and outside contractor services and requires:

- Multilingual signs on the availability of interpreters posted in waiting areas.
- “I Speak” cards at the initial contact to identify primary languages.
- Identifying each LEP customer, recording the primary language, and reporting the number of customers by language to the Language Access Section of the Equal Employment Opportunity Compliance Branch.
- Approved interpreters at no cost to clients.
- No unreasonable delay in services.
- Translated copies of essential program forms and documents for LEP clients. The Language Access Section is required to coordinate translation when not already available.
- Service contracts mandating that contractors must provide language services for LEP clients and that they can bill for the costs under the contracts.
- Staff trained in cultural competency, effective communication, and the use of interpreters/translators.
- Monitoring compliance with procedures in internal and contracted offices.¹⁶

Language Access Section

CHFS devoted an entire section called the Language Access Section (LAS) to language issues. LAS, which has one supervisor, three interpreters (who are all highly qualified, having scored in the highest possible categories in each section of the LAS qualification test), and one administrative support person, provides interpretation and translation through its own staff, qualified community-based partners and a contract with Language Line Services.

LAS staff members serve as first-line Spanish interpreters for all the local offices, and much of their time is spent translating documents and providing oral interpretation for offices across the state. They are responsible as well for all other components of the program, including testing and training of interpreters, program evaluation and monitoring, and staff training and education.

Language Competency—“Deemed Qualified” Staff Assessment

Since Kentucky has not adopted interpreter certification standards, CHFS, in conjunction with the Kentucky Institute for International Studies,¹⁷ developed a qualification process to assess the language competency of bilingual staff/interpreters. The testing, currently available only for Spanish-speakers, tests listening comprehension, grammar, reading ability, and an oral assessment of the individual’s Spanish and English. To be “deemed” qualified, a person must score at least in the “intermediate high” category in each of the four areas, with no exceptions, according to the standards of the American Council on the Teaching of Foreign Languages (ACTFL).¹⁸ Once qualified, an individual must complete a one-day training on cultural competency, ethics, and the skills and protocols of interpreting. They then receive a Certificate of Qualification from CHFS.

The names of all deemed qualified interpreters are attached to the Cabinet’s Interpreter Procedures for LEP Encounters. Currently there are twelve “deemed qualified” individuals who work at local benefits offices who mainly provide services in Spanish but can also interpret for English-speaking staff. In addition to the 12 local agency staff, four LAS staff members are deemed qualified.

The application, evaluation, and training procedures to be deemed qualified also apply to individual community partners. An individual must take the same testing and meet the same standards as CHFS staff. Organizations seeking to become qualified community partners follow a slightly different procedure. While they can provide their own assessment and training, they have to document these and other practices for LAS.¹⁹ There are currently 44 individuals and organizations included on the Qualified Community Partner List. The Language Access Section staff maintains a list of the individuals who wish to be qualified and notifies them when testing is scheduled.

Local Office Procedures

At intake, workers use an “I Speak” card, note the client’s language in the case/electronic file, and flag the file as LEP. This flag alerts staff making in-home visits or having other contacts that a client is LEP. Employees are supposed to provide translated

copies of essential program forms and documents and inform clients of their right to interpreter and translation services without unreasonable delay. Referrals to other departments, divisions, or agencies indicate a client's language needs.

If a qualified bilingual staff person is on site, a Spanish-speaking client will meet with that staff member, but since there are not yet enough qualified bilingual staff members, other interpreters also help. If a bilingual employee is not available, the office calls LAS for a qualified interpreters. If LAS staff is unavailable, employees can call another office's qualified bilingual staff member.

If none of the above is available, the office contacts an approved, non-CHFS interpreter ("qualified community Partner") who may include community partners, commercial-interpreting services, and contracted interpreters that meet CHFS standards. There are currently 44 approved organizations, three of which can interpret for most languages while the rest can interpret only in Spanish. They are all independent contractors who bill CHFS for services provided.

As a last resort for Spanish speakers, CHFS has a contract with Language Line Services, and appoints staff (including at least one back-up person) to maintain and use Language Line. Language Line and Qualified Community Partners often serve as first response for those who speak a less common language.

Data Collection

LAS has an online LEP interaction form with several fields that front-line personnel fill out after interactions with LEP clients. The form does not gather data about the client but about the LEP interaction, allowing CHFS to monitor the frequency of LEP contacts, languages served, interpreter resources used and programs with the greatest need. The employee inputs the client's language, services requested and provided, time spent helping the client, and the cost (if any). These data help determine the language access needs of LEP clients, gaps in services, and resources used and needed.

Translation

LAS translates vital documents only into Spanish and has translated almost 300 documents (750 pages) so far. Each department has an employee responsible for gathering additional vital documents and sending them to the LAS staff to translate.

Employee Training

LAS is training all CHFS employees on the LEP Language Access requirements, policies and procedures. All local benefits offices' staff must take a one-time LEP online training and quiz, receiving credit after completing it.

A newly revised CHFS intranet site lists all qualified interpreters and their contact information. The intranet has downloadable translated forms for local benefits offices, a quick reference guide to CHFS language access policies and procedures, a Spanish greetings and phonetics guide, and links to federal guidance.

Future Activities

LAS is developing an Evaluation and Compliance Monitoring System to track its useful practices and identify inadequacies. This system will record the number of LEP encounters per day and include client feedback. LAS has used focus groups and a “secret-shopping” component to send in test clients to determine whether language services are actually provided.

LAS hopes to develop a Spanish version of the intranet site (called the mini-mirror web) by adding copies of all important forms and information in both English and Spanish. LAS is also developing pay specifications for qualified bilingual staff so they can be paid at a higher pay grade.

LAS recognizes the need to develop more language services for LEP populations other than Spanish speakers.

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NEBRASKA—HEALTH AND HUMAN SERVICES SYSTEM

Background

Nebraska's Health and Human Services System (HHSS), comprising the Services, Regulation and Licensure, and Finance and Support agencies, oversees Medicaid and SCHIP eligibility, complaints, outreach activities, and outstations (locations positioned outside its offices to assist with enrollment). A policy cabinet—made up of the directors of the three agencies, the policy secretary, and a chief medical officer (if the director of regulation and licensure is not a physician) governs the system.

Promising Practices

The Policy Cabinet formed a Central Office LEP Language Assistance Implementation Planning Guidance Team to supervise planning language assistance to LEP persons statewide. This team consists of representatives from the offices of Health Promotion & Disease Prevention, Women's Health, Minority Health, Equity & Diversity, Support Services, and Economic Assistance, as well as the Press Office. The team has a draft document and will be meeting to finalize the document and plan implementation.

Central Office Coordination

The Director's administrative assistant supervises document translation and some other language service issues.²⁰ The Director, who speaks Spanish, hired her administrative assistant in part because of his bilingual skills. He has a degree in Spanish translation and interpretation from the University of Nebraska at Kearney.

Translation of Documents

To translate documents, which may include applications and notices, into Spanish, staff from the central or local offices can request translation by the Central Office or outside contractors. The decision to outsource is based on the length and complexity of the document and how quickly it is needed. Case plans for the Office of Protection and Safety are usually outsourced because, with their potential for use in court, the agency wants contractors to certify the accuracy of the translation. Most other documents are translated in-house at the Central Office. The agency uses its bilingual agency staff to review the Spanish translated documents for accuracy. Applications take precedence for translation.

Currently, local offices handle translating letters to clients, such as those requesting additional information needed to process an application.

For documents in languages other than Spanish, the agency uses outside contractors. The agency has identified qualified Arabic and Sudanese translators.

Staff Translators

The administrative assistant was at first responsible for translating documents into Spanish, but within a year additional staff members were needed. The agency hired two dedicated translators for Spanish documents—one with a Translation Certificate from the University of Nebraska at Kearney and the other with a B.A. in translation/interpretation. They report to the administrative assistant.

The administrative assistant receives and reviews requests for translation and then assigns a translator. He reviews and edits the translation, the translator then makes the changes, the document is reviewed again, and the final version sent to the original requestor.

The administrative assistant is establishing goals and expectations for the translators, including time guidelines for translating documents and translating all standardized letters from Nebraska's computer database system, NFocus.

Bilingual Staff

The agency, which has a number of self-identified bilingual staff who are sometimes used as interpreters or to review translated documents, is developing an assessment test for new hires who self-identify as bilingual. When a pilot effort is completed, only those who pass the assessment will be allowed to use their non-English language skills on the job. Existing staff may also be assessed.

Interpreters

The agency maintains a list of interpreters who can contract with HHSS. Individuals can request to be put on the list and there is no assessment or certification required. Interpreters are paid \$20 to \$25/hour. In the future, interpreters will have to pass a test to be approved for HHSS contracting. Although interpreters are most often used in local offices, the agency also has a contract with the AT&T language line for use when interpreters are not available.

State Information Line

The agency maintains a telephone information line for assistance with its programs. One of two staff members answering the main HHSS telephone line is bilingual in Spanish. When that person is unavailable, the staff directs the caller to the appropriate department of the agency. The staff has two Spanish-speaking bilingual caseworkers to assist, mostly for SCHIP clients but sometimes for other callers. These caseworkers can provide information directly to callers or interpret for other staff members. If the

caseworkers are unavailable, the switchboard transfers the call to the administrative assistant who can take messages in Spanish for the caseworkers.

Local Offices

HHSS has over 120 local offices, many with bilingual Spanish-speaking staff (caseworkers, social workers, or receptionists). As an alternative, the staff uses the AT&T Language Line. One office in Lincoln maintains a list of interpreters for in-person or telephone assistance to LEP clients.

Future Activities

HHSS is at the beginning stages of developing a system-wide LEP plan and is preparing an assessment test for self-identified bilingual staff as well as outside interpreters. The agency will continue to translate materials into Spanish and hopes to expand its efforts to include translations into Arabic and other languages.

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NORTH CAROLINA—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Background

From 1990 to 2000, North Carolina had the fastest-growing Hispanic population in the nation. By 2004, this population exceeded 600,900 and constituted about 7 percent of the state's population. The Department of Health and Human Services Office for Civil Rights found during an on-site review of state and selected county social services offices that not enough was being done to assist LEP individuals. In 2002, OCR entered into a Voluntary Compliance Agreement with the North Carolina Department of Health and Human Services (DHHS) to identify and meet language needs at the state and county levels.

In addition, the Secretary of the DHHS chaired a task force convened by the North Carolina Institute of Medicine and El Pueblo, which produced one of the most

comprehensive reports on a state's Latino population to date, *The 2003 Task Force on Latino Health Report*. The report includes recommendations for addressing health disparities and infrastructure deficiencies. North Carolina is enacting a groundbreaking plan for providing services to LEP residents as a result of the report recommendations.

Promising Practices

A number of promising practices are under way. The DHHS is implementing and tracking a set of uniform activities that local entities in each of the state's 100 counties must undertake to serve their LEP populations better. Departmental policy requires county agencies to offer reasonable access to LEP communities that reach 5 percent of the county population or 1,000 individuals, whichever is less.

Designated Title VI Coordinators

North Carolina has designated Title VI coordinators, including one for the Department of Social Services (DSS) who is responsible for oversight of county DSS offices. The DHHS Compliance Attorney monitors Title VI compliance of state-funded programs, including Medicaid and SCHIP. The Voluntary Compliance Agreement forms the centerpiece for the Compliance Attorney's activities. In North Carolina, the county social service agencies are responsible for the day-to-day management of the Medicaid program, including conducting pre- and post-eligibility determinations and service coordination.

The Title VI coordinators work closely together. Having designated personnel ensures accountability and provides contacts for the many interested entities, such as the county DSS offices, the Secretary of DHHS, Medicaid- and SCHIP-participating health care providers, community-based organizations, the Title VI Advisory Committee, and OCR.

Title VI Advisory Committee

The DHHS established a Title VI Advisory Committee composed of representatives from all divisions within the Department, including public health, social services, mental health, vocational rehabilitation, and Medicaid, and volunteers from the North Carolina Institute of Medicine, the Justice Center (legal aid) and several statewide advocacy groups. Its 25 members have a wide range of skills and hold various positions in and out of state government. The Title VI Compliance Attorney chairs the committee, which meets monthly. Meetings are well promoted, open, and summarized in written minutes. The Committee is the primary advisory group for Title VI in the Department and contains most of the resources used by the Department to fulfill the OCR Voluntary Compliance Agreement.

The Title VI Advisory Committee is a joint effort of state and local entities that provides a system of checks and balances as the language needs of the state's residents are identified and addressed. The advisory committee structure allows information and ideas to be developed and disseminated more efficiently. Because of the broad representation of the committee, identified problems are not allowed to fade away but rather remain on the "to do" list.

The advisory committee is implementing specific requirements of the OCR Voluntary Compliance Agreement. A subcommittee has developed forms for monitoring language access services at the county level. In November 2005, as part of its data-gathering function, the committee hosted a meeting where language line vendors gave presentations on telephone interpreter services.

The advisory committee also keeps the Secretary of the DHHS up-to-date on progress of the OCR Voluntary Compliance Agreement. For example, in September 2005, the Committee told the Secretary of several "urgent" issues that should be addressed, including the need for additional dedicated staff to enforce the Agreement at state and local levels, the cumbersome process used to translate vital documents, and the need to monitor subcontractors for Title VI compliance, including Medicaid-participating providers.

Developing and Monitoring Local Plans

During its investigation, OCR made on-site visits to five counties and found several "areas of concern." As a result, much of the OCR Voluntary Compliance Agreement is designed to improve language access in local offices. These provisions should result in an equitable bottoms-up/top-down system for delivering language services. Each local entity must identify an employee responsible for Title VI compliance, which includes a Language Access Plan, to give state-level Title VI coordinators contact points and give county-level personnel peers with whom they can discuss implementation issues.

Each local entity must also post information and disseminate pamphlets in frequently encountered languages to inform clients that language services are available. The notices must give the name, telephone number, and office address of the local entity's compliance employee.

One of the most innovative aspects of the compliance process is the requirement that local offices in each of the state's 100 counties develop written Language Access Plans. The DHHS, through the Title VI Advisory Committee, has specified that the plans must identify the language needs of the population being served and the language needs of each recipient or applicant, and explain how services will be provided.

The Language Access Plans must be submitted and accepted by DHHS, DSS offices, local health departments, and local mental health entities. A subcommittee of the state Title VI coordinators, local social services workers, and legal aid advocates reviews the plans and sends approvals or suggestions for changes to each submitting organization.

County agencies and state divisions must self-monitor plans quarterly, using a form developed by the Title VI Advisory Committee. Local agencies and state divisions use similar forms for quarterly self-assessments. These quarterly reports contain information about language services, the language preferences of LEP people and steps to provide services. Maintained at the county offices, the reports must be available for inspection by DHHS or OCR and each county must complete an annual compliance report. The annual reports give detailed information on language services and are submitted to the DHHS for review and approval.

The OCR Voluntary Compliance Agreement requires DHHS to address complaints from program beneficiaries. The Title VI Advisory Committee has developed an unofficial complaint form with 12 questions for use in complaining to the DHHS or OCR.

Developing Qualified Interpreters

DHHS does not have a certification procedure for interpreters, but the Department of Social Services has completed a survey on the language proficiency of current staff and developed a roster of staff who can provide language services. DSS has a list of interpreters (in Spanish and Asian languages), which it distributed to agency staff. Representatives from Medicaid, public health, and the State Provider Advisory Group are working on system-wide standards for interpreter services and payment rates (\$9.50 for each 15 minutes of language interpreting in the proposal). The Department is considering paying Medicaid providers for interpreter services.

The Department has recently revised its employee classification system to reflect the skills of Spanish-speaking employees. Individuals who are proficient in Spanish can now be employed at a grade level that increases their salary by 25 to 30 percent. In addition, local offices can give a 5 percent bonus to bilingual workers who can also translate and interpret.

The DHHS CARELINE for general information and assistance with Departmental services offers assistance in Spanish.

Translating Vital Documents

A committee of each DHHS agency decides which documents are “vital.” Pre-screened, pre-qualified vendors then respond to an RFP to translate the documents. Some important Medicaid notices (e.g., eligibility and denial notices and requests for more information) have already been translated into Spanish using this process. As of January 2006, DHHS is posting these notices online for county offices, but the translation process is challenging. There are not enough employees on staff to translate vital documents, and the RFP process causes delays (of several months) and affects ongoing relationships with specific vendors. Some agencies, including Medicaid, require translations of frequent updates to their forms. Translation errors resulted in some forms improperly asking for Social Security numbers. Most documents, moreover, are provided only in English and they must be interpreted orally into Spanish, a task currently performed by the DHHS Office of Citizens Services (and the NC Family Health Resource Line for letters that remind families that they are due for well child check-ups).

By contrast, the NC Division of Public Health, the lead agency for Health Check/NC Health Choice Outreach, offers all its outreach materials in English and Spanish through a contract with the NC Healthy Start Foundation. Health Check (NC’s Medicaid Early and Periodic Screening, Diagnosis and Treatment program) and NC Health Choice (NC’s SCHIP) are marketed together and one enrollment form works for both programs. The outreach materials are presented in attractive visual formats, including fact sheets, envelope stuffers, posters, coloring books, kitchen magnets, and videos (for eligibility office waiting rooms). Enrollment forms are also printed in English and Spanish. The Division created a very popular fotonovella (picture story) to help Spanish-speaking immigrants understand how the health care system works. The Division field-tests translated materials with Spanish speakers and assesses the materials through annual consumer surveys. The Division is also working on a translated Health Check/NC Health Choice Fact Sheet with the United Hmong Association of North Carolina.

The Division and the NC Healthy Start Foundation encourage families to make the most of their health insurance benefit by linking to a “medical home” (primary care provider) for all of their child’s health care needs. The Medical Home Campaign, launched in July 2004, promotes preventive services, the importance of having a consistent source of primary care, and emphasizes quality medical homes for families of children with special health care needs. Campaign materials come in both English and Spanish.

The Advisory Committee has completed a glossary of DHHS terms that, once approved, will be distributed by social services and public health employees and posted on

a Title VI Web site under development. Materials from the State of Washington served as a model for the glossary.

Title VI Training

Title VI training is under way. Teams of county executives, social services directors, health department directors, the local mental health director, and county attorneys have attended sessions so far. These sessions introduce Title VI requirements using OCR's Title VI video (information available from www.lep.gov) and also address Local Language Access Plan requirements. A subcommittee on cultural competency training was established and is exploring a "training of trainers" curriculum.

Data Gathering

The State Center for Health Statistics (which collects race- and ethnicity-based data) is using Census data on the number of people in each county who speak a language other than English and distributing the findings to state and local offices. Findings will be posted on the planned DHHS Title VI Web site.

Language preference is designated on application/intake forms. The Division of Information Resource Management has modified its systems to collect information on 29 (and "other") languages spoken by clients of agencies such as the Department of Social Services, Medicaid, public health, and vocational rehabilitation.

Future Activities

The DHHS is increasing language services available during the state appeal and hearing process. All Department of Social Services state level hearings and appeals are now heard within the Office of the Secretary. Hearing decisions are translated into Spanish. The state will need to identify interpreters for state level hearings in the future.

The Department's Division of Information Resource Management's planned computer system will automatically send important notices in the client's primary language.

The Title VI Advisory Committee, recognizing that as the LEP population increases, so will the workload, has recommended that the Secretary of DHHS dedicate staff to Title VI implementation.

Title VI coordinators want private businesses to do more in providing services to the LEP population. They see the business community as an excellent resource because it has regular contact with LEP people it hires.

The coordinators want to make better use of the Internet and other computer-based services. For instance, a planned Title VI Web site will include a summary of Title VI, the DHHS language access policy, model local Language Access Plans, the complaint form, “I Speak” Language Assessment cards (now on the Department of Social Services Web site), the Spanish glossary, and links to other important sites, including Spanish-language sites with materials such as the Health Check/NC Health Choice materials.

The Title VI Advisory Committee expects all counties to participate in implementing the OCR Voluntary Compliance Agreement. Meanwhile, OCR is monitoring state and local progress on the Agreement. In September 2005, it conducted unannounced spot site visits to local offices. If OCR finds problems at the state or local levels, it can require corrective action plans.

North Carolina may soon need to increase language access for those who speak Chinese, Hmong, Slavic, and Nigerian, as those populations are growing.

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WASHINGTON, D.C.—MEDICAL ASSISTANCE ADMINISTRATION

Background

The Medical Assistance Administration (MAA), part of the Department of Health, is responsible for administering D.C.'s Medicaid program, including managed care. The Income Maintenance Administration, a subset of the Department of Human Services, accepts and processes Medicaid applications. The Department of Human Services oversees enrollment in all publicly funded programs, including Medicaid, SCHIP, and the D.C. Healthcare Alliance (a public-private program providing health care to uninsured individuals).

In 2002, with the implementation date of federal Medicaid managed care regulations approaching, advocates opened discussions with MAA to address issues on access to service for Medicaid enrollees. Among the four issues targeted was language services. The group eventually drafted significant revisions to the Medicaid managed care contract, adding many requirements on language access.

The Language Access Act, passed in 2004, increases language access to government services and benefits. It requires D.C. government agencies to provide oral language services to LEP persons. The agency will determine what *type* of oral language service (i.e., telephone language line, bilingual front-line staff) after considering a number of factors, including the agency's size and the type of services it provides. The act also requires agencies that have contact with the public to provide written translations of vital documents into the languages spoken by the larger language populations in D.C.; to develop and implement a language access plan; and to appoint a Language Access Coordinator to monitor the plan.

Promising Practices

I Speak Posters and Brochures

In 2003, MAA began a collaboration with a select group of health and immigrant advocates to design an “I Speak” brochure and poster to help LEP clients access benefits. MAA’s leaders sought out local immigrant and health care advocacy organizations to help prepare materials in a manner and language that could be easily understood by the targeted population. The Department has encouraged close collaboration with community organizations at each stage of the process. For example, they asked community groups to help decide what information to include, review the translations, field-test drafts, and help choose the layout and graphic design. Importantly, the groups working with MAA have included representatives from each of the major ethnic groups in the District: Latinos, Asians, and Africans.

The “I Speak” poster has text translated into the District’s top 12 languages.²¹ It is displayed in all IMA offices (where individuals apply for Medicaid) and has been sent to participating Medicaid providers for display as well. The text of the poster reads:

If you need an interpreter, tell the receptionist and point to your language.
You have a right to an interpreter, free of charge. There should not be a long wait. If you have a problem, call the Medicaid complaint line and your health plan (see telephone numbers below).

The telephone numbers include the Medicaid complaint line as well as contact information for each of the District’s four managed care plans.

Beside the posters, the workgroup created a “Know your rights” brochure with information about getting help in languages other than English. It explains that LEP individuals have the right to a free interpreter, do not have to bring a family member or friend to interpret, and that individuals have the right to get important letters translated. It says that an applicant can register a complaint with the Medicaid complaint line if language services are not provided in a timely manner. The brochure also gives contact information for a local service organization and the Legal Aid Society of D.C. for direct assistance in the LEP individual’s language.

The brochure includes “I Speak” cards in D.C.’s five most prevalent languages—Amharic, Chinese, Korean, Spanish, and Vietnamese. The brochure and card were mailed to every Medicaid enrollee and will be available at IMA and other District agency offices.

The card can be carried in an individual's wallet and shown to agency staff to request language services.

While initially designed to assist LEP individuals in getting assistance at health care providers' offices, the cards and posters will be used throughout MAA, the Income Maintenance Administration, and other agencies to inform LEP clients about their rights and how to request language assistance.

MAA obtained funding from the federal government for 50 percent of the costs for developing and printings these materials, completed as part of MAA's administrative activities for Medicaid

Applications

The Department of Human Services, through the Income Maintenance Administration, oversees enrollment in D.C.'s publicly funded health programs. The cover sheet of the "Combined Application" (used to apply for Medicaid, food stamps, or cash assistance) includes text in English, Spanish, Amharic, Mandarin Chinese, and Vietnamese. The text states that if clients need language assistance, free interpreters are available. The application has a telephone number that clients can call to get oral interpretation of the application. The cover page of the Healthy Families' application (used by families with children to apply for Medicaid and SCHIP) includes a "tagline" telling clients to contact IMA for assistance if they need Spanish, Vietnamese, or French translations.

The agency maintains a contract with a telephone language line and when a LEP person calls the agency, a staff person can use the telephone language line to help interpret for the client.

Notices and Other Beneficiary Communications

While MAA does not yet translate all beneficiary-related materials, it does include taglines on all of its notices in five languages: Spanish, Amharic, Mandarin Chinese, Vietnamese, and Korean. The tagline tells beneficiaries that the notice is important and that they can call MAA for translation help. MAA uses a telephone language line to interpret between its staff and the client.

MAA's contract with an enrollment broker, which helps Medicaid beneficiaries choose a managed care plan, was revised to include specific language access requirements. It requires the broker to distribute all written enrollment materials in Spanish (at a fifth grade reading level). The broker must also issue written enrollment materials in

Vietnamese, Chinese, Amharic, Korean, and Braille (and any other languages the District may designate). The broker's notification letter, sent to all new enrollees, must state that oral interpretation services are available free of charge in any language and written enrollment materials are available in Spanish, Vietnamese, Chinese, Amharic, Korean and Braille. Contractors must ensure that enrollees can meet with a Benefit Counselor who speaks their primary language, if necessary.

Future Activities

MAA plans to continue disseminating the "I Speak" posters and brochures through other D.C. agencies, including the Department of Mental Health, Addiction Prevention and Rehabilitation, Administration, and Community-Based Clinics. It will continue to work with advocates to find other ways to assist LEP individuals with access to MAA's services.

MAA will provide training for staff members of its contracted managed care organizations on requirements for language access, D.C.'s Language Access Act, the new brochures and pamphlets, and language services offered by MAA.

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WASHINGTON—DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Background

The Department of Social and Health Services (DSHS) is a large state umbrella agency within Washington State government. Health and Recovery Services Administration (HRSA) is one of six administrative divisions within DSHS. Among its many programs, HRSA administers Medicaid, SCHIP, and interpreter services, including all interpreter service contracts for DSHS.

The Economic Services Administration, another administrative unit within DSHS, oversees 65 local benefits offices (Community Services Offices or CSOs) located throughout the state. It is the second-biggest user of the interpreter service contracts, behind HRSA.

In the 1980s and early 1990s, DSHS entered into agreements with the Office for Civil Rights and client advocacy groups representing DSHS clients to ensure that LEP clients received equal access to DSHS services. As a result, the Language Interpreter Services and Translations (LIST) was formed within DSHS and given two primary responsibilities: to develop and administer a written document translation services program, focusing on timely and accurate translation of Department forms and publications, and to develop and implement a language testing and certification program to assess the language skills of Department bilingual staff, contracted interpreters, and translators. Contractors are available in benefits offices and the offices of health care providers participating in DSHS programs.²²

Promising Practices

State Regulations, Administrative Policy, and DSHS Eligibility Manual

Washington has three Administrative Code sections that specifically address DSHS's responsibilities for handling LEP issues. The Washington Administrative Code defines LEP services and describes the department's responsibilities to provide interpreters and written communication in non-English languages.²³ The Economic Services Administration's Eligibility Manual contains additional information for staff on its policies. For example, the manual says that each CSO must have at least one staff member appointed to assist in coordinating interpreter and translation services. Affected staff must participate in "How to Work with an Interpreter" training covering topics such as LEP laws and regulations; differences between bilingual workers and contracted interpreters; how to access an interpreter in all situations; and how to conduct an interview with an interpreter.

In addition, Washington also has an extensive Administrative Policy 7.21 (i.e., a written policy describing the agency's language access plan) that addresses the provision of services to LEP clients. Most of what is detailed below is required by or explained in the Washington Administrative Code, Administrative Policy, and Eligibility Manual.

Local Benefits Office Procedures—Tracking LEP Clients

Bilingual staff or contract interpreters provide most language services. Workers note the client's primary language upon first contact. CSOs are supposed to have

multilingual signs posted in client waiting areas that explain the availability of language services. Benefit applications come in 25 different languages and can be translated into other languages on an as-needed basis. Workers must also inform clients of their right to interpreter and translation services without charge or significant delay. The Eligibility Manual states that friends and family members should not be used as interpreters.

If staff and/or clients elect to use an interpreter and if the client needs to receive letters in a language other than English, the worker flags the file as LEP. DSHS's automated system that tracks client eligibility and generates letters for clients in nine different languages identifies LEP clients with a "Primary Language Code," which also notes the client's language in the electronic case record. In addition, language needs are noted on all referrals of LEP clients to other divisions, administrations, and agencies. Workers needing an interpreter contact a designated staff person.

Bilingual Staff

Whenever possible, bilingual employees certified by DSHS language fluency tests facilitate bilingual communication. The employee's classification questionnaire must include the employee's language assistance duties. These bilingual employees generally provide services directly in languages other than English, but they can interpret for another worker when they are also certified as interpreters and it is stipulated in the employee's classification questionnaire. CSO often resorts to block-servicing interpreting (i.e., scheduling patients who speak the same language in blocks so that an interpreter can show up once and have his or her time well utilized) because it is the most efficient use of the interpreter. For example, in an office that services a very high LEP Spanish-speaking population, an interpreter may come in for four hours a day to meet the needs of walk-ins. Individuals can also schedule appointments. If bilingual employees are unavailable, workers use outside LIST certified/qualified contract interpreters.

Telephone Interpretation

Telephone interpreter services are available as backup or when a worker calls a client or receives a client call. In addition, there are six regional call centers throughout the state where people can get benefits applications or report changes. CSO contracts with language line services and Pacific Interpreters for the calls made at the call centers.

Interpreter Certification and Qualification

DSHS created the LIST program in 1991 to provide high-quality language support services to LEP clients. It provides services in a professional and cost-effective manner that promotes equal access. As part of a consent decree in a lawsuit, DSHS agreed not only to

provide and pay for interpreters, but also to ensure the quality of interpreter services. DSHS administrative policy now requires all offices within the department to provide interpretation and translation services.

For interpreters working in community benefits offices or other DSHS offices, the state requires social services interpreter certification in the seven most prevalent foreign languages spoken: Spanish, Vietnamese, Cambodian, Lao, Chinese (both Mandarin and Cantonese), Russian, and Korean. For interpreters working in medical providers' offices, the state requires medical interpreter certification. DSHS offers statewide testing at six sites, 10 times each year, with additional tests available upon request. The state also offers emergency provisional certification for those who have passed the written test but are awaiting oral testing, and in other limited situations.

The language certification examination administered by the DSHS is considered a proficiency-based and criterion-referenced evaluation. It assesses applicants' skills by their proficiency in English and a second language according to minimum competency standards that depend on the nature of the work involved. Experienced practicing court interpreters and other language specialists conduct the assessments. The qualification exam covers comprehension, oral components, and ethics.

DSHS screens for all other languages for which no comprehensive testing is available, and an applicant can be "qualified" by completing the screening exam. The screening exam is narrower in scope than the testing used for certified languages, but it has proven to be a good measure for assessing interpretation skills.

Translated Materials

Benefits offices must send letters to clients, states the Eligibility Manual, in the client's primary language. All letters—including those with spaces workers fill-in—must be fully translated. The client's primary language is noted in the Automated Client Eligibility system (ACES), which has 90 language codes. The sole purpose of the code is to trigger written communications for the client, who self-identifies his/her language intake. From this point on, clients receive all documents in their primary language.

ACES generates notices in nine different languages, called *supported languages*: English, Cambodian, Chinese, Korean, Laotian, Russian, Spanish, Vietnamese and Somali. ACES can generate 200 different letter types. For supported languages, translated letters are already in the system. If additional text has to be added, the letter cannot be generated centrally (at headquarters) by the system. In these situations, the worker prints the letter

and the text is added. If the worker is certified bilingual, and if their job description allows for it, the worker translates the additional text and adds it to the form letter. Otherwise, the worker sends it out under an expedited translation services contract.

For non-supported languages, ACES produces letters in English and they are sent out for translation. Each letter includes the client's name, the day the request for translation was made, the day the letter was sent out for translation, the worker's name, and the office. Once the letter is translated and returned, it is logged in again. CSO generates about 4,000 of these non-supported letters a month. Non-supported letters are usually sent within five working days, but for translation requests in uncommon languages, 10 days may be required. When a denial or termination of benefits form needs to be translated into a non-supported language, benefits may be extended because clients must be given a 10-day notice of adverse actions and this period does not begin until after the translated letter is sent. By the end of 2006, ACES should be able to handle two primary language codes, one for written and one for verbal communication.

DSHS uses many forms to request information from clients. New or revised forms are translated into eight languages (Cambodian, Chinese, Korean, Laotian, Russian, Somali, Spanish, and Vietnamese). DSHS has adopted a simultaneous release policy that requires the English version of the form be made available only after the form has been translated into the eight other languages. Forms are translated into languages other than the eight primary ones as needed. All translated forms are posted on the intranet and available for employees to download. If a form is not available in translation, the worker asks CSO designated staff to arrange for translation. They pass it on to the Economic Services Administration Translation Service Coordinator, who sends the translated form back to the CSO where it is added to the Web site. Some publications are available in online translations; requests for translation are directed to the Publications Management section.

Workers note the date of the translation request in the ACES narrative field and later the date the translated document was given or mailed to the client. ACES has a field for "interpreter needed" and workers also note the name of any interpreter used.

Sample Practice—Hopelink²⁴

Hopelink, one of the contracted brokers that provides interpreters to CSOs and medical providers, has four to six coordinators (designated Interpreter Services program coordinators) who handle incoming requests from DSHS.

Hopelink's software server, Hopelink Language Access, tracks language needs and trends as well as billing. A web interface feature allows the broker to eliminate extra labor and data entry errors. Hopelink's subcontracted vendors can import downloads directly into their system to locate and assign interpreters efficiently. This system is also designed to eliminate interpreter and client double bookings. Hopelink also sends automated fax confirmations.

As soon as staff members in Hopelink's call center enter a request into the system, it is assigned an authorization number for easy tracking. The entry indicates language spoken, location of client, and the service needed. Taking into account Hopelink features that reflect a client's specific needs such as gender preferences, pro-choice interpreters, and specific interpreter requests, an interpreter is assigned.

Hopelink data can be sorted by date, language, and other controls and most requests receive responses within two business days.

Issues

DSHS has twice been faced with the possibility of the state legislature eliminating funding for language services to LEP Medicaid clients. At one point, the legislature required DSHS/HRSA to cut spending by \$8 million over an 18-month period, which prompted DSHS to move to the broker system, saving \$8 million in the first eight months. But when DSHS switched to the broker system, some interpreters stopped working with DSHS clients because they felt the pay was too low. DSHS is looking for ways to attract more interpreters.

Washington struggles with trying to balance certification requirements that are rigorous enough to produce highly qualified interpreters while still retaining a large enough pool of interpreters who can meet the language requirements. Washington also has problems finding qualified interpreters for LEP clients who speak uncommon languages.

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Summary of Surveyed Models for Providing Language Assistance Services in Benefits Offices

The information in this chart comes from survey responses provided by the listed state agencies. The National Health Law Program has not authenticated this information and thus cannot verify its accuracy.

State	Agency or Department Completing Survey	Languages Frequently Encountered	Providers of Oral Interpretation Services	Materials Translated	Locations Where Translated Materials Are Available	Other Interesting Practices
Alabama	Medicaid Agency, Training Unit	Spanish	Telephone language line, volunteers, and bilingual staff	Family and Children Services application (joint application for 3 programs), covered services brochure	Department and agency offices	Individuals trained to assist with application/interview process—some internal staff, some external who work directly with Hispanic population
Arizona	See p. 17					
Arkansas	Dept. of Human Services, Division of County Operations	Spanish	Bilingual support staff, contract interpreters	Applications and forms client must complete and informational materials for applicants and recipients; agency contracts with outside translating organization	County DHS offices, health departments and Medicaid doctors' offices	Up to 10 percent pay increase to any employee whose specific job assignment requires communicating in non-English languages (including American Sign Language)—employee must be proficient (assessment given by Arkansas Spanish Interpreters & Translators) and spend at least 25 percent of time providing language services
Arkansas	Dept. of Health, Environmental Health Agency	Spanish, Asian/Pacific Islander languages	Bilingual staff during normal business hours; contract interpreters for after hours assistance	Educational brochures, factsheets, physician directory, posters, public service announcements into Spanish	Hospitals, mental health facilities, schools, local libraries, grocery stores	1-800 phone line provides client education; electronic database tracks clients' languages; call center operators are taught simple phrases in Spanish to ask clients to hold for an interpreter.
California (Los Angeles Co.)	See p. 20					

State	Agency or Department Completing Survey	Languages Frequently Encountered	Providers of Oral Interpretation Services	Materials Translated	Locations Where Translated Materials Are Available	Other Interesting Practices
Connecticut	Dept. of Social Services, Medical Care Administration	Spanish	Telephone language line		Department and agency offices, community organizations, and administrative offices	
Delaware	Health & Social Services, Division of Social Services	Spanish, Haitian-Creole, various Asian, African, and Middle Eastern languages	Bilingual staff, contract interpreters, telephone language line	Forms, applications, informational brochures; mostly into Spanish but sometimes other languages		Contract interpreters must meet language requirements; DSS requests feedback on the appropriateness and correctness of contractor services
District of Columbia	See p. 48					
Florida	Healthy Kids Corporation	Spanish, Creole, Portuguese, Vietnamese, Japanese	Customer service representatives speak English and Spanish; telephone language line for other languages	KidCare application translated into Spanish and Creole; KidCare correspondence available in Spanish	Department and agency offices and community organizations	
Florida	Agency for Health Care Administration, Medicaid Services	Spanish, Creole/Haitian, Vietnamese	Dedicated full/part-time interpreters, bilingual intake/support staff, bilingual caseworkers, telephone language line; electronic telephone auto attendant programmed to offer all choices in English and Spanish	Brochures, fliers, posters, newsletters, agency letters to consumers/providers, and policy documents; Medicaid beneficiary statewide work group previously contracted with outside agency but now has assumed translation responsibilities	Department and agency offices and each of the area offices. Materials are also made available through community outreach activities	MedTel Track, a call center tracking program that records all beneficiary calls and includes language indicators for English, Haitian/Creole, Spanish, TDD, Vietnamese, and others Medicaid Beneficiary Statewide Work Group—coordinates activities among 11 area offices and includes discussion of LEP concerns

State	Agency or Department Completing Survey	Languages Frequently Encountered	Providers of Oral Interpretation Services	Materials Translated	Locations Where Translated Materials Are Available	Other Interesting Practices
Georgia	Dept. of Community Health, Eligibility & Third Party	Spanish	Bilingual intake/support staff, bilingual caseworkers	Medicaid/SCHIP applications translated through contract with outside agency	Department and agency offices, over the telephone and through community outstations.	
Idaho	See p. 24					
Illinois	See p. 30					
Indiana	Family and Social Services Admin., Children's Health Insurance Program	Spanish, Vietnamese, Chinese	Dedicated full/part-time interpreters, bilingual caseworkers, contract interpreters, telephone language line	Central enrollment unit translates applications, self-employment and income forms, member rights and responsibilities SCHIP—letters of closure for non-payment are translated into Spanish; premium collection vendor translates letters of eligibility acceptance	Department and agency offices, the Internet	SCHIP's premium collection vendor is required by contract to accommodate non-English speaking LEP callers; vendor 2 bilingual (English/Spanish) customer service representatives and access to a Russian interpreter on-site; the vendor uses a telephone language line for other language needs
Kansas	Social and Rehabilitation Services, Health Care Policy/Medical Policy	Spanish, Vietnamese, German, Russian	Bilingual intake/support staff, bilingual caseworkers, telephone language line	Applications for assistance, notices to members translated by outside agency and some by internal staff; most translated into Spanish	Department and agency offices, outstations and the Internet	Video programming available for LEP clients that introduces SCHIP and educational information on health care Clients participate in an annual satisfaction survey
Kentucky	See p. 34					
Maine	Dept. of Health and Human Services, Family Independence	Somali, Arabic, Farsi, French, Russian, Spanish, Vietnamese	Telephone language line, contract interpreters	Letters, notices of decisions, federal earned income credit information translated by outside agency	Department and agency offices, letters and notices of decision	

State	Agency or Department Completing Survey	Languages Frequently Encountered	Providers of Oral Interpretation Services	Materials Translated	Locations Where Translated Materials Are Available	Other Interesting Practices
Nebraska	See p. 39					
North Carolina	See p. 41					
Oklahoma	Dept. of Human Services, Office for Civil Rights	Spanish, Vietnamese, Hmong	Dedicated full/part-time interpreters, bilingual intake/support staff, bilingual caseworkers, telephone language line, volunteers	Applications, client notices, booklets, brochures, posters translated by agency staff	Department and agency offices, hospitals, schools, job fairs, heritage celebrations, outreach meetings with community partners	Video programming available for LEP clients on rights and responsibilities, available programs, obtaining services
Oregon	Dept. of Human Services, Children, Adults and Families Agency	Bosnian, Cambodian, Chinese, Korean, Laotian, Romanian, Russian, Spanish, and Vietnamese	Dedicated full/part-time interpreters, bilingual intake/support staff, bilingual caseworkers, telephone language line, contract interpreters	All client medically related eligibility materials (notices, applications, etc.) are translated through contract with an outside agency	Department and agency offices, and outstations	Benefit applications and intake forms include a fill-in-the-blank language field; agency staff has 2 page list of languages; if there is no adult (18 or older) in the household fluent in English, they use the code for the language spoken Interpreters are assessed for competency—internal staff tested by DHS; external staff tested by contractors
Puerto Rico	Health Insurance Admin.	English	Most staff are bilingual and most clientele speak proficient Spanish	Benefits coverage information, subscribers handbook, grievance procedures are translated from Spanish into English	Department and agency offices, insurance carriers, customer service office	The agency offers access to oral interpretation services to enrollees who speak English rather than the prevalent language, Spanish
Rhode Island	Dept. of Health Services, Center for Child & Family Health	Spanish	Contract interpreters	All correspondence and member handbooks	Department and agency offices, outstations, and health plans	Consumer committee developed a guide for written materials for clients that includes cultural competency and language

State	Agency or Department Completing Survey	Languages Frequently Encountered	Providers of Oral Interpretation Services	Materials Translated	Locations Where Translated Materials Are Available	Other Interesting Practices
South Carolina	Dept. of Health & Human Services, Bureau of Eligibility Policy and Oversight	Spanish	Bilingual intake staff, bilingual caseworkers, telephone language line	Applications, Medicaid handbook, review forms, verification checklists translated by outside agency; internal staff assists with minor changes or revisions		Applicant's language is noted in Medicaid Eligibility System; future system changes will allow workers to generate forms in applicant's primary language (beginning with Spanish); the system has 30 language codes
Tennessee	TennCare, Policy/Advocacy Division	Spanish	Bilingual support staff, telephone language line	All TennCare enrollee notices and forms are translated into Spanish by outside contractor	Reverse side of all printed materials in English has Spanish on the back	
Utah	Department of Health, Division of Health Care Financing	Spanish	Contract interpreters	Contract with outside agency to translate all materials needed by Medicaid enrollees to understand the program	Department and agency offices	All interpreters are assessed for competency
Vermont	Dept. for Children and Families, Economic Services Division	French, Spanish, Serbo-Croatian, Vietnamese, Russian, Swahili	Contract interpreters, telephone language line	Most important documents (as determined by a subcommittee of the Intra-Agency LEP Committee) translated by outside agency	Department and agency offices, local service providers and some are provided on the Internet	VT has established an inter-agency Interpreter Task Force
Washington	See p. 51					
Wyoming	Dept. of Health, Office of Medicaid	Spanish	Bilingual support staff, contract interpreters, telephone language line	Applications and some brochures	Department and agency offices and outstations	

NOTES

¹ *Seen But Not Heard: The Need for Meaningful Access to Language Services for Limited English Proficient Medicaid Beneficiaries at New York City Medicaid Offices*, Legal Aid Society, Health Law Unit (May 2003). New York has redressed some of the concerns raised by the study but others still exist.

² See U.S. Bureau of the Census, *S1601. Language Spoken at Home*, 2004 American Community Survey, available at <http://factfinder.census.gov>.

³ U.S. Bureau of the Census, *Profile of Selected Social Characteristics: 2000* (Table DP-2), available at <http://factfinder.census.gov>.

⁴ See U.S. Bureau of the Census, *S1601. Language Spoken at Home*, 2004 American Community Survey, available at <http://factfinder.census.gov>.

⁵ *Seen But Not Heard: The Need for Meaningful Access to Language Services for Limited English Proficient Medicaid Beneficiaries at New York City Medicaid Offices*, Legal Aid Society, Health Law Unit (May 2003). New York has redressed some of the concerns raised by the study but others still exist.

⁶ 68 Fed. Reg. 47311 (Aug. 8, 2003). To review previous versions of this guidance, see 65 Fed. Reg. 52762 (Aug. 30, 2000).

⁷ 42 U.S.C. 1396b(a)(7).

⁸ Recipients of entirely-state-funded programs generally are served at the county level. People who are blind, aged, or have disabilities and receive Supplemental Security Income enter through the Social Security Administration. Arizona Health Care Cost Containment System handles eligibility for other categories such as KidsCare, long-term care, and Medicare Cost Sharing programs.

⁹ The languages are Apache, Arabic, Bosnia/Croatian/Serbian, Chinese, Farsi, French, Korean, Navajo, Russian, Somali, Spanish, and Vietnamese.

¹⁰ AZTECS, which services the Medicaid programs and other public benefits programs, was implemented in 1986 and electronically maintains applicant-provided information.

¹¹ These languages are Albanian, Apache, Arabic, Bosnia/Croatian/Serbian, Chinese (Cantonese and Mandarin), Farsi, French, German, Hindi, Hopi, Italian, Korean, Navajo, Pima, Romanian, Russian, Somali, Spanish, Vietnamese, Yaqui, and Yavapai.

¹² The information on the local benefit offices resulted from conversations with the Program Manager for Region 4 (covering Ada, Boise, Elmore, and Valley Counties) and thus may be applicable only in that region.

¹³ Recording the primary language in the case file ensures that the client will receive services in a particular language.

¹⁴ The information in this section was gathered through in-depth telephone conversations with key personnel.

¹⁵ It is available at <http://www.illinois.gov/gov/execorder.cfm?eorder=43>.

¹⁶ The policy is available at http://manuals.chfs.ky.gov/dcbs_manuals/dpp/docs/LEP%20policy%20and%20procedures.doc.

¹⁷ KIIS is a consortium of 19 universities and colleges dedicated to providing quality international education.

¹⁸ CHFS found a significant number of individuals coming very close to passing the qualifications test, but not scoring high enough in one or two components. Instead of losing this group, CHFS developed an immersion program that will provide an intensive program where the

interpreters will be immersed in Spanish for one week and then take the assessment test again to bring this group up to CHFS standards for qualification.

¹⁹ This information includes a general overview of organization including mission statement, detailed explanation of services provided, organizational structure, staff list, and, if appropriate, board list; statement of experience and history in providing interpretation services; detailed information regarding the process and criteria used to certify interpreters; overview of training for interpreters including core curriculum components and frequency of training; a copy of organizational policies on confidentiality and conflicts of interest; reference contact information for at least three organizations/businesses that have used interpretation services; and a fee schedule. LAS reviews the materials and completes a preliminary evaluation of the qualifications of the Organizational Community Partner. If an organization qualifies during the preliminary evaluation, LAS performs a second in-person evaluation to determine whether the organization is to be placed on the qualified list.

²⁰ The Services part of the system oversees the local agency offices and plays a large part in enrollment and ongoing administration of Medicaid and SCHIP. The Finance & Support department also plays a significant role in Medicaid and SCHIP but its activities are not included in this report because it focuses on access to health programs rather than access to services post-enrollment.

²¹ Amharic, Arabic, Chinese, Creole, French, Korean, Portuguese, Russian, Spanish, Tagalog, Vietnamese, and Yoruba.

²² The Department makes LIST available to Medicaid- and CHIP-participating health care providers, as described in an earlier NHELP report, M. Youdelman and J. Perkins, *Providing Language Interpretation Services in Health Care Settings: Examples from the Field* (New York: The Commonwealth Fund, May 2002).

²³ WAC 388-271-0010, 0020, and 0030 (effective January 18, 2003).

²⁴ All eight brokers use different operational practices and software systems to support their work.

²⁵ This assessment is available at www.ncihc.org. The tool is very detailed, asking over 150 questions. Most questions require a yes or no answer, though some ask for details. The tool also provides a glossary of terms, a bibliography, and easily readable background information and advice on applying the tool. Billed as an assessment, the tool offers institutions at any level of language services development many ideas.

²⁶ For examples of “I Speak” posters, see <http://www.dol.gov/oasam/programs/crc/ISpeakCards.pdf> and <http://www.dhfs.state.wi.us/civilrights/LEPposter.pdf>.

²⁷ For examples of “I Speak” cards, see <http://www.palsforhealth.org/>, http://www.dss.cahwnet.gov/civilrights/ISpeakCard_1304.htm, <http://edocs.dhs.state.mn.us/lfsrver/Legacy/DHS-4374-ENG>, <http://www.dol.gov/oasam/programs/crc/ISpeakCards.pdf>, and <http://www.dhfs.state.wi.us/civilrights/ISPEAKCARDS.pdf>.

²⁸ The report will be available at www.healthlaw.org.

APPENDIX A. SUGGESTED PLAN FOR IMPLEMENTING LANGUAGE SERVICES

Benefits offices that are developing language services should follow this eight-step process in conjunction with other activities:

Step 1—Designate responsibility.

Step 2—Conduct ongoing analysis of language needs.

Step 3—Identify and work with resources in the community.

Step 4—Determine what language services to provide.

Step 5—Determine response to LEP individuals.

Step 6—Train staff.

Step 7—Notify LEP clients of available language services.

Step 8—Update activities after periodic review.

Step 1—Designate Responsibility

Deciding how to respond to the community's and client's language needs involves gathering information and investigating and harnessing resources. Benefits offices may want to designate staff members at the headquarter and local levels who have responsibility for the language activities. Many offices highlighted in this report have made such a designation, finding that it increases accountability, organization, efficiency, and ready access to community resources and funding.

Step 2—Conduct Ongoing Analysis of Language Needs

According to guidance issued by the Department of Health and Human Services' Office for Civil Rights, the assessment of language services should balance four factors:

- The number or proportion of LEP persons eligible or likely to be encountered;
- The frequency with which LEP individuals come into contact with the program;
- The nature and importance of the program to people's lives; and
- The resources available and costs.

Most of the benefits office sites studied for this report decided it was not necessary to hire an outside consultant to assess language needs. Rather, they conducted self-assessments of the languages spoken in the office and in the community. Self-assessment

tools are available at no cost and the federal government provides a tool at www.lep.gov that, while geared mainly to health care providers, can also be useful for benefits offices. The National Council on Interpreting in Health Care's *Linguistically Appropriate Access and Services: An Evaluation and Review for Health Care Organizations* might be useful even though it was developed for health care organizations.²⁵

It is important to note that collecting data on an office's client base may not always provide a complete picture. If an office has a small number of LEP clients, it may be because there are few LEP clients in the service area, or it could mean LEP clients do not use the office due to a lack of language services. Offices therefore need to assess not only the clients currently being served but also those eligible to be served.

To fully understand the community's language needs, the agency/office should examine other data, such as the latest American Community Survey (at www.census.gov/acs/www/), and data from school systems, community organizations, and other agencies/departments in a given state and/or county. Community agencies, school systems, religious organizations, legal aid entities, larger health care providers such as hospitals, and other local resources can often help to identify populations that may be medically underserved because of language barriers.

It is also important to consult and involve the affected community.

Step 2a—Request Clients' Language Needs

The first step in determining which clients need language services is to ask the client about his/her language needs as well as those of parents/guardians for children and incapacitated adults. The office may want to ask whether the client prefers the same language for oral and written communications. Depending on the language and literacy level of the client, the need for language services may differ for oral and written communications.

Those who answer the office telephone should ask clients' language preferences and note them in the client's record and agency databases, allowing the office to plan in advance for language needs and have appropriate language services available during interviews and other client contact.

Benefits offices may want to consider using an "I Speak" poster/card.²⁶ The office can also give clients "Language ID" cards to use in direct health care encounters.²⁷

Step 2b—Maintain Databases and Management Information Systems on Language Needs

Benefits offices should document clients' language needs, as well as those for parents or guardians for children or incapacitated adults, in client case files and databases or other electronic systems. Not only will this help in assessing clients' needs but also in arranging for services during appointments. The data will also enable tracking and monitoring services to LEP clients.

Step 3—Identify and Work with Resources in the Community

As illustrated by the site visit reports, there are a variety of ways to provide language services. Available community resources will help determine what language services to provide and how. The office should explore whether local language agencies can provide in-person or telephone oral interpretation and/or written translations. Local immigrant organizations, refugee resettlement programs, or court systems may be contacted—they may be good sources of information about language services in the community.

National organizations may also be useful. The National Council on Interpretation in Health Care offers a variety of resources and lists local interpreting organizations (www.ncihc.org). Other resources include the Society of American Interpreters, the Translators & Interpreters Guild, the American Translators Association, and state-based health care interpreters associations (for example, Alabama, Arizona, California, Colorado, Georgia, Idaho, Kentucky, Massachusetts, Minnesota, Nebraska, New York, Ohio, Pennsylvania, Tennessee, Texas, Virginia, and Washington.) The National Health Law Program released a national resource guide in the spring of 2006 (available at <http://www.healthlaw.org/library.cfm?fa=detail&id=118637&appView=folder>) with state-by-state information to identify local resources, including interpreters, translators and training programs.²⁸

Step 4—Determine what Language Services to Provide

Depending on client needs, community resources, and office resources, a variety of language services may be implemented, depending on what the self-assessment reveals. In general:

- In-person interpreters provide the best communication for sensitive, technical, or long communications.
- Trained bilingual staff—either dedicated full-time interpreters or staff who serve in a dual role (e.g., part-time interpreter and part-time receptionist/billing clerk) can provide consistent client interactions for many clients.

- Contract interpreters can assist with less frequently encountered languages or when the LEP client base is relatively small.
- Telephone interpreter services can often have an interpreter within 1–2 minutes and are most cost-effective for short conversations or unusual language requests.

Step 4a—Ensuring Competency of Language Service

The benefits office should offer the highest possible level of competency in its language services. Competent interpreters ensure confidentiality, prevent conflicts of interest, and make sure that technical terms are interpreted correctly, thus reducing potential errors and misunderstandings.

Bilingual individuals may not have equal command of both English and the target language. Further, oral interpretation and written translation each require specific skill sets that bilingual individuals may not possess. As stated by the Office for Civil Rights:

[C]ompetency requires more than self-identification as bilingual. Some bilingual staff and community volunteers, for instance, may be able to communicate effectively in a different language when communicating information directly in that language, but not be competent to interpret in and out of English. Likewise, they may not be able to perform written translations.

There are assessments that can be used to evaluate bilingual staff. For example, Pacific Interpreters can conduct language competency assessments. The Industry Collaborative Effort includes an Employee Skills Self-Assessment Test (available at iceforhealth.org/library/documents/ICE_C&L_Provider_Tool_Kit.10-06.pdf). When a benefits office contracts with an outside language agency or interpreter, it should ensure competency, either by requiring a certain level of training and/or conducting a language skills assessment. Similarly, if a telephone interpreter service is used, the benefits office should ask what sort of education and training the interpreters have received, whether they have the necessary terminology and ethics, and whether the company has contracted for alternative site availability if their service is unexpectedly interrupted.

Step 4b—Consider Ways to Minimize Use of Family Members or Friends

Significant problems can arise from the use of untrained family members and friends as interpreters. Family members (especially minors) or friends who act as interpreters often do not interpret accurately and are prone to omissions, additions, substitutions, and volunteered answers. Family members and friends often do not interpret

everything the client says and may summarize information instead. In some encounters, clients may not disclose sensitive or private information to a child, adult family member, or friend who is interpreting.

A benefits office can adopt a range of language services that minimizes using family members and friends as interpreters. As the study sites show, using technological advances (such as online translated materials) and sharing language assistance materials and services among offices can reduce costs and other resource concerns. When family members and friends do interpret, follow up visits or telephone contact in the target language can confirm the important aspects of the visit.

Step 5—Determine Response to LEP Clients/Applicants

The office must determine its response to LEP clients, not only when they visit the office but also when they call during and after normal business hours.

Step 5a—Responding In-Person

The first concern is how office staff responds when a LEP client first walks in. Does front office staff speak the languages most frequently encountered? If not, how will they initially communicate with the client? The “I Speak” posters/cards discussed in this report are an excellent first step in responding to clients’ needs.

Once the front office staff confirms the language needs of the client, they arrange for language services, which may entail calling a telephone language line so that an interpreter is available during interactions with office staff. It could also include asking bilingual staff to assist the client.

Step 5b—Responding Over the Telephone

The office should have a plan to help clients on the telephone during normal business hours. Questions to consider include:

- Are there bilingual staff members to assist LEP clients over-the-phone?
- Do “hold messages” offer information in the office’s prevalent languages?
- If the person answering the phone is not bilingual, should he/she ask a bilingual employee for assistance?
- Should the staff person call a telephone language line for help with the client?

Step 5c—Responding After Hours

Depending on the scope of services, after-hours telephone responses need to reflect client language needs. For example:

- If the office has an answering machine, are messages in the prevalent languages of most clients?
- If the office uses an answering service, does the service have bilingual employees or use a telephone language line when a LEP client calls?
- If a client reaches a caseworker or other staff members after hours, how will that staff person access language services?

Step 6—Train Staff

The benefits office should train its staff, at least those with direct client contact, on its language plan and policies. Orientation for new employees should include information about language services. The staff can also attend periodic in-service trainings, staff meetings, or brown bag lunches that describe the office's language services and how to access them, and how to evaluate their effectiveness. Sometimes local community organizations or interpreter agencies/associations offer training programs on how to work with an interpreter and other related topics.

Step 7—Notify LEP Clients of the Available Language Services

It is important to tell LEP clients about available language services and how to request them. The benefits office should post information, in the most prevalent languages, about its language services. If the benefits office disseminates other information, it should consider translating it into the prevalent languages. And if it gives introductory information to new clients, this material could be translated into the prevalent languages.

The office could publicize its services in local foreign language media, which are often available at no cost as a public service or by participating as a resource. The office can disseminate information through local community-based organizations that work with LEP individuals.

Step 8—Update Activities after Periodic Review

After developing a language services plan, the benefits office should regularly evaluate its effectiveness and keep it updated. As the sites in the study show, community demographics can shift over a relatively short time, necessitating different or additional language services.

APPENDIX B. SAMPLE FORMS AND MATERIALS

The materials on the following pages were given to NHeLP project staff during site visits for this report.

List of Forms/Publications

Arizona—Department of Economic Security	
Language Needs Form	73
Language Notification Flyer	74
California—Los Angeles County Department of Public Social Services	
Language Designation Form	77
Interpreter Services Statement	78
Idaho—Department of Health and Welfare	
InfoNet: Providing Language Assistance to Persons with Limited English Proficiency	97
InfoNet: Procedure for Obtaining Interpreter and Translation Services	100
InfoNet: What's New	103
Illinois—Department of Human Services	
Executive Order Creating New Americans Immigrant Policy Council	105
Kentucky—Cabinet for Health and Family Services, Department for Community-Based Services	
Language Access Section: Procedures on Qualifying (Oral) Interpreters	108
Interpreter Protocol	110
North Carolina—Department of Health and Human Services	
Fotonovella: “It is better to prevent than lament: Learn about public health insurance”	116
“The Right Call Every Time, Your Medical Home”; English and Spanish versions	131
List of English/Spanish publications	133
Washington, D.C.—Medical Assistance Administration	
“I Speak” poster	136
“Know Your Rights” brochure with “I Speak” card inserts	137
Washington—Department of Social and Health Services	
Eligibility A-Z Manual: Limited English Proficiency	142
Administrative Policy 7.21	153

Arizona
Department of Economic Security

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

LANGUAGE NEEDS

CASE NAME <i>(Last, First, M.I.)</i>	CASE NO.	DATE
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I. YOUR RIGHT TO SERVICES IN YOUR LANGUAGE

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

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

☐ I speak English and do not need special language services.

☐ I speak the language checked below:

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

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

☐ I want DES to send me forms and letters in English.

☐ I want DES to send me forms and letters to me in the language checked above. If DES cannot do this, I want DES to orally translate the forms and letters to me.

☐ I need all forms and letters orally translated to me because I do not read well enough to understand them.

CERTIFICATION OF LANGUAGE

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

- ☐ Bilingual staff _____
(Name/Worker PCN)
- ☐ Interpretation line _____
(Service Used)
- ☐ Other _____
(Type of Method)

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

LANGUAGE NOTIFICATION FLYER

If you need this notice translated into your language, please call (602) 542-9935 or 1-800-352-8401.

ALBANIAN Shqip Ne qofte se do deshironi kete njoftim te perkthyer ne Shqip, ju lutem kontaktoni zyren tuaj, lokale ne kete numer 602-542-9935 ose 1-800-352-8401.	FRENCH Français Si vous avez besoin de la traduction de cette annonce en français, contactez à (602) 542-9935 ou téléphonez au 1-800-352-8401.
APACHE Ndee Nlįj Y'ugo nih baa ni'ni ' diihi biyatin'ni' n dee k'ehgo le' noshkaahi yá' ití'i (602) 542-9935 – 1-800-352-8401.	GERMAN Deutsch Falls Sie eine Übersetzung der vorliegenden Nachricht ins Deutsche benötigen, kontaktieren Sie bitte (602) 542-9935 oder 1-800-352-8401.
ARABIC العربية إذا أردت هذا الإشعار مترجماً إلى العربية، يرجى الاتصال بمكتبكم المحلي على (602) 542-9935 أو على 1-800-352-8401	HINDI हिंदी अराय आय इस पवे को हिंदी में यसद कखे दो, किरण कश्के आरा फोल करें (602) 542-9935 / 1-800-352-8401.
CANTONESE 如果您需要此通知的中文粵語版，請通過以下電話與您的當地辦公室聯繫： (602)542-9935 或 1-800-352-8401	HOPI Hopi Lavayi Kur um it pahanvewat ang naawakne' it yu'aktapit tuvoylayat um aqw ye'a'aykuni (602) 542-9935 or 1-800-352-8401.
BOSNIAN / CROATIAN / SERBIAN Bosanski / Hrvatski / Srpski jezik Ako vam treba ovo obavjestenje prevedeno na Bosanski, Hrvatski, Srpski jezik, molim vas da kontaktirate vasu lokalnu upravu na (602) 542-9935 ili 1-800-352-8401.	ITALIAN Italiano Se avete bisogno di questo avviso tradotto ad italiano, denomini prego (602) 542-9935 o 1-800-352-8401.
FARSI فارسی (602)542-9935 ویا 1-800-352-8401 تماس بگیرید. در صورت احتیاج به ترجمه این مدرک به فارسی لطفاً با تلفن	KOREAN 한국말 만떡 여러분이 이 봉지클 한국이토 번역하기클 원하신다면, 다투 권와 번호르 연와 주시기 바랍니다 (602) 542-9935, 1-800-352-8401.

MANDARIN

如果您需要此通知的中文國語版，請通過以下電話與您的當地辦公室聯係：

(602)542-9935 或 1-800-352-8401

SOMALI**Soomaali**

Haddii aad rabtid in warqadan luga tarjumo, luuqada Soomaaliga fadlan la xariir xafiiskan (602) 542-9935 ama 1-800-352-8401.

NAVAJO**Diné**

Díí naaltsoos bikáá'ígíí Diné k'ehjí bee shíł náhodoonih nínízingo koji' hodíílnih (602) 542-9935 éí doodaii' 1-800-352-8401.

SPANISH**Español**

Si necesita esta noticia traducida en español, llame a (602) 542-9935 o al 1-800-352-8401.

PIMA**Tohono O'odham**

Mapt 'o taccud mat Milga:ngaj 'am 'o ñi'okicul 'i:da 'o'ohona, kupt 'am 'o 'i-ha-we:m ñio 'id 'ab nunumlo: (602) 542-9935 / 1-800-352-8401.

VIETNAMESE**Tiếng Việt**

Nếu quý vị muốn có thông báo này dịch ra tiếng Việt, xin quý vị liên lạc với văn phòng địa phương của quý vị số điện thoại (602) 542-9935 hoặc số 1-800-352-8401.

ROMANIAN**Romanesc**

Dacă doriți că documentul sa fie tradus în românește vă rog să sunați la (602) 542-9935 sau 1-800-352-8401.

YAQUI**Yoeme**

Ala empo kavaeka ia veevi' noki u vicha yecha kan in-po yoeme vasou wattila chae (602) 542-9935 – 1-800-352-8401.

RUSSIAN**Русский Язык**

Если Вам нужен перевод настоящего извещения на русский язык, просим Вас связаться с местным филиалом по (602) 542-9935 или звоните по телефону 1-800-352-8401.

YAVAPAI**yavā bé**

jah thādda'mih, Ga` bēl yahm ě-vah oohm'gah thoh, biyah mick gah nah vih (602) 542-9935 / 1-800-352-8401.

SERBIAN**српски**

Ако вам треба ово обавештење преведено на српски језик, молимо вас да контактирате вашу локалну управу на телефон (602) 542-9935 или 1-800-352-8401.

California
Los Angeles County Department of Public Social Services

LANGUAGE DESIGNATION FORM

CASE NAME: _____ CASE NUMBER: _____

FREE INTERPRETER SERVICES ARE AVAILABLE

(please ask your worker)

A. SPOKEN LANGUAGE DESIGNATION

I speak the language checked below. I prefer to speak/talk about my case or related matters with staff from the Department of Public Social Services in the language selected below. This designation takes the place of any choices made before.

- | | | | |
|-----------------------------------|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Cantonese | <input type="checkbox"/> English |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Specify) _____ | |

B. WRITTEN LANGUAGE DESIGNATION

- ☐ I prefer to get written letters, notices, forms and other communication in English.

OR

- ☐ I prefer that written communications and forms be sent or given to me, if available, in the language specified below (Chinese is the written language for those who speak Cantonese and Mandarin). In addition, I understand that if written communications from the Department of Public Social Services are not available in the language specified below, I can receive a verbal translation by contacting my case worker.

- | | | | |
|-----------------------------------|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> English | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Specify) _____ | |

APPLICANT'S/PARTICIPANT'S SIGNATURE (OR MARK)_____
DATE

- ☐ I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.

CASE CARRYING WORKER'S SIGNATURE_____
FILE NUMBER_____
DATE_____
SUPERVISOR'S INITIALS_____
DATE**FILING INSTRUCTIONS:**

BWS/BSO: Documentation/Activity Folder
Retention: Permanent

Interpreter Services Statement

(Please read script on the reverse side of this form to applicant/participant prior to completing)

CASE NAME: _____**CASE NUMBER:** _____I, _____ am able to communicate in _____.
(Specify Language)

I have been informed by the Department of Public Social Services (DPSS) that I have the right to a **free** interpreter. If I want, I also have the right to use my own interpreter. However, I know there may be communication errors in using my own interpreter. **This could result in problems such as loss of benefits and/or eligibility.**

☐ I want to use a free County Certified interpreter.

☐ I want to use my own interpreter even though I can get a free interpreter from DPSS. I know that there may be problems of miscommunication by using my own interpreter. I know that sensitive information could be discussed during the interpretation. However, I give permission to my interpreter by the name of _____ to hear and interpret this information. **My choice to use my own interpreter is good for today only. I know that for future appointments, I have the right to a free interpreter from DPSS.**

Applicant's/Participant's Signature_____
DATE**Interpreter Confidentiality Agreement**I, _____ am a County Certified Bilingual _____
(Employee's Name) (Specify Language)

Interpreter. I understand that by law the information obtained during the process of interpretation must be kept confidential and may not be disclosed outside of that process.

ORI, _____ speak both English and _____
(Interpreter's Name) (Specify Language)

I agree to keep this information confidential and not to disclose it, other than as required for interpretation.

My relationship to _____ is _____
(Applicant's/Participant's Name) (Relationship)

Interpreter's Signature_____
DATE

INTERPRETER SERVICES

DPSS prefers to use our own free interpreters when talking with you. But you can choose to use your own friend or family member to interpret for you.

We don't like to use other interpreters because of the risk of communication errors and possible mistakes. These errors may affect how much help or aid you may get from us. In part, these errors may occur because of specialized language and concepts used in welfare programs. A person who is not a DPSS employee might not understand all this special vocabulary. They might make a mistake.

DPSS must ask you some very sensitive and personal questions. Having a friend or family member interpret might make it hard for you to tell us all the personal information that we need.

Finally, all our employees must keep anything you say confidential. This means they can't tell anyone else (except DPSS staff) what you say. They can't even tell someone else that you were here today.

DPSS has no control over your interpreter. We cannot make sure that your interpreter does not share information with someone outside of DPSS. We will ask your interpreter to sign a form saying they won't tell anyone what they hear today, and that they will keep all your information confidential. But we have no control over them. For these reasons, we prefer to use our own free interpreters.

Interpreter Services Statement**Դիմում Թարգմանչական Ծառայությունների Համար**

(Խնդրում ենք կարդացեք այս ձևի հակառակ կողմում զետեղված տեքստը դիմորդի/նպաստ ստացողի համար նախքան այն լրացնելը:)

ԳՈՐԾԻ ԱՆՈՒՆԸ. _____**ԳՈՐԾԻ ՀԱՄԱՐԸ.** _____Ես, _____ ի վիճակի եմ հաղորդակցվելու _____
լեզվով: (նշեք լեզուն)

Հասարակական Սոցիալական Ծառայությունների Վարչությունից (DPSS) ինձ տեղեկացրել են, որ ես իրավունք ունեմ օգտվելու **անվճար** թարգմանչից: Ցանկության դեպքում ես իրավունք ունեմ նաև օգտագործելու իմ անձնական թարգմանչին: Սակայն, ես հակաճանաչում եմ, որ իմ անձնական թարգմանչին օգտագործելու ժամանակ չի բացառվում, որ թարգմանությունը սխալ կատարվի: **Սա կարող է առաջացնել լուրջ խնդիրներ, դրանք են նպաստների և/կամ նպաստ ստանալու իրավունքի կորուստ:**

☐ Ես ուզում եմ օգտագործել Մարզի Երաշխավորված Թարգմանչին (County Certified interpreter):☐ Ես ուզում եմ օգտագործել իմ անձնական թարգմանչին չնայած նրան, որ ես կարող եմ օգտվել DPSS-ի անվճար թարգմանչից: Ես գիտեմ, որ կարող է թարգմանություն անճշտություններ լինել իմ թարգմանչին օգտագործելու ժամանակ: Ես գիտեմ, որ խիստ անձնական տեղեկություններ կարող են քննարկվել թարգմանության ընթացքում: Սակայն, ես թույլատրում եմ իմ թարգմանչին, ում անունն է _____, որպեսզի նա լսի և թարգմանի այս տեղեկությունները: **Իմ անձնական թարգմանչին օգտագործելու որոշումը, վերաբերվում է միայն այսօրվան: Ես գիտեմ, որ ապագա ժամադրությունների ժամանակ, ես իրավունք ունեմ օգտվելու DPSS-ի անվճար թարգմանչից:**

Դիմորդի/Նպաստ Ստացողի Ատորագրությունը

Ամսաթիվ

**Թարգմանչի Համաձայնությունը Տեղեկությունների Գաղտնիության
Ապահովման Վերաբերյալ**Ես, _____ Մարզի կողմից Երաշխավորված Երկլեզու
(Աշխատակցի Անունը)

_____ լեզվի թարգմանիչ եմ: Ես հակաճանաչում եմ, որ համաձայն գործող օրենքի,
(նշեք լեզուն) թարգմանության ընթացքում լաված տեղեկությունները պետք է պահվեն խիստ գաղտնի և
ենթակա չեն հետագա քննարկումների:

OR

Ես _____ խոսում եմ երկու լեզվով, Անգլերեն և _____
(Թարգմանչի Անունը) (նշեք լեզուն)
եւ համաձայն եմ պահպանել տեղեկությունների գաղտնիությունը և չքննարկել դրանք, բացառությամբ միայն թարգմանության ժամանակ:
Իմ ազգակցական կապը _____-ի հետ _____
(Դիմորդի/Նպաստ Ստացողի Անունը) (Ազգակցական կապը)

Թարգմանչի Ատորագրությունը

Ամսաթիվ

ԹԱՐԳՄԱՆՁԱԿԱՆ ԾԱՌԱՅՈՒԹՅՈՒՆՆԵՐ

Ձեզ հետ հաղորդակցվելիս DPSS-ը գերադասում է օգտագործել իր սեփական անվճար թարգմանիչներին: Սակայն դուք կարող եք ընտրել, և օգտագործել ձեր ընկերոջը կամ ընտանիքի անդամին, որպեսզի նա ձեզ համար թարգմանի:

Մենք չենք սիրում օգտագործել կողմնակի թարգմանիչների, հաղորդակցման անճշտությունների վտանգի և հնարավոր սխալների պատճառով: Այդ սխալները կարող են ազդել մեզանից ստանցած օգնության և նպաստների չափի վրա: Այդ սխալների մի մասն էլ կարող է առաջանալ վեբ-էջերի ծրագրի օգտագործած լեզվի հատուկ բառապաշարի և դրանց ոչ ճիշտ ընկալելու շնորհիվ: Այն անձը ով չի աշխատում DPSS-ի համար, հնարավոր է, ամբողջությամբ չհասկանա հատուկ բառապաշարը: Նրանք կարող են սխալվել:

DPSS-ը ձեզ կտա մի շարք խիստ անձնական և որոշ առումով զգայուն հարցեր: Ընկերոջը կամ ընտանիքի անդամին իբև թարգմանիչ օգտագործելիս, հանարավոր է, որ դուք անհարմար դրություն մեջ կընկնեք և ձեզ համար դժվար կլինի պատասխանել խիստ անձնական հարցերին:

Վերջապես, մեր բոլոր աշխատակիցները կպահպանեն այն ամենի խիստ գաղտնիությունը, որ դուք կասեք: Սա նշանակում է, նրանք չեն կարող ասել դրանց մասին ուրիշ որևէ մեկին (բացի DPSS-ի անձնակազմից) ինչ որ դուք կասեք: Նրանք նույնիսկ չեն կարող ասել որևէ մեկին, որ դուք այսօր այստեղ եք եղել:

DPSS-ը իշխանություն չունի ձեր թարգմանչի վրա: Մենք համոզված չենք, որ ձեր թարգմանիչը չի կիսի ձեր մասին տեղեկությունները DPSS-ից դուրս որևէ մեկի հետ: Մենք կպահանջենք ձեր թարգմանչից ստորագրելու հատուկ ձև, ասելով, որ նրանք չեն հալտնի ուրիշ որևէ մեկին ինչ որ կլսեն այսօր և որ նրանք կպահեն ձեր բոլոր տեղեկությունները խիստ գաղտնի: Սակայն մենք որևէ իրավունք չունենք նրանց վրա: Այդ պատճառով էլ մենք գերադասում ենք օգտագործել մեր սեփական անվճար թարգմանիչներին:

Interpreter Services Statement

សេចក្តីថ្លែងការណ៍សេវាកម្មបកប្រែភាសា

(សូមអានអត្ថបទនៅទំព័រម្ខាងទៀតនៃក្រដាសបំពេញនេះជូនទៅអ្នកដាក់ពាក្យសុំ/អ្នកចូលរួមមុនពេលបំពេញ)

ឈ្មោះសំណុំរឿង: _____

លេខសំណុំរឿង: _____

ខ្ញុំ, _____ អាចធ្វើការទាក់ទងដោយប្រើ _____ ។

(សូមបញ្ចូលឈ្មោះ)

ខ្ញុំត្រូវបានផ្តល់ព័ត៌មានដោយក្រសួងសង្គមកិច្ចសាធារណៈ (Department of Public Social Services - DPSS) ថាខ្ញុំមានសិទ្ធិទទួលបានការបកប្រែភាសាដោយឥតគិតថ្លៃ ។ បើសិនជា ខ្ញុំចង់, ខ្ញុំក៏មានសិទ្ធិប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំបានដែរ ។ តែទោះជាយ៉ាងណាក៏ដោយ, ខ្ញុំយល់ថា ប្រហែលជាមានការប្រើពាក្យខុសក្នុងការនិយាយទាក់ទងគ្នា បើ ខ្ញុំប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំ ។ នេះអាចនឹងបណ្តាលឱ្យមានបញ្ហាជាច្រើនដូចជា ការខាតបង់ប្រយោជន៍ជំនួយ និង/ឬ លក្ខណសម្បត្តិទទួលបានជំនួយ ។

☐ ខ្ញុំចង់ប្រើអ្នកបកប្រែភាសាដែលមានលិខិតបញ្ជាក់ពីខោនធីដោយឥតគិតថ្លៃ ។

☐ ខ្ញុំចង់ប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំ ទោះបីជា ខ្ញុំអាចទទួលបានអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃពីក្រសួង DPSS ក៏ដោយ ។ ខ្ញុំយល់ថាប្រហែលជាមានបញ្ហាជាច្រើនក្នុងការនិយាយទាក់ទងគ្នា បើ ខ្ញុំ ប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំ ។ ខ្ញុំយល់ថាព័ត៌មានសំខាន់ៗផ្ទាល់ខ្លួនអាចនឹងយកមកពិភាក្សានៅក្នុងពេលការបកប្រែភាសានោះ ។ តែទោះជាយ៉ាងណាក៏ដោយ, ខ្ញុំអនុញ្ញាតឱ្យអ្នកបកប្រែភាសារបស់ខ្ញុំដែលមានឈ្មោះ _____ ឱ្យស្តាប់ និង បកប្រែភាសាលើព័ត៌មានទាំងនេះ ។ ការជ្រើសរើសរបស់ខ្ញុំក្នុងការប្រើអ្នកបកប្រែភាសាផ្ទាល់ខ្លួនរបស់ខ្ញុំគឺជាការសម្រេចចិត្តដែលខ្ញុំធ្វើឡើងដោយស្មោះត្រង់ និង ប្រាកដប្រជា ។ ខ្ញុំយល់ថាសំរាប់ការណាត់ជួបនៅពេលអនាគត, ខ្ញុំមានសិទ្ធិទទួលបានការបកប្រែភាសាដោយឥតគិតថ្លៃពីក្រសួង DPSS ។

ហត្ថលេខារបស់អ្នកដាក់ពាក្យសុំ/អ្នកចូលរួម

ថ្ងៃខែឆ្នាំ

Interpreter Confidentiality Agreement

សេចក្តីព្រមព្រៀងនៃភាពសម្ងាត់ក្នុងការបកប្រែភាសា

ខ្ញុំ, _____ ជាអ្នកចេះពីភាសាដែលមានលិខិតបញ្ជាក់ពីខោនធីដែលអាចបកប្រែភាសា _____ ។

(ឈ្មោះរបស់អ្នកបកប្រែ)

(សូមបញ្ចូលឈ្មោះ)

ខ្ញុំយល់ថា តាមច្បាប់ ព័ត៌មានដែលទទួលបាននៅក្នុងពេលដំណើរការនៃការបកប្រែភាសាត្រូវតែរក្សាទុកជាសម្ងាត់ ហើយ មិនអាចបញ្ចេញទៅក្រៅដំណើរការនៃការបកប្រែភាសានេះបានទេ ។

ឬ

ខ្ញុំ, _____ ចេះនិយាយពីភាសា, អង់គ្លេស និង ភាសា _____ ។

(ឈ្មោះរបស់អ្នកបកប្រែភាសា)

(សូមបញ្ចូលឈ្មោះ)

ខ្ញុំយល់ព្រមរក្សាទុកព័ត៌មាននេះជាសម្ងាត់ ហើយនឹង មិនបញ្ចេញទៅក្រៅទេ, លើកលែងតែត្រូវការសំរាប់ការបកប្រែភាសា ។

ទំនាក់ទំនងរបស់ខ្ញុំជាមួយនឹង _____ គឺជា _____ ។

(ឈ្មោះរបស់អ្នកដាក់ពាក្យសុំ/អ្នកចូលរួម)

(ទំនាក់ទំនង)

ហត្ថលេខារបស់អ្នកបកប្រែភាសា

ថ្ងៃខែឆ្នាំ

សេវាកម្មផ្នែកបកប្រែភាសា

ក្រសួង DPSS ចូលចិត្តប្រើប្រាស់បកប្រែភាសារបស់ក្រសួងដែលមិនគិតថ្លៃនៅពេលជួបនិយាយជាមួយនឹងលោកអ្នក ។ ប៉ុន្តែ លោកអ្នកអាចជ្រើសរើសយកមិត្តភក្តិ ឬ សមាជិកគ្រួសាររបស់លោកអ្នកមកធ្វើជាអ្នកបកប្រែភាសាសំរាប់លោកអ្នកក៏បានដែរ ។

យើងមិនចូលចិត្តប្រើប្រាស់ភាសាពីក្រៅក្រសួងទេ ដោយសារតែ ជាការប្រថុយលើការប្រើពាក្យខុសក្នុងការនិយាយទាក់ទងគ្នា ឬ អាចនឹងមានការបកប្រែដែលមិនត្រឹមត្រូវទៀតផង ។ កំហុសទាំងនេះអាចប៉ះពាល់ដល់កិច្ចការជួយ ឬ ចំនួនជំនួយដែលលោកអ្នកអាចទទួលបានពីយើង ។ ម្យ៉ាងទៀត, កំហុសទាំងនេះអាចនឹងកើតមានឡើងព្រោះតែពាក្យពេជ័សីលសព្វ និងគំនិតប្រើនៅក្នុងកម្មវិធីដែលហ្វូន ។ អ្នកដែលមិនមែនជាបុគ្គលិកក្រសួង DPSS ប្រហែលជាមិនយល់អំពីពាក្យពេជ័សីលសព្វទាំងនេះឡើយ ។ គេប្រហែលជាអាចប្រើពាក្យខុសក្នុងការបកប្រែភាសា ។

ក្រសួង DPSS ត្រូវតែសួរលោកអ្នកនូវសំណួរមួយចំនួនដែលជាព័ត៌មានដ៏សំខាន់ និង ផ្ទាល់ខ្លួនរបស់លោកអ្នក ។ ការឲ្យមានមិត្តភក្តិ ឬ សមាជិកគ្រួសាររបស់លោកអ្នកមកធ្វើជាអ្នកបកប្រែភាសាប្រហែលជាអាចធ្វើឲ្យមានការលំបាកដល់លោកអ្នកក្នុងការនិយាយប្រាប់យើងសព្វគ្រប់នូវព័ត៌មានដ៏សំខាន់ និង ផ្ទាល់ខ្លួនរបស់លោកអ្នកដែលយើងត្រូវការ ។

ជាទីបញ្ចប់, បុគ្គលិកទាំងអស់របស់ក្រសួងត្រូវតែរក្សាទុកជាសំខាន់នូវអ្វីៗដែលលោកអ្នកនិយាយប្រាប់យើង ។ នេះមានន័យថាគេមិនអាចនិយាយប្រាប់អ្នកណាម្នាក់អំពីអ្វីៗដែលលោកអ្នកនិយាយឡើយ (លើកលែងតែបុគ្គលិកក្រសួង DPSS) ។ គេក៏មិនអាចនិយាយប្រាប់អ្នកណាម្នាក់ សូម្បីតែ អំពីវត្តមានរបស់លោកអ្នកនៅទីនេះក្នុងថ្ងៃនេះបានដែរ ។

ក្រសួង DPSS ពុំមានឥទ្ធិពលលើអ្នកបកប្រែភាសារបស់លោកអ្នកទេ ។ យើងមិនប្រាកដថាអ្នកបកប្រែភាសារបស់លោកអ្នកមិនចែកចាយព័ត៌មានផ្ទាល់ខ្លួនរបស់លោកអ្នកជាមួយនឹងអ្នកណាម្នាក់ក្រៅក្រសួង DPSS ឡើយ ។ យើងនឹងស្នើសុំឲ្យអ្នកបកប្រែភាសារបស់លោកអ្នកចុះហត្ថលេខាលើក្រដាសបំពេញដែលបញ្ជាក់ថាគេនឹងមិននិយាយប្រាប់អ្នកណាម្នាក់អំពីអ្វីៗដែលគេបានឮនៅក្នុងថ្ងៃនេះឡើយ, ហើយថា គេនឹងរក្សាទុកជាសំខាន់នូវព័ត៌មានទាំងអស់របស់លោកអ្នក ។ ប៉ុន្តែទោះជាយ៉ាងណាក៏ដោយ, យើងពុំមានឥទ្ធិពលលើគេឡើយ ។ ដោយសារមូលហេតុទាំងឡាយខាងលើ, យើងចូលចិត្តប្រើប្រាស់បកប្រែភាសារបស់ក្រសួងដែលលោកអ្នកមិនចាំបាច់បង់ថ្លៃ ។

Interpreter Services Statement**口譯服務聲明**

(在填寫以前, 請把此表背面的字體唸給申請人/參與人聽)

個案姓名: _____

個案號碼: _____

我, _____ 能夠以 _____ 語與人溝通。
(指明語言)

公共社會服務局 (DPSS) 曾經告知我可以有**免費**口譯員的權利。如果我願意, 我也有使用我自己的口譯員的權利。但是, 我瞭解使用我自己的口譯員可能會發生溝通上的錯誤。這樣也許導致問題的發生, 例如, 喪失福利和/或資格。

☐ 我願意使用免費的縣府認證的口譯員。

☐ 我願意使用我自己的口譯員, 即使我可以從公共社會服務局 (DPSS) 得到**免費**的口譯員。我知道使用我自己的口譯員可能會產生溝通錯誤的問題。我也瞭解在口譯的過程中某些敏感的問題會被討論。總之, 我允許我自己的口譯員 _____ 聽取和口譯這些資料。我選擇使用我自己的口譯員是只限於今天。我知道對於將來的約見, 我有權利從公共社會服務局 (DPSS) 得到免費的口譯員。

申請人/參與人的簽名_____
日期**口譯員守密同意書**我, _____ 是縣府認證的雙語 _____ 口譯員。
(職員的姓名) (指明語言)

我瞭解, 法律上規定我在口譯進行期間所獲得的資料必須守密, 同時進行的程序也不可向外透露。

或

我, _____ 同時會說英文和 _____。
(口譯員的姓名) (指明語言)

被要求作為口譯員, 我同意對這些資料守密和不會向外透露。

我與 _____ 的關係是 _____。
(申請人/參與人的姓名) (關係)_____
口譯員的簽名_____
日期

口譯服務

當公共社會服務局 (DPSS) 在和你談話時比較喜歡用我們自己免費的口譯員。但是你可以選擇使用你自己的朋友或家庭成員為你翻譯。

我們不喜歡用其他的口譯員是因為會有溝通上的誤會或可能發生錯誤之虞。這些錯誤會影響你從我們這裡獲得多少的幫助或補助。某一部分錯誤的發生是因為在福利計劃中使用的特殊語言和概念。一個不是在公共社會服務局 (DPSS) 服務的人可能不瞭解所有這些特別的字彙。他們可能造成錯誤。

公共社會服務局 (DPSS) 必須詢問你一些非常敏感和私人的問題。讓朋友或家庭成員翻譯可能使你很難告訴我們所需要的你個人所有的資料。

最後，我們所有的職員都必須為你所說的任何事守密。這表示他們不能夠告訴任何其他的人 (除了 DPSS 的職員) 你所說的事。他們甚至不能告訴任何其他的人你今天曾經來過。

公共社會服務局 (DPSS) 無法掌控你的口譯員。我們無法保證你的口譯員不透露你的資料給 DPSS 以外的人。我們將要求你的口譯員簽一份表格，聲明他們不會告訴任何人今天他們所聽到的，同時他們將為你所有的資料守密。但是我們無法掌控他們。由於這些原因，我們比較偏向於用我們自己免費的口譯員。

Interpreter Services Statement

통역 서비스 확인서

(이 양식을 작성하기 앞서 신청인/참여자자는 이 뒷면에 있는 글을 읽으십시오.)

케이스 이름: _____

케이스 번호: _____

본인, _____ 는 _____ 의사 소통이 가능합니다.
(언어)

사회 복지국(DPSS)은 무료 통역인 이용 권리가 본인에게 있음을 알려왔습니다. 본인이 원한다면, 본인의 개인 통역인을 이용할 수 있는 권리도 있습니다. 그러나, 본인의 통역인을 이용하는데는 잘못된 해석도 있을 수 있음을 압니다. 이는 혜택 및/또는 자격을 잃게 되는 문제를 일으킬 수 있습니다.

☐ 본인은 카운티 인증 통역인을 이용하길 원합니다.

☐ 본인은 비록 사회복지국(DPSS)으로 부터 무료 통역인을 가질 수 있으나 본인의 개인 통역인을 이용하길 원합니다. 본인의 통역인을 이용하는데는 잘못된 해석도 있을 수 있음을 압니다. 통역 중 민감한 정보를 논의하게 됨을 압니다. 본인은 본인의 통역인에게 _____ 의 이름으로 이 정보를 듣고 그리고 통역할 것을 허락합니다. 본인의 통역인을 이용하려는 본인의 선택은 단지 오늘 하루만 해당됩니다. 앞으로의 새 지정 약속에 DPSS 의 무료 통역인을 이용할 권리가 있음을 본인은 압니다.

신청인/참여자자의 서명_____
날짜

통역 기밀 동의서

본인, _____ 는 _____ 카운티 인증 이중 언어
(기관원의 이름) (언어)
통역인입니다. 본인은 통역 중 얻은 정보는 법에 의해 기밀이며 그리고 밖으로 발표될 수 없음을 알고 있습니다.

또는

본인, _____ 는 영어와 _____ 둘을 다 말합니다.
(통역인의 이름) (언어)

본인은 이 정보를 기밀에 부칠 것과 그리고 통역에 요구된 대로가 아닌 이상, 이를 누설하지 않을 것에 동의합니다.
본인과 _____ 는 _____ 관계입니다.
(신청인/참여자자의 이름) (관계)

통역인의 서명_____
날짜

통역인 서비스

사회 복지국(DPSS)은 귀하와 말을 할 때 저희 무료 통역인을 이용하시길 권합니다. 그러나 귀하는 자신의 친구나 가족을 통역인으로 선택할 수 있습니다.

저희는 해석이 틀리며 그리고 잘못 전달 되어지는 위험이 있기에 다른 통역인 이용하는 것을 권하지 않습니다. 이 잘못된 해석은 귀하가 저희로부터 받는 도움과 혜택에 영향을 미치게 됩니다. 일부분, 이러한 실수는 복지 프로그램에서 사용되는 전문적인 언어와 개념으로 인하여 발생되어 질 수 있습니다. **DPSS** 기관원이 아닌 통역인은 이 전문적인 용어를 모두 이해할 수는 없을 것입니다. 그들은 잘못 통역할 수도 있습니다.

DPSS 는 어떤 아주 민감하고 개인적인 질문을 귀하에게 해야만 합니다. 저희에게 필요한 모든 개인적인 정보를 친구나 가족이 통역하는데 있어 귀하가 어려움이 있을 수가 있습니다.

끝으로, 모든 저희 기관원은 귀하가 한 말을 기밀에 부칠 것입니다. 이는 귀하가 한 말을 다른 누구(**DPSS** 기관원은 제외)에게도 할 수가 없다는 뜻입니다. 그들은 귀하가 오늘 여기에 있었다는 것조차 다른 누구에게 말할 수가 없습니다.

DPSS 는 귀하의 통역인을 통제할 수는 없습니다. 저희는 귀하의 통역인이 **DPSS** 외의 사람에게 정보를 누설하지 않는다고 확신할 수 없습니다. 저희는 귀하의 통역인에게 오늘 들은 내용을 아무에게도 말하지 않겠다고 양식에 서명도 요구를 하여 그들은 귀하의 모든 정보를 기밀로 할 것입니다. 그러나 저희는 그들을 통제할 수는 없습니다. 이러한 이유로 저희는 무료 통역인 이용을 권유합니다.

INTERPRETER SERVICES STATEMENT**Заявление на услуги переводчика**

(прочтите, пожалуйста, информацию на обороте этой формы, прежде чем начнете ее заполнять)

ИМЯ ДЕЛА: _____**НОМЕР ДЕЛА:** _____Я, _____ могу общаться на _____.
(Укажите язык)

Я был проинформирован Управлением соцобеспечения (DPSS) о том, что я имею право на бесплатного переводчика. По моему желанию я имею право пользоваться услугами моего собственного переводчика. Я признаю, однако, что при привлечении услуг собственного переводчика не исключены возможные неточности перевода. **Это может в результате привести к отказу в выдаче мне пособия и/или потере права на его получение.**

☐ Я хотел бы использовать услуги официального переводчика округа (County Certified interpreter).

☐ Хотя мне и предоставлена возможность иметь бесплатного переводчика от управления DPSS, я предпочитаю использовать услуги моего собственного переводчика. Я понимаю, что при использовании услуг моего собственного переводчика могут возникнуть проблемы некоторого недопонимания. Я также понимаю, что будет переводиться важная и требующая точности информация. Тем не менее, я уполномочиваю моего переводчика _____ (имя) прослушать и перевести эту информацию. **Мое решение использовать услуги моего личного переводчика действительно только на данный случай. Мне известно, что во время последующих встреч я имею право прибегнуть к услугам бесплатного переводчика от Управления DPSS.**

Подпись заявителя/участника
программы_____
ДАТА**Соглашение переводчика о неразглашении информации**Я, _____ являюсь официальным переводчиком Округа, владеющим _____
(Имя работника) (Укажите язык)

Я понимаю, что по закону информация, полученная мной во время перевода, является конфиденциальной и не подлежит разглашению.

ИЛИЯ, _____ владею английским и _____
(Имя переводчика) (Укажите язык)

Я обязуюсь не разглашать полученную мной во время перевода конфиденциальную информацию.

Я являюсь по отношению к _____
(Имя заявителя/участника программы) (Укажите, кем приходиться)

Подпись переводчика_____
ДАТА

УСЛУГИ ПЕРЕВОДЧИКА

Управление DPSS предпочитает использовать услуги своих бесплатных переводчиков при переговорах с вами. Однако, вы имеете право привлечь в виде переводчика кого-либо из ваших друзей или членов семьи.

Мы не приветствуем привлечение переводчиков со стороны по причине имеющегося риска неточного перевода и возникающих в связи с этим возможных ошибок и недопонимания. Эти ошибки могут отразиться на размере той помощи и пособий, которые вы от нас сможете получить. В частности, эти ошибки могут возникнуть из-за специфических терминов и понятий, свойственных программам по вэлферу. Лица, не являющиеся работниками управления DPSS могут не до конца понять эту специфическую терминологию. Они могут ошибиться.

Управление DPSS должно будет задать вам ряд специфических и конфиденциальных вопросов. Имея в качестве переводчика члена семьи или друга вы можете чувствовать определенный дискомфорт и затрудняться, отвечая на некоторые вопросы личного характера.

Наконец, все наши сотрудники обязаны сохранять в тайне всю конфиденциальную информацию, которую они получают от вас при переводе. Это означает, что они не могут рассказать никому (кроме сотрудников DPSS) то, что вы им сообщаете. Они не должны даже извещать кого бы то ни было о том, что вы приходили сегодня на встречу.

Что же касается вашего личного переводчика, то управление DPSS не может его контролировать. Мы не можем гарантировать, что ваш переводчик не будет делиться полученной информацией с кем-либо вне стен управления DPSS. Мы попросим вашего переводчика подписать соглашение о неразглашении информации, полученной сегодня во время перевода. Но мы не в состоянии проконтролировать их действия. По этой причине мы предпочитаем пользоваться услугами наших собственных бесплатных переводчиков.

Interpreter Services Statement Declaración de Servicios de Intérprete

(Favor de leer la información al otro lado de esta forma al solicitante / participante antes de llenarlo)

NOMBRE DEL CASO: _____ NUMERO DEL CASO: _____

Yo, _____ puedo comunicarme en _____.
(Especifique el Idioma)

He sido informado por el Departamento de Servicios Sociales Públicos (DPSS) que tengo derecho al servicio **gratuito** de intérprete. Si lo deseo, también tengo el derecho de usar mi propio intérprete. Sin embargo, sé que pueden ocurrir errores en la comunicación usando mi propio intérprete. **Esto podría causar problemas tales como la pérdida de los beneficios y/o la elegibilidad.**

- ☐ Quiero usar los servicios gratuitos de un Intérprete Certificado por el Condado.
- ☐ Quiero usar mi propio intérprete a pesar que yo puedo usar un intérprete gratis del DPSS. Yo sé que podría haber problemas de comunicación si uso a mi propio intérprete. Reconozco que cierta información confidencial podría ser discutida durante la interpretación. No obstante, doy permiso a mi intérprete, de nombre _____ para escuchar y traducir dicha información. **Mi decisión para usar mi propio intérprete es valida únicamente por el día de hoy. Reconozco que para futuras citas, tengo derecho a usar los servicios gratuitos de un intérprete del DPSS.**

Firma del Solicitante / Participante

Fecha

Acuerdo de Confidencialidad del Intérprete

Yo, _____ soy intérprete bilingüe Certificado por el Condado _____.
(Nombre del Empleado) (Idioma)

Entiendo que por ley, la información obtenida durante el proceso de interpretación debe mantenerse confidencial y no debe divulgarse fuera de este proceso.

O

Yo, _____ hablo ingles y _____.
(Nombre del Intérprete) (Especifique el Idioma)

Estoy de acuerdo en mantener esta información confidencial y no divulgarla, aparte de lo requerido durante la interpretación.

Mi relación con _____ es _____.
(Nombre del Solicitante / Participante) (Relación)

Firma del Intérprete

Fecha

SERVICIOS DE INTERPRETE

En DPSS preferimos usar nuestro propio servicio gratuito de intérpretes cuando nos comuniquemos con usted. Pero usted puede usar un amigo o familiar para que le traduzca.

A nosotros no nos gusta usar otros intérpretes debido al riesgo de errores y posibles fallas de comunicación. Estos errores podrían afectar la proporción de asistencia y ayuda que usted podría obtener de nosotros. En parte, estos errores podrían ocurrir debido al lenguaje y los conceptos especializados utilizados en los programas de bienestar. Una persona que no es empleado del DPSS quizá no entienda todo este vocabulario especial. Y quizá cometan errores.

DPSS debe hacerle algunas preguntas muy precisas y personales. Si tiene un amigo o familiar traduciéndole, podría dificultar que usted nos diga toda la información personal que nosotros necesitamos.

Por último, todos nuestros empleados deben mantener en confidencia cualquier cosa que usted diga. Esto significa que no pueden decirle a nadie más (a excepción del personal de DPSS) lo que usted declara. Incluso, no pueden decirle a nadie más que usted estuvo aquí el día de hoy.

DPSS no tiene ningún control sobre su intérprete. No podemos asegurar que su intérprete no compartirá la información con alguien más fuera de las oficinas del DPSS. Nosotros le pediremos a su intérprete que firme un formulario diciendo que no compartirá con nadie más lo que escuche aquí el día de hoy, y que mantendrá confidencial toda la información. Sin embargo, nosotros no tenemos control sobre ellos. Por las razones anteriores, nosotros preferimos usar los servicios gratuitos de nuestros propios intérpretes.

Interpreter Services Statement Pahayag sa Mga Serbisyo ng Tagasalin

(Bago kumpletuhin ang porm na ito, mangyaring basahin para sa aplikante/kalahok ang nakasulat sa likod.)

PANGALAN NG KASO: _____

NUMERO NG KASO: _____

Ako, si _____, ay may kakayahang makipag-usap sa wikang _____.
(Isulat ang Wika)

Ipinaalam sa akin ng Kagawaran ng Pampublikong Serbisyo ng Panlipunan (DPSS) na ako ay may karapatan sa isang **libreng** tagasalin. Kung nanaisin ko, may karapatan din akong gumamit ng aking sariling tagasalin. Ganunpaman, alam ko na maaaring magkaroon ng di-pagkakaintindihan kung gagamitin ko ang aking sariling tagasalin. **Ito ay maaaring magbunga ng mga problema gaya ng pagkawala ng mga benepisyo at/o ng kwalipikasyon.**

- ☐ Nais kong gamitin ang libreng tagasalin na Sertipikado ng County.
- ☐ Nais kong gamitin ang aking sariling tagasalin bagaman maaari akong makakuha ng libreng tagasalin mula sa DPSS. Alam kong maaaring magkaroon ng di-pagkakaunawaan kung gagamitin ko ang aking sariling tagasalin. Alam ko na may sensitibong impormasyon na maaaring pag-usapan sa pagsasalin. Ganunpaman, ibinibigay ko ang aking pahintulot sa aking tagasalin na ang pangalan ay _____ na pakinggan at isalin ang ganoong impormasyon. **Ang aking pagpiling gumamit ng aking sariling tagasalin ay para sa araw na ito lamang. Alam ko na para sa iba pang magaganap na pakikipagkita, ako ay may karapatan sa isang libreng tagasalin ng DPSS.**

Lagda Ng Aplikante/Kalahok

Petsa

Pangkalahimang Kasunduan ng Tagasalin

Ako, si _____, ay isang Tagasalin ng _____ na Sertipikado ng County.
(Pangalan ng Kawani) (Isulat ang Wika)

Nauunawan ko na, alinsunod sa batas, ang impormasyong makukuha sa proseso ng pagsalin ay dapat panatiliing lihim at ito ay hindi maaaring ibunyag sa labas ng prosesong iyon.

O

Ako, si _____, ay nakakapagsalita ng Ingles at _____.
(Pangalan ng Tagasalin) (Isulat ang Wika)

Sumasang-ayon akong panatiliing lihim at huwag ibunyag ang impormasyong ito, maliban sa kung kinakailangan sa pagsalin. Ang relasyon ko kay _____ ay _____.
(Pangalan ng Aplikante/Kalahok) (Relasyon)

Lagda Ng Tagasalin

Petsa

MGA SERBISYO NG TAGASALIN

Mas ninanais gamitin ng DPSS ang sarili naming libreng tagasalin sa pakikipag-usap sa iyo. Ganunpaman ay maaari mong gamitin ang iyong kaibigan o kamag-anak bilang tagasalin.

Ayaw naming gumamit ng ibang tagasalin dahil may panganib na magkaroon ng di-pagkakaintindihan at posibleng kamalian. Ang mga kamaliang ito ay maaaring makaapekto sa halaga ng tulong na maaari mong matanggap mula sa amin. Sa isang bahagi, ang mga kamaliang ito ay maaaring mangyari dahil sa may mga natatanging salita at konsepto na ginagamit para sa mga programa ng kagalingan (welfare). Ang isang tao na hindi kawani ng DPSS ay maaaring hindi makaunawa sa lahat ng natatanging talasalitaang ito. Maaari silang magkamali.

Ang DPSS ay kinakailangang magtanong sa iyo ng ilang napaka-sensitibo at personal na bagay. Kung ang iyong tagasalin ay isang kaibigan o kamag-anak, maaaring mahirapan kang sabihin sa amin ang lahat ng personal na impormasyon na kinakailangan namin.

Bilang pangwakas, pananatilihing lihim ng lahat ng aming mga kawani ang anumang iyong sabihin. Ito'y nangangahulugang hindi nila maaaring ibunyag kaninuman (maliban sa ibang kawani ng DPSS) ang iyong sasabihin. Ni ang iyong pagpunta dito ngayon ay hindi nila maaaring sabihin kaninuman.

Ang DPSS ay walang kapangyarihan sa iyong tagasalin. Hindi namin masisiguro na hindi niya ibubunyag ang iyong impormasyon sa mga taong nasa labas ng DPSS. Hihilingin namin sa iyong tagasalin na siya'y lumagda sa isang porm na nagpapahayag na hindi niya ibubunyag kaninuman ang maririnig niya rito ngayon at na pananatilihin niyang lihim ang lahat ng iyong impormasyon. Ganunpaman ay wala kaming kapangyarihan sa kanya. Dahil sa mga rasong ito, mas ninanais naming gamitin ang aming mga libreng tagasalin.

Interpreter Services Statement**Bản Tường Trình về Dịch Vụ Thông Ngôn**

(Xin đọc văn bản ở mặt sau mẫu đơn này cho người nạp đơn/tham dự viên nghe trước khi hoàn tất điền đơn)

TÊN HỒ SƠ: _____

SỐ HỒ SƠ: _____

Tôi, _____ có khả năng giao tiếp bằng tiếng _____.
(Xin Ghi Rõ Ngôn Ngữ)

Tôi đã được Sở Dịch Vụ Xã Hội Công Cộng (DPSS) thông báo cho biết rằng tôi có quyền được một người thông ngôn giúp đỡ **miễn phí**. Nếu muốn, tôi cũng có quyền sử dụng người thông ngôn của chính tôi. Tuy nhiên, tôi biết rằng nếu tôi dùng thông ngôn của chính mình, có thể sẽ xảy ra những sự lầm lẫn về giao tiếp truyền đạt giữa đôi bên. **Điều này có thể đưa tới những vấn đề rắc rối, chẳng hạn như bị mất phúc lợi và/hoặc không còn được thẩm định cho hưởng trợ cấp nữa.**

- ☐ Tôi muốn sử dụng miễn phí một Thông Ngôn Có Chứng Thực của Quận-Hạt.
- ☐ Tôi muốn sử dụng thông ngôn của chính tôi, mặc dù tôi có thể sử dụng một thông ngôn do Sở DPSS cung cấp miễn phí. Tôi biết rằng việc sử dụng thông ngôn của chính mình có thể sẽ có những vấn đề về giao tiếp truyền đạt bị sai lạc. Tôi biết rằng những thông tin có tính cách tế nhị có thể sẽ được đem ra thảo luận trong lúc thông ngôn diễn dịch. Tuy nhiên, tôi đồng ý cho phép người thông ngôn của tôi, tên là _____, được nghe và thông ngôn diễn dịch lại những thông tin đó. **Việc tôi lựa chọn sử dụng người thông ngôn của chính mình chỉ có giá trị trong ngày hôm nay thôi. Tôi biết rằng tại những buổi hẹn trong tương lai, tôi có quyền được sử dụng một thông ngôn do Sở DPSS cung cấp miễn phí.**

Chữ Ký của Người Nạp Đơn/Tham Dự Viên_____
NGÀY**Bản Thỏa Thuận Của Người Thông Ngôn Về Việc Bảo Mật**

Tôi, _____, là một Thông Ngôn Song Ngữ _____ Có Chứng Thực
(Tên Nhân Viên) (Ghi Rõ Ngôn Ngữ)
của Quận-Hạt. Tôi hiểu rằng, theo luật pháp, những thông tin nhận được trong quá trình thông ngôn diễn dịch phải được giữ kín và không được tiết lộ ra bên ngoài quá trình thông ngôn diễn dịch đó.

HOẶC

Tôi, _____ nói được cả hai ngôn ngữ, tiếng Anh và _____.
(Tên Người Thông Ngôn) (Ghi Rõ Ngôn Ngữ)

Tôi thỏa thuận giữ kín những thông tin này và không tiết lộ chúng ra ngoài, ngoại trừ khi việc thông ngôn diễn dịch đòi hỏi.

Quan hệ giữa tôi và _____ là _____.
(Tên Người Nạp Đơn/Tham Dự Viên) (Quan Hệ)

hữ Ký Người Thông Ngôn

PA 481-A - VIETNAMESE

NGÀYFILING INSTRUCTIONS:
BWS/BSO - Documentation/Activity Folder
Retention: Permanent

DỊCH VỤ THÔNG NGÔN

Sở DPSS thích sử dụng các thông ngôn miễn phí của chính mình hơn, khi tiếp chuyện Quý Vị. Nhưng Quý Vị có thể lựa chọn một người bạn hoặc một thân nhân của chính mình để làm thông ngôn cho Quý Vị cũng được.

Chúng tôi không thích dùng các thông ngôn khác vì e ngại sẽ xảy ra những lầm lẫn về giao tiếp truyền đạt, hoặc có thể có những sai sót. Những lầm lẫn này có thể ảnh hưởng tới mức độ hỗ trợ hoặc số lượng trợ cấp mà Quý Vị có thể được chúng tôi cung cấp. Những lầm lẫn này có thể xảy ra, một phần là do ngôn ngữ và những khái niệm chuyên biệt hóa được sử dụng trong các chương trình trợ cấp an sinh. Người không phải là nhân viên Sở DPSS có thể sẽ không hiểu được hết loại từ vựng đặc biệt này. Họ có thể phạm sai sót.

Sở DPSS sẽ phải hỏi Quý Vị một số câu hỏi mang tính cách rất tế nhị và riêng tư. Có một người bạn hoặc một thân nhân làm thông ngôn có thể khiến Quý Vị thấy khó khăn ngại ngùng trong việc trình bày với chúng tôi tất cả các thông tin cá nhân mà chúng tôi cần.

Sau hết, mọi nhân viên của chúng tôi đều phải giữ kín bất kỳ điều gì mà Quý Vị nói ra. Điều này có nghĩa là họ không được kể lại cho bất cứ người nào khác (ngoại trừ ban điều hành Sở DPSS) về những gì Quý Vị đã nói ra. Họ cũng không được kể cho người nào khác ngay cả chuyện Quý Vị có mặt tại đây ngày hôm nay.

Sở DPSS không thể kiểm chế được thông ngôn của Quý Vị. Chúng tôi không thể bảo đảm chắc chắn rằng thông ngôn của Quý Vị sẽ không chia sẻ tin tức với người nào khác bên ngoài Sở DPSS. Chúng tôi sẽ yêu cầu thông ngôn của Quý Vị ký tên vào một mẫu đơn xác nhận rằng họ sẽ không kể lại cho bất kỳ người nào những gì họ nghe được trong ngày hôm nay, và họ sẽ giữ kín các thông tin mà Quý Vị cung cấp. Nhưng chúng tôi không thể kiểm chế họ được. Vì những lý do đó, chúng tôi thích sử dụng các thông ngôn miễn phí của chính chúng tôi hơn.

Idaho
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Communications Resources



Providing Language Assistance to Persons with Limited English Proficiency (LEP)

It is the Department's goal to ensure persons with limited English skills can effectively access its health and human services. This may include clients who are limited in their English proficiency, are deaf/hard of hearing, or are blind. This job aid will answer common questions associated with providing quality customer service to people who are limited in their English-speaking proficiency. It also directs you to the resources and tools available to help you meet this need.

	Question	Answer	Resource/Tools
1	Why is effective communication with LEP individuals important?	The failure to communicate with LEP persons may delay them from having an equal opportunity to participate in and benefit from the services and programs provided by the Department.	To gain confidence in your ability to communicate with LEP individuals, click here to see the manual "Speaking of Service."
2	What impacts can ethnic and cultural differences have on effective communication and what are the needs for sensitivity to diversity issues?	When you are exchanging information from one language to another, you are crossing over from one culture to another. Some meanings of words, actions, or beliefs may be new or different to both of the cultures communicating. Failure to be sensitive to cultural differences can negatively impact the communication process.	Click here to see an "Overview of Cultural Differences."
3	How do I decide I need an interpreter?	You need an interpreter whenever a client requests an interpreter, or whenever you believe that language or cultural differences may be causing a barrier to clear communication between you and the client.	
	How do I obtain interpreter services when it is determined they are needed?	Click here to see the Department's Procedure for Obtaining Interpreter Services.	Contact your supervisor or Human Resource Specialist (HRS) on how to use procedure.
4	How do I work effectively through an interpreter?	There are eleven key points to consider when working with an interpreter.	Click here to read "Working with an Interpreter." Also, view the video 'Communicating Effectively Through an Interpreter' (call 334-5570 to obtain).
5	How do I determine which interpretation service is	Consult with your supervisor to determine if you need to use a bilingual employee,	Click here to view the Departments Procedure for

	appropriate to meet the needs of the client?	contract interpreter, or Language Line Services. The interpreter should be fluent in both languages in question, trained as an interpreter, or not be a family member or child.	Obtaining Interpreter Services.
3	How do I identify an individual's language?	Show the client to the "Interpretation Service Available" posted located in your lobby or refer them to the "Language Identification Card" brochure. Both resources tell the client to point to or identify his or her language and tell them that an interpreter will be called.	Click here to see Language Line Services " Language Identification Card ." Obtain copies from your supervisor or HRS.
7	What if I am unable to identify the person's language using the language identification resources brochure?	Contact Language Line Services at 1-877-585-2544 to initiate a language identification process.	Click here to see Language Line Services " Language Identification Card " Obtain a copy from your supervisor or HRS.
3	Can I require that an LEP client provide their own interpreter?	No. The Department is responsible for providing this service to the client free of charge.	Click here to view the Departments Procedure for Obtaining-Interpreter Services.
9	If a client has a family member, friend, or child with them that can interpret, can they serve as an interpreter?	No. They may edit the clients message, add their own opinion, answer for the client, or impede the development of the client-department relationship.	If the client insists on using his or her own interpreter, document this request in the clients file.
10	What if the client-appointed interpreter may not be interpreting the communication accurately?	Inform the client that you have concerns regarding the information being communicated to them and arrange for a Department-appointed interpreter to be present during the communication.	Document this to the clients file.
11	What is the Language Line Services telephone number?	1-877-584-2544. Dial 1-800-996-8808 to hear a recorded demonstration of the Language Line, at no cost.	Click here to view instructions on how to use Language Line Over-the-phone Interpretation Service.
12	When calling Language Line Services, what is my client ID number, organization name, and personal code?	Click here to see instructions to access Language Line Services.	
13	What is the appropriate use of over-the-phone interpretation services, e.g., Language Line Services?	The use of telephone interpretation should be limited to situations where immediate communication is required, the communication is not complex, and no bilingual staff or contracted interpreters are available.	Click here to view additional information on using this service.
14	Are there any record-keeping procedures associated with LEP clients?	Yes. Always record the clients primary language in EPICS (if applicable). When an interpreter is used, note the interpreter's name, relationship to the client, and their role in the communication. The interpreter never signs documents on the client's behalf.	Click here for information on " Recording Primary Language and Interpreter Name in EPICS. "
15	I was hired by the Department as a bilingual interpreter (or volunteer my bilingual skills), how can I	The Department provides a staff development session on Interpreter Orientation.	Contact your supervisor or HRS about this learning opportunity.

	improve my competency as an interpreter?		
16	What if I have questions about document translation?	The Department contracts for some document translation services	Contact your supervisor, Human Resource Specialist, or the Department's Civil Rights Manager at 208-334-5617.

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Communications Resources

Procedure for Obtaining Interpreter and Translation Services

Purpose: To Provide effective communications with clients who have limited English proficiency (LEP), are deaf/hard of hearing or are blind and to ensure interpreter services are provided to these clients on a need type basis at no cost to them.

Obtaining Interpreter Services:

Step 1. Identify clients whose primary language is not English or who are blind, or deaf/hard of hearing and whose effective communication with your unit/region's contact person is limited. Use the Interpretation Service Available Posters located in the lobby areas or the [Language Line Identification Card](#) to help determine what language a person speaks. English speaking children who are in the company of LEP clients may be used as a source to assist with the identification of primary language requirements but may not be used as interpreters.

If you are unable to identify the language a person speaks, contact Language Line Services who will initiate a language identification process. Dial Language Line Services at 1-877-584-2544 and select option "1" for Spanish and "2" for all other languages. Select option "0" for language identification assistance. Initiate this call from an area where the customer will have access to the phone system. The conversation should be done in a private location such as an office or interview room and the conversation should be conducted with the use of a speakerphone, if possible.

You will need the following basic information when you access the service:

- ☞ **Language needed (if known)**
- ☞ **Client Identification Number (Per Division):** [click here](#)
- ☞ **Organization Name:** Division
- ☞ **Access Code:** [click here](#)

Step 2. Inform client that interpreter services will be provided at no cost to them. If they wish to have an adult who accompanies them interpret, we will honor their request if it appears that adequate communication is being provided and there is not an apparent conflict of interest.

Step 3. Once the need for interpreter services has been established, notify the area supervisor. If the supervisor is not immediately available, the employee should proceed with obtaining interpreter services and notify the supervisor after the service has been arranged and/or provided.

Step 4. Supervisor confirms type of interpretation needed and any special qualification required of an interpreter.

Step 5. Supervisor places request for interpreter services with the appropriate source. Interpreter Sources are listed below. Interpreter service charges amounting to more than \$4,999.99 must meet specific contract requirements. Contact your unit's administrative authority for details on this requirement.

Interpreter sources include:

a. Foreign Languages

Department of Health and Welfare Employees. Department employees identified as having bilingual skills are listed in the Directory of Interpreter/Communication Resources. It is located on the Departments **InfoNet** at http://infonetdhw/HR/Interpreter_Directory.htm.

Contact your organizational units Human Resource Specialist to identify those individuals associated with a designated bilingual position.

Language Line Services. Provides over-the-phone interpretation 24 hours a day, 7 days a week. Language Line Services interprets from English into more than 150 languages. This service should be used with discretion and limited to short conversations generally associated with the gathering and dissemination of initial information and possibly the resolution of immediate problems. The telephone conversations should be done in a private location such as an office or interview room and the conversations should be conducted with the use of a speakerphone, if possible. For additional details relevant to this service, please contact your Human Resource Specialist.

On-Call Individual and/or Contract Interpreters

In order to minimize costs, initially please utilize the employees listed as internal interpreters in the Departments Directory of Interpreter/Communication Resources. If none are available, work with your supervisor to contact one of the On-Call Individual and/or Contract Interpreters in your area.

To view a listing of On-Call/Contract Interpreters in your area, click on the link shown below for your area. You will be linked to the Department's Directory of Interpreter/Communication Resources

Central Office	Region 3	Region 6
Region 1	Region 4	Region 7
Region 2	Region 5	ISSH
SHN	SHS	External Sources
Alternative Language Assessment Form.	Spanish-English Dictionary (Common Terms used at DHW)	Human Resources Home Page

See your Human Resource Specialist or the Department's Civil Rights Manager for applicable hourly rates and availability (if necessary).

Other.

If appropriate interpreters cannot be identified by using the sources listed in this procedure, please contact your organizational unit's Human Resource Specialist or the Department's Civil Rights Manager at 334-6554 for further assistance.

b. Braille

Idaho Commission for the Blind and Visually Impaired, 341 W. Washington, P.O. Box 83720, Boise, ID 83720-001 2. Contact Brent Winchester at (208) 334-3220 ext. 104, or 1-800-542-8688.

c. Sign Language

Network Interpreting Service (NIS). Schedule sign language interpreters for a fee. 1-800-284-1043.

To identify the local Sign Language interpreting services available in your area, refer to Regional Off-Site Resources in the Department's Directory of Interpreter/Communication - Resources.

Obtaining Translation Services

Written materials routinely provided in English can be made available in non-English languages. Click here to view instructions for obtaining Spanish translation services.

Many documents have already been translated by the Department. For a listing of some of those documents, you can refer to [Publication and Forms Ordering](#) on the InfoNet. To request documents published by the Division of Health, please speak to your contact in the Division of Health. If you are not able to find a translated version of the document you need, contact your Program Manager for guidance.

If assistance is needed to determine whether or not an individual document should be translated, contact the Department's Civil Rights Manager at 334-5617. When contacting the Civil Rights Manager, be prepared to provide the following information: frequency of the language need; nature of the document; number of pages in the document; financial burden to translate; and, the availability of alternate means of providing information in the document to LEP clients.

If a client speaks a language for which no translated document is available, the document can be read to them by an interpreter. To provide this service, refer to "Obtaining Interpreter Services" above.

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[Spanish-English Dictionary of Common Terms](#)

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How Do You Identify a Client's Native Language?

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How Do You Record a Client's Language in EPICS?

[Recording Primary Language and Interpreter Name in EPICS](#)

When Can You Ask a Client for Citizenship, Immigration and Social Security Information?

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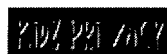
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Governor's Executive Order



EXECUTIVE ORDER

NUMBER 10 (2005)

EXECUTIVE ORDER CREATING NEW AMERICANS IMMIGRANT POLICY COUNCIL

WHEREAS, 12% of Illinois' population are immigrants and 20% of the state's population is either an immigrant or children of immigrants;

WHEREAS, immigrants contribute to the economic, social, and political vitality of the United States and Illinois;

WHEREAS, immigration policy is set at the federal level, but the actual benefits and challenges of immigration are felt at the state and local levels;

WHEREAS, a proactive policy for New Americans at the state level will maximize the benefits immigrants bring to the state and its municipalities, while helping immigrants overcome the challenges they face;

WHEREAS, it is beneficial for new immigrants, the host communities, the state, and the nation for immigrants to quickly adjust to life in Illinois, learn English, become citizens, buy homes, start businesses, send their children to college, and thrive economically;

WHEREAS, the State of Illinois plays a vital role in building upon the strengths of immigrants, enabling their speedy transition to self-sufficiency;

WHEREAS, the State of Illinois has historically been a national leader in creating innovative state initiatives that assist immigrants in integrating into life in the United States;

NOW THEREFORE, I, Rod Blagojevich, by virtue of the authority vested in me as Governor, do hereby order as follows:

1. The State of Illinois shall develop a New Americans Immigrant Policy that builds upon the strengths of immigrants, their families, and their institutions, and expedites their journey towards self-sufficiency. This policy shall enable State government to more effectively assist immigrants in overcoming barriers to success, and to facilitate host communities' ability to capitalize on the assets of their immigrant populations.
2. The Governor shall appoint a 15-person **New Americans Immigrant Policy Council** comprised of the chairs of the Joint Legislative Immigrant and Refugee Policy Task Force, a representative of the Illinois Coalition for Immigrant and Refugee Rights, and other appropriate parties. Representatives from the

www.illinois.gov

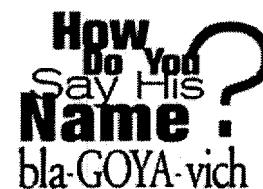
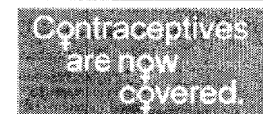
State of Illinois

January 17, 2006

State Features



Features



Governor's office and state agencies may participate on the Council, but they may not constitute a voting majority.

3. The New Americans Immigrant Policy Council shall consult broadly with immigrant leaders and host communities; identify "best practices"; make recommendations to the Governor on policies and programs of state government to equip immigrants with the necessary tools to become full contributing state residents; and assist state agencies in developing plans to assist immigrants and their host communities. The Council shall identify key policy areas for focus and "best practices" models and make initial recommendations to the Governor by January 1, 2007.
4. The Illinois Department of Human Services (DHS) and the Illinois Department of Employment Security (DES) shall jointly lead the initiative and shall develop best practices, policies, and procedures and make recommendations for statewide policy and administrative changes. The Council shall advise DHS and DES and shall assist and guide subsequent state agencies as they develop plans.
5. State agencies shall develop New Americans plans that incorporate effective training and resources, ensure culturally and linguistically competent and appropriate services, and include administrative practices that reach out to and reflect the needs of the immigrant and Limited English Proficient population. State agencies shall consider the New Americans Immigrant Policy Council's recommendations in creating the agencies' plans. Agency plans should be submitted to the Governor for approval. All agencies' plans shall be tendered no later than September 1, 2007.

EFFECTIVE DATE

This Executive Order shall be in full force and effect upon its filing with the Secretary of State.

Rod R. Blagojevich, Governor

Issued by Governor: November 19, 2005

Filed with Secretary of State: November 21, 2005

Kentucky
Cabinet for Health and Family Services,
Department for Community-Based Services

Commonwealth of Kentucky
Cabinet for Health and Family Services
Language Access Section
Procedures on Qualifying (Oral) Interpreters

The procedures below apply to all individuals and organizations that wish to provide interpretation services for the Cabinet for Health and Family Services. The purpose of the procedures below is to ensure that all interpreters meet the minimum standards set by the Cabinet for Health and Family Services. This process will ensure that interpretation services are delivered in a consistent and high-quality manner.

The following categories will be utilized to identify individuals and organizations qualified to provide interpretation services for the Cabinet for Health and Family Services:

- Qualified Interpreter: CHFS Staff
- Qualified Interpreter: Individual Community Partner
- Qualified Interpreter: Organizational Community Partner

Procedure to Qualify Interpreters including CHFS Staff and Individual Community Partners – Spanish/English Only:

The Cabinet for Health and Family Services utilizes the services of the Kentucky Institute for International Studies (KIIS) to assess the skill level for all individuals wishing to be deemed qualified as Spanish/English interpreters for the Cabinet. The instrument designed by KIIS measures proficiency in oral, audio and written Spanish language skills and assesses English skills through an oral interview. In order for individuals to be able to problem solve in the language, they must receive a rating of Intermediate High or above on the Spanish evaluation. The language standards and categories range from beginner to superior and have been set by the American Council on the Teaching of Foreign Languages (ACTFL) Proficiency Guidelines. All individuals who meet the Intermediate High or above level of competency in Spanish and are deemed proficient in English will be designated as a “Deemed Qualified Interpreter”. Individuals who meet the Intermediate High or above level in Spanish but who are not assessed as proficient in English through the oral interview will be required to participate in further assessment of English proficiency as deemed necessary by the Kentucky Institute for International Studies. Individuals must be assessed as proficient in both languages in order to be designated as a “Deemed Qualified Interpreter”.

1. Language Access Section staff will maintain a list of individuals wishing to be qualified and will notify individuals when an evaluation is scheduled. Individuals who are not Cabinet employees will be charged a minimal fee in order to participate in the evaluation process.
2. Once the skill level assessment is complete, individuals designated as “Deemed Qualified Interpreters” will be required to complete CHFS Interpreter Training before providing services for the Cabinet.
3. Individuals who have been “Deemed Qualified” and have completed the required Interpreter Training will receive a Certificate of Qualification from the Cabinet for Health and Family Services and KIIS.
4. Names and contact information for all qualified interpreters will be added to the Qualified Interpreter list attached to the Cabinet’s Interpreter Procedures for LEP Encounters.
5. Individual Community Partners will be provided with information about billing the Cabinet for Health and Family Services upon qualification.

Procedure to Qualify Organizational Community Partners to Provide Interpretation Services – All Languages:

1. In order to be designated as a Qualified Organizational Community Partner to provide interpretation services, the organization must submit to the Language Access Section of the Cabinet for Health and Family Services the following information:
 - General Overview of Organization including mission statement, detailed explanation of services provided, organizational structure, staff list and, if appropriate, Board list.
 - Statement of Experience and History in providing interpretation services
 - Detailed information regarding the process and criteria utilized to certify interpreters
 - Overview of training provided to interpreters including core curriculum components and frequency of training
 - A copy of organizational policies regarding confidentiality and conflicts of interest
 - Reference contact information for no fewer than three organizations/businesses that have utilized interpretation services
 - Fee Schedule
2. Upon receipt, the Language Access Section staff will review all materials and complete a preliminary evaluation of the qualifications of the Organizational Community Partner to provide interpretation services for the Cabinet. If, upon review, the organization is deemed a potential Community Partner, an interview will be scheduled with representatives of the organization.
3. Once the evaluation process is complete, the Language Access Section staff will make a determination of whether or not to qualify a potential Organizational Community Partner. All potential Organizational Community Partners will be notified in writing of the determination and reasons for the determination.
4. Names and contact information for all Qualified Organizational Community Partners will be added to the Qualified Interpreter list attached to the Cabinet's Interpreter Procedures for LEP Encounters.
5. Qualified Organizational Community Partners will be provided with information about billing the Cabinet for Health and Family Services upon qualification.

Quality Control:

To ensure that interpretation services are being provided in a manner consistent with the Cabinet's commitment to quality, periodic random spot checks of Individual and Organizational Community Partners and Qualified CHFS staff will be conducted by Language Access Section Staff. Language Access Section staff will work with Qualified Interpreters to address any concerns which may arise as a result of these quality control measures.

INTERPRETER PROTOCOL

WORKING WITH AN INTERPRETER:

- ❖ Make sure that you understand the difference between "interpreting" and "translating". Interpreting provides the facilitation of oral communication from one language to another. Translating, on the other hand, deals with written texts. Not all good interpreters are good translators and vice versa!
- ❖ Use qualified /professional interpreters to ensure a successfully interpreted encounter. Qualified interpreters know their roles, limitations, and responsibilities.
- ❖ Speak directly to and make eye contact with the Limited English Proficiency (LEP) person, not to the person doing the interpreting.
- ❖ Don't say anything that you do not want interpreted.
- ❖ Use words, not gestures, to convey your meaning.
- ❖ Speak slowly, clearly and in a normal tone of voice.
- ❖ Ask one question at a time.
- ❖ Speak in short simple sentences, pausing to permit the interpretation.
- ❖ Use simple vocabulary to express your meaning.
- ❖ Explain jargon and technical terms when necessary.
- ❖ Allow the person doing the interpreting to stop you and seek clarification when necessary.
- ❖ Expect the person doing the interpreting to take notes if things get complicated.
- ❖ Look for signs of comprehension, confusion, agreement, or disagreement from the client.
- ❖ Be prepared to repeat yourself in different words if your message is not understood.
- ❖ If you suspect that your message is not fully understood by either the person doing the interpreting or the person with limited English proficiency, double check to see if she/he understands.
- ❖ When using bilingual staff for interpreting, do not ask or expect them to perform functions related to their regular job.
- ❖ Allocate your time appropriately. Interpreting will take time. Think about it as if you need to say everything twice.

ETHICAL STANDARDS:

❖ Confidentiality

All information divulged by anyone in any interpreted exchange is strictly confidential. The person doing the interpreting may reveal information only if required to by current law or rule.

❖ Accuracy/Completeness

Any person doing the interpreting is expected to transmit the content and spirit of the original language into the other language without omitting, modifying, condensing or adding. Interpreters must transmit the message in a thorough and faithful manner, giving consideration to linguistic variation in both languages and conveying the tone and spirit of the original message. The interpreter must determine the relevant concept and say it in language that is readily understandable and culturally appropriate to the listener. If there are problems or misunderstandings with interpreting and information, the person interpreting must advise everyone involved.

❖ Conveying cultural frameworks

Interpreters shall explain cultural differences or practices to providers and clients/patients when appropriate.

❖ Non-judgmental attitude about the content to be interpreted

An interpreter's function is to facilitate communication. Interpreters are not responsible for what is said by anyone for whom they are interpreting. Even if the interpreter disagrees with what is said, thinks it is wrong, a lie, or even immoral, the interpreter must suspend judgment, make no comment, and interpret everything accurately.

❖ Client self-determination

The interpreter may be asked by the client for his or her opinion. When this happens, the interpreter may provide or restate information that will assist the patient in making his or her own decision. The interpreter will not influence the opinion of any client by telling him/her what action to take.

❖ Attitude toward Clients

The interpreter shall strive to develop a relationship of trust and respect at all times with the patient by adopting a caring, attentive, yet discreet and impartial attitude toward the patient, toward his or her questions, concerns and needs.

ETHICAL STANDARDS (Cont'd):

❖ Self Evaluation

Interpreters shall represent their certification(s), training and experience accurately and completely.

❖ Impartiality

Any person doing interpreting refrains from interjecting personal opinions or biases into the exchange. They will withdraw from assignments or situations where personal opinions or biases may affect their impartiality.

❖ Conflict of Interest

Any person doing interpreting shall inform all parties if she/he has a real or perceived conflict of interest and she/he shall remove her/him self from the interpreting situation. She/he does not need to disclose the nature of the conflict of interest.

❖ Maintain Professional Distance

Any person doing interpreting understands the boundaries of her/his role, and refrains from becoming personally involved in the situation.

❖ Knows Own Limits

Any person doing interpreting declines to interpret beyond her/his training, level of experience and skills.

❖ Ethical violation

Interpreters shall withdraw immediately from encounters that they perceive to be in violation of the Code of Ethics.

❖ Acceptance of Assignments

If level of competency or personal sentiments make it difficult to abide by any of the above conditions, the interpreter shall decline or withdraw from the assignment.

Interpreters shall disclose any real or perceived conflict of interest that could affect their objectivity. For example, interpreters will refrain from providing services to family members or close personal friends except in emergencies. In personal relationships, it is difficult to remain unbiased or non-judgmental.

In emergency situations, interpreters may be asked to do interpretations for which they are not qualified. The interpreter may consent only as long as all parties understand the limitations.

ETHICAL STANDARDS (Cont'd):

❖ Compensation

The fee agreed upon by the agency and the interpreter is the only compensation that the interpreter may accept. Interpreters will not accept additional money, considerations or favors for services reimbursed by the contracting agency. Interpreters will not use the agency's time, facilities, equipment or supplies for private gain; nor will they use their positions to secure privileges or exemptions.

❖ Professionalism

Interpreters shall be punctual, prepared, and dressed in an appropriate manner, as well as being respectful and courteous. They shall maintain professional behavior at all times both while assisting clients and in their business dealings. Interpreters shall seek to further their knowledge and skills, both in preparation for specific assignments and through continuing studies and training.

COMPETENCY STANDARDS:

❖ Self Introduction/Pre-Session

Any person doing interpreting will introduce her/him self to all parties involved and explain her/his role.

❖ Self Positioning

Any person doing interpreting will position her/him self to best facilitate communication amongst all parties, unless otherwise directed. Speak "loud and clear" so that all parties can hear you well.

❖ Communicate All Parties' Content and Feeling

Any person doing interpreting shall communicate the content and emotions expressed by all parties.

❖ Speak in First Person

Any person doing interpreting shall speak in the First Person when communicating for both parties. That is, use "I" in reference to the speaker rather than "she/he said."

❖ Speak in Appropriate Mode

Any person doing interpreting shall primarily use consecutive interpretation and utilize other modes as appropriate to the situation.

❖ Understand Content

Any person doing interpreting will ensure that she/he understands the message to be transmitted by seeking clarification, as needed, from either or all parties.

COMPETENCY STANDARDS (Cont'd):

❖ Remain Neutral

Any person doing interpreting must remain neutral by reminding all parties of her/his ethical obligations to be impartial, to be accurate, to maintain professional distance and avoid any conflict of interest.

❖ Self-Monitoring and Correction

Any person doing interpreting checks the accuracy of her/his own interpretation. She/he identifies and corrects any misinterpretation for all parties.

❖ Cultural Brokering

Any person doing interpreting shares relevant cultural information with all parties involved and assists all speakers in reaching a mutual understanding.

❖ Manage the Flow of Communication

Any person doing interpreting will manage the flow/pace of communication to preserve the accuracy and completeness of all parties' communications.

❖ Complete Appropriate Documentation

Any person doing interpreting will complete appropriate documentation as required.

Note: These standards apply to bilingual staff, staff interpreters, contracted interpreters, bilingual backup staff, telephone interpreter services and volunteers. These standards do not apply to friends, children or other family members.

Source: Hospital Interpretation Program. Seattle, WA;
Boston City Hospital in Boston; MA
American Medical Interpreters and Translators Association (AMITAS) in Stanford, CA
CCHCP The cross Cultural Health Care Program- Bridging the Gap

North Carolina
Department of Health and Human Services

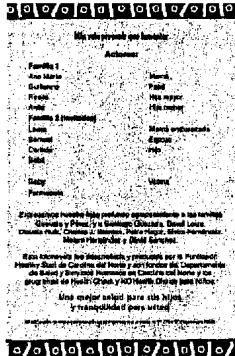
COVER



It is better to prevent than to lament
Learn about public health insurance



Inside Cover



It is better to prevent than to lament

Actors:

FAMILY 1

Ana Maria
Guillermo
Rosita
Anita

Mother
F a t h e r
Oldest Daughter
Youngest daughter

FAMILY 2 (GUESTS)

L a u r a
Samuel
Carlitos
Bebé

Pregnant mother
Father
Son
Baby

Gaby
Farmacista

Neighbor
Pharmacist

We express our deepest gratitude to the Guevara and Perez families and to Santiago Quezada, David Loiza, Claudia Ruiz, Charles J. Braton, Petra Hager, Elvira Fernandez, Miriam Hernandez and David Sanchez.

This picture story was developed and produced by the North Carolina Healthy Start Foundation with funds from the Department of Health and Human Services of NC and the Health Check and NC Health Choice for Children.

**Better health for your children;
-peace of mind for you**

PAGE 1



What is Health Insurance?

In Ana Maria's Kitchen...

AM: "Comadre" (Godmother) Thanks for helping me with the tamales for Anita's christening.

LA: Oh, Ana Maria! It is the least I can do since you have welcomed us into your home until we can get ours.

AM: By the way, Laura, have you thought about what doctor you will take your baby to and what health insurance you will use?

LA: No, but isn't health insurance here a free service like social security in our country?

AM: No, here it is different. Public health insurance is for those who qualify. It helps pay for visits to the doctor, medicine or the hospital when it's necessary.

LA: How's that? Tell me more.

AM: There are two types of public insurance: Health Check (or Medicaid), and NC Health Choice. They are offered by the government to children who qualify based on the family's income.

LA: And are there other kinds of insurance for children?

AM: Yes, there is private insurance. Sometimes it is offered through an employer.

LA: But is it important to have health insurance? We have never needed it.

AM: Yes, because it can be very expensive when one gets sick or has an accident.

AM: Imagine, what would you do if Carlitos fell off his bike and broke an arm? How would you pay for a visit to the emergency room and for the treatment?

LA: Oh! God spare us. I have heard that it is very expensive to go to the emergency room and that the bills don't stop coming.

PAGE 2



AM: If Carlitos got really sick and had to stay in the hospital for several days you would be very much in debt.

LA: Don't scare me Ana Maria! Carlitos is a very healthy child who never gets sick.

AM: Well one never knows, and **it is better to prevent than lament.**

AM: Remember when my daughter Rosita got sick with pneumonia and she had to be in the hospital for two days?

LA: **Yes**, how scary!

AM: Not as scary as it would have been if I had to pay all the medical bills! Luckily we have Health Check.

LA: Health what.. ? **Ana Maria**, don't speak to me in English!

AM: Health Check, comadre, or Medicaid, is the name of one type of public health insurance for kids.

LA: And it covered all the medical expenses?

AM: Yes, and sometimes it covers medical bills three months before the month that you applied.

LA: Tell me how to qualify for that insurance Health. . . Check?

AM: Sure, but first let's finish these tamales. If not they won't be ready until Anita is 15!

LA: Aiye, I have told you ten thousand times not to exaggerate!

PAGE 3



**Reminders: The Difference between Health Check
and NC Health Choice**

While the tamales are cooking...

AM: Come here comadre and help me finish the “recuerditos” (reminder gifts), that way I can keep explaining this to you.

LA: Haven’t you finished them? The christening is tomorrow.

AM: Between the two of us, we’ll finish quickly while we talk.

LA: Good, but tell me more about “Health Check.” You see, I am learning English!

AM: So you can continue to enjoy your coffee, I will also tell you about NC Health Choice

LA: What? The NC Health . . . what?

AM: Health Check and NC Health Choice are two very similar public health insurances.

LA: How do I know which one to apply for?

PAGE 4



AM: It's very easy. The same application is used for both. The Department of Social Services determines if your family qualifies and for which one.

LA: Ah! What is the difference between them?

AM: Both are free or low-cost health insurance for children from birth to 19 years old and 21 years old in some cases. But NC Health Choice is for families that earn a little more and don't qualify for Health Check.

LA: How do they determine which insurance is given to each child?

AM: By the family's size and income.

Someone knocks on the door...

GA: Hi! Can I come in?

AM: That must be Gaby, my know-it-all neighbor, with Anita's gown.

PAGE 5



LA: Anita is going to look so pretty in this gown.

GA: Ana Maria, are you telling Laura about health insurance for kids?

AM: Yes Gaby, this is something new for Laura.

GA: I was afraid to apply because I have not processed my immigration papers (adjust *immigration status*) and I thought that my son, who was born here, would not qualify.

LA: I heard that when our children receive one of these insurances, the kids or the parents have to pay it back in the future.

AM: All that is a lie. It's also not true that the parents can be deported or that it can affect their petition for legal residency or citizenship. The immigration status of the parents is not important and no one has to repay anything in the future.

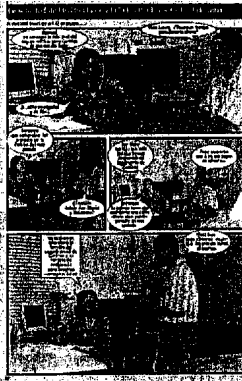
LA: So then, my baby who will be born here could qualify?

AM: Yes, based on that and income, and Carlitos too because he's been a legal resident for 5 years and has his "green card" (Green Card: Legal Residence Card).

LA: How can I get an application?

GA: Call 1-800-367-2229. They speak Spanish. Ask them to mail you an application in Spanish or you can pick it up at your local Department of Social Services or the Health Department. Oh here... I have an extra one you can have.

PAGE 6



**The Health Check and NC Health Choice
application is easy to fill out**

Before the christening, in the morning...

LA: Look Samuel, I have an application for health insurance for Carlitos, the one Gaby gave me.

SM: Laura, do we have time to complete it now?

LA: Yes, it's in Spanish and it is easy.

LA: We need proof of income for the household for last month.

SM: Including Ana Maria and Guillermo?

LA: No, Gaby told me that only those who are legally responsible for Carlitos.

SM: But remember, I get paid in cash.

LA: Well, then your boss has to write you a letter that says how much you earned last month.

SM: Let's go woman, we are going to be late for church.

LA: We're done. Just give me Carlitos' social security card and his green card to take with me on Monday.

PAGE 7



Talking about the benefits of Health Check /NC Health Choice

After the christening, at the party....

GU: Can I get you another tamalito compadre (Godfather)?

SM: Guillermo, since you insist I accept. Tomorrow I'll start my diet.

GU: Talking about diet and health, Samuel, have you found a medical home for your family?

SM: Are you trying to get rid of us already?

GU: How could you think that compadre! A medical home is your personal doctor.

BOX: Your medical home is a doctor's office, community health clinic or the health department. It is where you take your children for all their medical needs,

SM: So, what benefits are there in having a regular doctor, or like you say, a medical home?

GU: A lot, because by knowing you and your children and having your children's medical records, they can better serve you.

SM: Is it really worth it to have a medical home?

GU: Sure compadre. You can even call or be seen there on the weekends and evenings. They can tell you what to do so you don't run to the emergency room without needing to.

SM: You are right. When the baby is born I am going to look for a medical home for when the kids get sick or hurt. In fact, it looks like they are both going to have health insurance.

A few minutes later....

RQ: Mama, mama! Look!

AM: Rosita . . . oh baby girl! What happened?

PAGE 8



GA: ¡Oh! It looks like she cut her arm.

LA: We have to take her to the ER now. Also, because of her asthma, she doesn't stop coughing.

AM: I don't think it is necessary, I will call her doctor.

LA: On a Sunday?

GU: Sure, we can call our medical home 24 hours a day, seven days a week and they will tell us what to do.

After hanging up with the doctor...

AM: The doctor told me how to treat her cut and he will call the pharmacy to refill her asthma medicine. He wants me to call him tomorrow to check on how she is doing.

LA: And both Health Check and NC Health Choice cover the asthma medicine?

AM: Yes, they cover almost everything. Therapists, surgeries, lab exams, medical equipment, eye care, vaccines, and even visits to the dentist.

GA: Well, it's a good thing it was nothing serious, Ana Maria, and that you know what to do when there is an accident.

The next morning at the drug store...

AM: Gaby, thanks for coming with me to buy the asthma medicine for Rosita.

GA: You are lucky you have a car. I have to use the transportation service offered by Health Check.

PAGE 9



AM: I didn't know Health Check offered transportation.
NC Health Choice doesn't.

GA: Look now I am teaching you something.

GA: Do you know that you can even ask for an interpreter? Even
as much as I study English it is not sinking in.

AM: Have patience. Like my grandma used to say "the worst fight is
the one that isn't fought," so keep trying.

AM: Let me look for my insurance card and money for my co-pay.

GA: You have to pay with NC Health Choice?

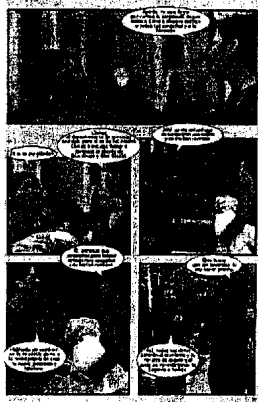
AM: Yes, with NC Health Choice some families pay an enrollment fee
and a small co-pay for doctor's visits and medicine.

GA: I am picking up a prescription medicine for my son also but with
Health Check I don't pay anything.

GA: I always take my card with me to the doctor visits and when I go to
the drug store.

AM: Ah, you are so prepared.

PAGE 11



GA: Your insurance card should arrive by mail separately. Always take it with you to your doctor's visits and the drug store.

LA: What if I lose it?

GA: Call Department of Social Services. But if it's NC Health Choice you have to call Blue Cross Blue Shield customer service.

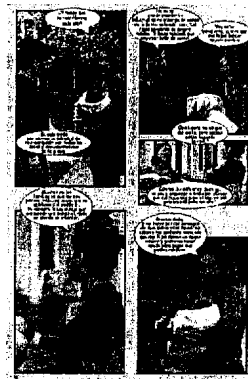
GA: Ah.... I heard you bought a house and you haven't invited me yet.

LA: Yes, we are very happy but we have been very busy with all the changes.

GA: Speaking of changes, don't forget to give your case worker your new address and phone number.

GA: That way all your information will be up to date and your cards and re-enrollment packet will arrive in the mail on time.

LA: Thanks for reminding me. I will do it soon.



LA: And will they have to re-enroll every year?

GA: Yes, just mail back your re-enrollment application with all the information and documents they ask for.

GA: Remember, to send the re-enrollment application before the due date. If not your children will lose their health insurance. And then you'll have to apply all over again.

LA: I will pay attention; I want my children to have health insurance.

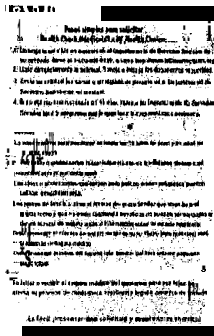
GA: Listen Laura, I am not trying to be nosy, but how are you paying for the house?

LA: It's been difficult but I will start working soon. Do you think we'll qualify for public health insurance next year?

GA: Many families where both parents work think that they won't qualify, but they do. I always tell people they don't lose anything by applying.

LA: Thanks Gaby, with the advice AnaMaria and you give me, I am happy my kids will have a medical home and we may get help paying for medical expenses soon.

INSIDE BACK



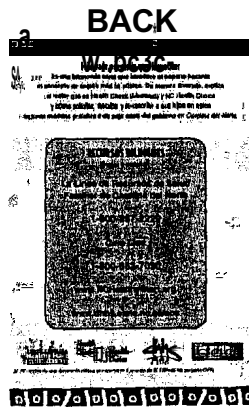
Easy steps to apply for Health Check (Medicaid) and NC Health Choice

1. Get an application in Spanish from your local Department of Social Services, or call 1-800-367-2229 or download it from www.NCHealthyStart.org
2. Fill it out completely, sign it and attach all the required documents.
3. Mail it or take it to your local Department of Social Services.
4. If you don't get an answer in 45 days, call your local Department of Social Services and make sure they have all the necessary documentation.

REMEMBER:

- Children up to age 19 (and 21 in some cases) could qualify.
- Children must be born in the United States or be permanent legal residents for five years.
- Children and adolescents who are asylees or refugees may qualify immediately.
- Parents or other family members living under the same roof and who are not seeking benefits cannot be required to provide their social security number or any information about their immigration status.
- You must provide the social security numbers for the child or children you are applying for.
- You will need to provide proof of the family's total income for the month before you apply.
- Applying for and/or receiving either of these public health insurances for your child won't affect your immigration process for citizenship, legal residency or work permit.

It is easy to apply and stay enrolled!



*It is better **to** prevent **than** to lament*

This picture story introduces public health insurance to Spanish speakers. In a fun way, it explains Health Check (Medicaid) and NC Health Choice and how to apply and re-enroll their children in these free or low-cost public health programs.

BILINGUAL RESOURCES (English and Spanish)

North Carolina Family
Health Resource Line
1-800-367-2229

Care Line
1-800-662-7030

www.NCHealthyStart.org

www.dhhs.state.nc.us/ocs



The Right Call Every Time. Your Medical Home.



Remember you can
call 24 hours a day,
seven days a week.



WHAT IS A MEDICAL HOME?

A Medical Home is the **one** place you take your child for **all** your child's health care.

- checkups
- sick visits
- accidents
- special health needs
- immunizations (shots)

A Medical Home is a doctor's office, a community clinic, or a local health department. The staff there knows you, your child, and your child's health history.

EVERY CHILD NEEDS A MEDICAL HOME

A Medical Home offers the **VERY BEST CARE** for your child. Because the staff knows your child, they can:

- Catch little problems before they become big problems
- Give you advice and help in caring for your child
- Make sure your child gets checkups, screenings, and shots to stay well
- Help you find the right specialists and equipment for your child
- Tell you about helpful community programs



WHEN YOUR CHILD IS SICK OR HURT

YOU HAVE SOMEONE TO CALL FOR HELP!
YOUR DOCTOR CAN TELL YOU IF YOU SHOULD:

- Treat your child at home (They will tell you how!)
- Come to the doctor's office (They will make an appointment for you.)
- Or go to the Emergency Room. (The Emergency Room is for true emergencies – times when children may lose their life or risk their health without immediate treatment. It is rare when children need to be seen in the Emergency Room.)



For help finding a Medical Home
or for information on free or
low-cost children's health insurance,
call the N.C. Family Health Resource Line
at 1-800-367-2229.



Siempre la llamada correcta. Su Hogar Médico.



Recuerde que puede
llamar las 24 horas
del día, los 7 días
de la semana.



¿QUÉ ES SU HOGAR MÉDICO?

Su Hogar Médico es EL LUGAR donde usted puede llevar a su hijo para TODAS LAS NECESIDADES MEDICAS DEL NIÑO.

PARA:

- exámenes rutinarios
- consultas por enfermedad
- accidentes
- necesidades especiales de salud
- vacunas

Su Hogar Médico es el consultorio del doctor, la clínica comunitaria, o su departamento de salud local. El personal del establecimiento lo conoce a usted, a su hijo y su historial médico.

CADA NIÑO NECESITA UN HOGAR MÉDICO

Su Hogar Médico le ofrece LA MEJOR ATENCIÓN médica para su hijo, porque su personal conoce a su hijo y pueden:

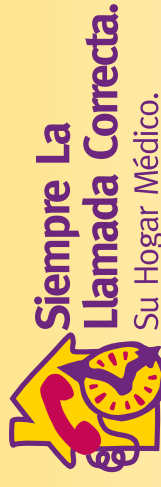
- Detectar problemas pequeños antes que se hagan grandes
- Darle ayuda y consejos para el cuidado de su hijo
- Asegurarse que su hijo reciba sus exámenes rutinarios y tenga todas sus vacunas para estar sano
- Ayudarle a conseguir el especialista correcto y suministros médicos adecuados para su hijo
- Informarle sobre programas comunitarios que puedan ser de su utilidad.



CUANDO SU HIJO SE ENFERME O SE LASTIME

**¡USTED PUEDE LLAMAR A ALGUIEN QUE LO AYUDE!
SU DOCTOR PUEDE DECIRLE QUE DEBE HACER:**

- Atender a su hijo en casa (Le dirán que debe hacer!)
- Ir al consultorio del doctor (Ellos le darán un cita.)
- O ir a la Sala de Emergencias. (La Sala de Emergencias es para verdaderas urgencias – cuando los niños pueden perder la vida o su salud está en riesgo si no reciben atención médica inmediata. Es muy raro que los niños necesiten ir a la Sala de Emergencias.)



Si necesita ayuda

para encontrar un Hogar Médico

o más información sobre el seguro médico gratuito o de bajo costo para niños,

llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229.





N.C. Healthy Start Foundation

Reducing infant death and illness and improving the health of women and young children in North Carolina

Office: 1300 St. Mary's St, Suite 204, Raleigh, NC 27605

Phone: (919) 828-1819

Spanish Materials

Pregnancy

Thanks for Asking!/ Gracias por pensar en mi

An interactive brochure offers ideas (one for every week of a full-term pregnancy) from mothers across North Carolina on how to help reduce stress during pregnancy)

Preventing Preterm Labor/Prevenga el Parto Prematuro

Parenting & Baby Care

See How We Grow/Observe mi crecimiento

Do Not Smoke/Calcomania no fume

Back to Sleep Information Sheet/Boca arriba para dormir hoja informativa

Back to Sleep Light Switch Cover/Boca arriba para dormir calcomania para la placa del interruptor de luz

Lethal Smoke: Learn How to Protect Yourself from Secondhand Smoke/Humos letales:

Aprende a protegerte del humo de Segunda mano

Baby's Safe Sleep Poster/Como dormir a su bebe suguro cartel

Your Baby's Sleep Safety: Reduce the Risk of Sudden Infant Death Syndrome/

Duerma seguro a su bebe: Reduzca el Sindrome de Muerte Subita del Infante

Health Check (HC)/North Carolina Health Choice (NCHC)

HC/NCHC Anna Maria fotonovella

A comprehensive and entertaining picture story describes what health insurance is and how to access and renew Health Check and NC Health Choice

HC/NCHC Envelope Stuffer/Volante para carta

Provides basic information about insurance programs

HC/NCHC Bilingual Fact Sheet/Hoja de informacion

HC/NCHC Bilingual Fact Sheet folded brochure/Hoja de informacion panfleto

HC/NCHC Poster/Cartel

HC/NCHC Applicatoin/Solicitud

HC/NCHC Outreach Magnet/Iman

NC Family Health Resource Line

Resource Line Ana Maria Brochure/La Linea de Recursos Panfleto Anna Maria

Handy reference about information referrals and support the NC Family Health

Resource Line provides; includes topics and range of community referrals people can access by calling the toll-free number

Resource line Referral Card/Tarjeta de referencia

Community Education

How Will I Pay for My Pregnancy (Spanish video)/Como pagare por mi embarazo

Medical Home

The Right Call Every Time: Your Medical Home/Siempre la llamada correcta
Medical Home Magnet/ Iman Hogar Medico
Medical Home Coloring Book/Su Hogar Medico libro de colorear
Fever: the Body's Way of Fighting Sickness/Fiebre: como el cuerpo combate las enfermedades
Colds, The Flu and Other Infections/El catarro, la gripe, y otras infecciones
Ear Infections/Infecciones del oido
Medical Home vs. Emergency Room/Su Hogar Medico o la sala de emergencias
Make Each Doctor's Visit Work for You!/Saquele provecho a su visita medica

URL: <http://www.nchealthystart.org/catalog/medical-home.htm>

(<http://www.nchealthystart.org>)

Washington, D.C.
Medical Assistance Administration

Do You Need An Interpreter?

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

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



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

Español/Spanish << Señale aquí

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

አማርኛ/Amharic << አዚህ ጋር ይጠቁሙ

- አስተርጓሚ ካስፈለገዎት እሳፈጧች ወይም እሳፈጥን ይጠይቁ
- ለአስተርጓሚ መክፈል የለብዎትም
- ረጅም ጊዜ መጠበቅ የለብዎትም
- ችግር ካጋጠምዎት የሚደረግ ትረጉሞች ማቅረቢያ መስመር ወይም ኢንቴራኔት ጋር በስልክ ደውለው ይገልጹ:: የስልክ ቁጥር 202-442-5988 ከዚህ ማስተዋወቂያ በታች ይገኛሉ::

中文/Chinese << 指向此处

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

Tiếng Việt/Vietnamese << Chỉ vào đây

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

한국어/Korean << 여기를 가리키십시오

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

Français/French << Pointez ici

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

Português/Portuguese << Assinalar aqui

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

Kreyòl/Creole << Klike la

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

العربي/Arabic << اشيروا هنا

- بحاجة الى ترجمة الرجاء اتصال بالمستقبل.
- الترجمة مجانية (الرجاء عدم الدفع).
- الانتظار لن يكون طويلا.
- بحالة وجود أي مشكلة الرجاء اتصال لخط الشكاوى ميديكيد او بشركة تأمينكم الصحي. الأرقام مرفقة بهذه المنشورة.

Pilipino/Tagalog << Ituro dito

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

Русский/Russian << Укажите сюда

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

Yoruba/Yoruba << Tôka nihin

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

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



Telephone Numbers:

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

Tiếng Việt

GIÚP CHĂM SÓC SỨC KHOẺ – CÓ DỊCH VỤ THÔNG DỊCH CHO BUỔI KHÁM BÁC SĨ CỦA TÔI

"Tôi sẽ đi khám bác sĩ. Làm thế nào để có dịch vụ thông dịch?" ⇒ Trước khi tôi bắt đầu hẹn của quý vị, hãy gọi bác sĩ hoặc chương trình bảo hiểm sức khỏe để xin thu xếp dịch vụ thông dịch cho buổi khám bác sĩ của quý vị.

- Quý vị có quyền được nhận dịch vụ thông dịch miễn phí mỗi khi đi khám bác sĩ hoặc gọi chương trình bảo hiểm của quý vị/Medicaid để nhờ giúp đỡ.
- Quý vị không bắt buộc phải mang theo người nhà hoặc bạn bè để thông dịch cho quý vị.
- Quý vị có quyền nhận được các thư từ quan trọng bằng ngôn ngữ của quý vị.

Nếu quý vị không được nhận các dịch vụ này, quý vị có thể khiếu nại bằng cách gọi đường dây khiếu nại của Medicaid (1-800-788-0342) và gọi Văn Phòng Điều Trăn Hành Chánh để xin "Kháng cáo" (202-727-8280). Nếu quý vị cần giúp đỡ, xin gọi Trung Tâm Trợ Giúp Pháp Lý Cho Người Á Châu Đảo Thái Bình Dương, 202-393-3572.

Trong trang tiếp theo có bản đồ bằng ngôn ngữ của quý vị, trong đó có ghi số điện thoại của chương trình của quý vị. Quý vị nên luôn giữ thẻ bên mình. Khi quý vị cần dịch vụ thông dịch hoặc cần chuyển ngữ từ từ, hãy xuất trình thẻ này cho bác sĩ của quý vị hoặc bất kỳ người nào tại phòng mạch của bác sĩ quý vị. Gọi số điện thoại đó nếu quý vị không được giúp đỡ tại phòng mạch của bác sĩ.

Xin xem tờ thông tin đính kèm trong bì thư

vietnamese



한국어

영어에 어려움이 있는 분들을 대상으로 의료보조에 관한 사항을 도와드립니다.

귀하 또는 귀하의 가족이 메디케이드 혜택을 받고 계십니까? 귀하의 의료보조에 관해 영어로 이야기하는데 지장이 있습니까? 그렇다면 귀하께는 다음과 같은 권리들이 있습니다.

- 의사를 방문하거나 메디케이드에 대한 도움을 요청할 때마다 무료로 통역을 제공받을 권리가 있습니다.
- 통역을 받을 가족분이나 친구분을 대려올 필요가 없습니다.
- 중요한 서류만들은 한글로 되어있는 것을 받을 권리가 있습니다 (예: 귀하께서 받는 혜택의 변경사항에 관한 서류).

만약 영어사나 번역된 서류를 제때 받지 못하면 "호소문"을 제출하여 이의를 제기할 수 있습니다. 호소할 때에도 귀하를 도움 통역사를 제공받을 권리가 있습니다.

만일 이러한 서비스를 제공받지 못할 경우에는 메디케이드 부만 전화 (1-800-788-0342)와 행정 정무 사무실 (202-727-8280)로 전화하여서 호소문을 제출할 수 있습니다. 도움이 필요하면 아시아태평양 법률센터 (Asian Pacific American Legal Resource Center - 202-393-3572)로 연락하십시오.

아래는 귀하의 건강 관련 전화번호가 있는 한국말로 된 카드입니다. 카드를 소지하고 계시다가 통역사나 번역된 서류가 필요할 경우, 의사 또는 병원 사무실 직원에게 이 카드를 보여주세요. 만약 의사 사무실에서 도움을 받지 못하면 그 번호로 연락하십시오.

봉투 안에 있는 삽입물을 보십시오.

korean

¿Necesita usted un intérprete?

እስተርጓሚ የስፈልግዎታል?

您需要翻譯員嗎？

Quý vị có cần thông dịch viên không?

귀하는 통역사가 필요하십니까?

This brochure includes information for Medicaid enrollees about the right to an interpreter in health care. This information has been translated into Spanish, Amharic, Chinese, Korean and Vietnamese.



Telephone Numbers:

AMERIGROUP	1-800-800-4441
Chartered Health Plan	1-800-408-7511
Health Right	1-877-284-0282
HSCSN	1-866-937-4549
Medicaid	202-442-5988
Complaint Hotline	1-800-788-0342

MEDICAL ASSISTANCE ADMINISTRATION

DC Department of Health

825 North Capitol Street, NE

Room 5135

Washington, DC 20002

Designed and Printed by Bentworks 2005

ENGLISH

HELP WITH HEALTH CARE FOR PEOPLE WHO DO NOT SPEAK ENGLISH WELL

Do you or a member of your family get Medicaid? Do you have trouble speaking English well enough to talk about your health? If yes, you have certain rights:

- You have the right to a **free** interpreter, in a timely manner, each time you go to the doctor or call your plan/Medicaid for help.
- You are **not** required to bring a family member or friend to be your interpreter.
- You have the right to get important letters **translated** in your language (like notices about changes in your benefits).

If you do not get an interpreter or translated documents in a timely manner, you can complain by filing an **"appeal"**. You also have the right to have an interpreter help you during that appeal.

If you do not get these services, you can complain by calling the Medicaid complaint line (1-800-788-0342) **and** calling the Office of Administrative Hearings to file an "appeal" (202-727-8280). If you need help, call the Legal Aid Society of DC, 202-628-1161.

On the additional page, you will find a card in your language, containing your plan's telephone number. You should keep the card with you. When you need an interpreter or translated letter, show the card to your doctor or anyone at your health provider's office. Call the number if you do not get help at your doctor's office.

english

ESPAÑOL

COMO CONSEGUIR UN INTERPRETE PARA SU CONSULTA MEDICA

¿Tiene cita con el doctor? ¿Necesita el servicio de un intérprete? Antes de su cita llame a su doctor o a su seguro médico para pedir un intérprete.

- Tiene derecho a un intérprete **sin costo** alguno cada vez que vaya al médico o que llame a su seguro / Medicaid para pedir ayuda.
- **No** es necesario que lleve a su cita a un familiar o amigo para que le sirva de intérprete.
- Tiene derecho a recibir **cartas importantes** en su idioma.

Puede presentar una queja (Medicaid denomina esto una "apelación") si no obtiene estos servicios. Llame a la línea de quejas de Medicaid al 1-800-788-0342 y **también** a la Oficina de Audiencias Administrativas al 202-727-8280 para presentar su "apelación". Si necesita ayuda llame a La Clínica del Pueblo al 202-464-0157.

En la página adjunta encontrará una tarjeta en español con el número de teléfono de su plan. Lleve la tarjeta siempre en su cartera. Muestrela a su doctor o al personal de su oficina cuando necesite un intérprete o correspondencia traducida en su idioma. Llame al número si no consigue ayuda en la oficina de su doctor.

Vea el adjunto incluido en el sobre

spanish

አማርኛ

ከሕክምና ጋር የተያያዘ እርዳታ—ለዶክተር ቀጠሮዬ እስተርጓሚ ማግኘት

*ዶክተር ጋር መደዳ ነው። እስተርጓሚ የማግኘት እንዴት ነው? ። ከቀጠሮዎ ሰንት በፊት ዶክተርዎ ጋር መያምን እንዲራግስዎ ጋር ደግሞ ላይ እስተርጓሚ እንዲያስገኙዎት ይጠይቁ።

- ዶክተር ጋር በየዲያብር ቀጥሮ መያምን የሕክምና ሰጪዎ/ሚዲካክ ጋር በደመሉ ቀጥሮ እስተርጓሚ በነፃ የማግኘት መብት አለዎት።
- ቤተሰብ መያምን ያደረጉ ለእስተርጓሚነት የማምጣት ግዴታ የለብዎትም።
- አስፈላጊ የሆኑ ደብዳቤዎችን በቅንቋም የማግኘት መብት አለዎት።

እነዚህን እንልግላቸው ሳያገኙ ከቀሩ ቅሬታ ማቅረብ ይችላሉ (ሚዲካክ ይህንን ደንብን መያምን እጥረዱ ይለዋል)። የሚዲካክ የቅሬታ ማቅረቢያ (1-800-788-0342) ጋር እንዲያውም የእረሰ እፍ እድሜኒስትራቲቭ ሂረግግስ (202-727-8280) ጋር ይደግፉ። እርዳታ ከፈለጉ እፍረካን ረሳርሰ ሴንተር ጋር በስልክ ቀጥሮ (202-413-1332) ይደግፉ።

በተጨማሪው ገጽ ላይ በቅንቋም የተደፈ የእንዲራግስዎ ስልክ ቀጥሮ የማግኘት ካርድ ያሻሻሉ - በእጅዎ ይያዙት። እስተርጓሚ መያምን የተተረጎመ ሰነድ ሲያስፈልግዎት ካርዱን ለዶክተርዎ መያምን የሕክምና ሰጪዎ ቢሮ ጠሰጥ ለማግኘት ለማንኛውም ሰው ያላዩት። ዶክተርዎ ጋር እርዳታ ካላገኙ በስልክ ቀጥሮ ይደግፉ።

ኤንዲሎቲድ ሙስጥ የሚገኝውን ጽሑፍ ይመልከቱ

amharic

中文

協助保健工作 - 看醫生時能有翻譯員相伴

「我要去看醫生。我如何請一名翻譯員呢？」
在您的約定日期之前，打電話給您的醫生或保健計劃要求一名翻譯員隨行。

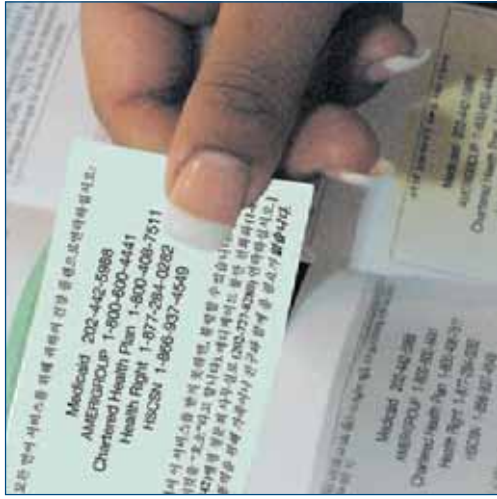
- 您享有免費翻譯員隨行看醫生的權利或打電話給您的計劃/醫療補助要求協助。
- 您不一定需要帶著家人或朋友充當翻譯員。
- 您享有以自己語言譯出的重要信息的權利。

如果您得不到這些服務，您可以撥打醫療補助投訴電話(1-800-788-0342)以及公聽會行政局(202-727-8280)進行“上訴”。如果您需要協助，請電亞太裔美國人法律資源中心-APALRC，202-393-3572。

下面是以您的語言作成的卡，上面有您的保健計劃的電話號碼。請隨身攜帶。當您需要口譯員或翻譯信件時，把卡拿給醫生或保健供應商辦事處的任何人看。如果您在醫生的辦公室得不到協助，請打卡上的電話。

見信封內插頁

chinese



1

Remove your card



2

Put the card in your wallet



3

Show your card to the receptionist

Đối với tất cả các dịch vụ ngôn ngữ, xin gọi chương trình bảo hiểm của quý vị:

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

[Nếu quý vị không được nhận các dịch vụ này, quý vị có thể khiếu nại. (Medicaid gọi thủ tục này là "kháng cáo"). Xin gọi đường dây khiếu nại của Medicaid tại số (1-800-788-0342) và gọi Văn Phòng Điều Trữ Hành Chánh tại số (202-727-8280).]

LUU Ý: Quý vị không bắt buộc phải mang theo người nhà hoặc bạn bè đi cùng để thông dịch cho quý vị.

Llame a su plan de salud para servicios de intérprete/traducción:

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

Para quejarse y presentar una apelación llame a la línea de quejas de Medicaid al 1-800-788-0342 y al *Office of Administrative Hearing* (Oficina de Audiencias Administrativas) al 202-727-8280. NOTA: No es necesario llevar a un familiar o amigo para que le sirva de intérprete.

ለቋንቋ አገልግሎቶች በጤሉ እዚህ ይደውሉ:

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

[እዚህን አገልግሎቶች ካላገኙ ቅሬታ ማቅረብ ይችላሉ። (ማዴካይድ ይህንን ድግግኝ ወይም አፕል ብሎ ይጠራዋል።) የማዴካይድ ቅሬታ ማቅረቢያ ጋር (1-800-788-0342) እና የአፈሰ አፍ: አድሚኒስትሬቲቭ ሂሮግራክ ጋር (202-727-8280) ይደውሉ።] ልብ ይበሉ: ቤተሰብ ወይም ኃይማኖት ለጉዳዮች ምላሽ ማግኘት ማድረግ የለብዎትም።

所有語言服務請電您的保健計劃：

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

[如果得不到這些服務，您可以投訴。(醫療補助稱它為「訴請」)。打醫療補助投訴電話(1-800-788-0342)以及公聽會行政局(202-727-8280)。] 注意：您不一定需要帶著家人或朋友充當翻譯員。

모든 언어 서비스를 위해 귀하의 건강 플랜으로 연락하십시오:

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

[귀하께서 이 서비스를 받지 못하면, 불평할 수 있습니다. (메디케이드는 이것을 "호소"라고 합니다). 메디케이드 불만 전화와 (1-800-788-0342) 행정 청문회 사무실로 (202-727-8280) 연락하십시오.] 주의: 통역을 위해 가족이나 친구와 함께 올 필요가 없습니다.



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

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

Designed and Printed by Brentworks 2005

Hello. I Speak Spanish
I don't speak English well. I need a professional
interpreter.

Hola. Hablo español
No hablo bien el inglés. Necesito un intérprete
profesional.

Muestre esta tarjeta a la recepcionista.

Hello. I Speak Amharic
I don't speak English well. I need a professional
interpreter.

ሰላም ይቀጥልኝ። እማርኛ ነው የምናገለጥ።
እንግሊዝኛ በፈንታ አልናገርም። አስተርጓሚ
ያስፈልገኛል።

የዐንን ካርድ ለጸሐፊዎ ያላዩ።

Hello. I Speak Mandarin Chinese
I don't speak English well. I need a professional
interpreter.

你好。我是說中文的。
我的英文不好。我需要一名專業口譯員。
請把這張卡給接待員看。



ESPAÑOL

አማርኛ

中文

Tiếng Việt

한국어



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

Washington
Department of Social and Health Services



ELIGIBILITY A-Z MANUAL

[\[EA-Z TOC \]](#) [\[Site Map\]](#) [\[Index & Glossary\]](#)

LIMITED ENGLISH PROFICIENCY (LEP)

Revised: January 17, 2003

Purpose: This category provides staff with basic information about Community Service Office responsibilities in identifying the need for and providing services to LEP clients. LEP services are intended to assure that persons limited in their ability to read, write and or speak English have equal access to department programs and services. The provision of qualified interpreters and fully translated letters to LEP clients is required under the Reyes Consent Order (implementing previous Pre-Determination Settlement Agreements in 1983 and 1987 between the Region X Office for Civil Rights and DSHS) as well as by state (RCW 74.04.025) and federal laws (Title VI of the Civil Rights Act and implementing regulations at 45 CFR Part 80).

Effective January 18, 2003

WAC 388-271-0010 What are limited English proficient (LEP) services?

1. The department provides limited English proficient (LEP) services to you if you are limited in your ability to read, write and/or speak English. These services provide a way for us to communicate with you even though you are limited in your ability to communicate in English. LEP services are provided in your primary language by authorized bilingual workers or by contracted interpreters and translators. Your primary language is the language you have indicated on your application or your eligibility review as the language you wish to communicate in with the department.
2. LEP services include:
 - a. Interpreter (verbal) services in person and/or over the telephone; and
 - b. Translation of department forms, letters and other printed

materials.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 03-01-I 15, effective 1 /1 8/03 - Rev. **246**

CLARIFYING INFORMATION

1. The department provides interpreter and translation services in accordance with DSHS Administrative Policy 7.21.
2. Each CSO has designated at least one staff to assist in coordinating interpreter and translation services for their office.
3. Affected staff are required to participate in "How to Work with an Interpreter" training. This training covers the following topics:
 - a. LEP laws and regulations
 - b. Differences between bilingual workers and contracted interpreters
 - c. How to access the services of an interpreter in all situations; and
 - d. How to effectively conduct an interview with an interpreter.

Interpreter Services

Effective January 18, 2003

WAC 388-271-0020 What are the department's responsibilities in providing me with an interpreter?

1. If you have trouble speaking and/or understanding English, and a bilingual worker is not available to assist you, we get a qualified interpreter in your primary language to help you communicate verbally with us. A qualified interpreter is someone who is fluent in English and your primary language and is trained on the Interpreter Code of Professional Conduct.
2. Interpreter services are provided in-person or over the telephone.
3. We pay for the interpreter. You do not have to pay anything.
4. If a worker from our department feels that they are not able to

communicate with you well enough to provide adequate services, they may request the services of an interpreter even if you did not ask for help.

5. We will provide interpreter services to you in a timely manner so that we can process your case within the processing timeframes defined in chapter 388-406, 388-418, and 388-434 WAC.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 03-01-115, effective 1/18/03 - Rev. 246

CLARIFYING INFORMATION

1. Clients are asked to determine whether they have trouble reading, writing or speaking English on the application form. Even those clients who may speak and appear to understand some English do not necessarily have the skills to understand their rights and responsibilities, letters and other forms of communication provided to them as recipients of Department services.
2. If the client elects to have an interpreter, the file is **flaggedLEP** and services are provided at no cost and without significant delay.
3. Family members and friends should not be used for interpretive services
4. The department has contracts with brokers that schedule interpreter services at a minimum hourly rate. Contact your CSO Interpreter Services Coordinator to request an interpreter through the interpreter brokerage system.
5. On-demand telephone interpreter services are available as backup to the department's statewide interpreter contracts. Contractor information is available at the following web address:
<http://www.ga.wa.gov/pca/pcacont.htm>.
 - a. Services are paid for at a per-minute rate;
 - b. On-demand telephone interpreter services are typically used for interpreting needs that are emergent and / or short in duration. As such, on-demand telephone interpreter services may be required for emergency applications and walk-ins.
 - c. When calling a client on the telephone or receiving an incoming client call, you can use conference call capabilities to get an

interpreter on the line.

- d. Ensure that both the client and the interpreter are aware that such phone calls are covered by DSHS confidentiality rules.

See: INTERVIEW REQUIREMENTS -Interpreter Services

Written Translation Services

Effective January 18, 2003

WAC 388-271-0030 What are the department's responsibilities in providing me with written communication in my primary language?

- 1 We provide fully translated written communication in your primary language. This includes, but is not limited to:
 - a. Department pamphlets, brochures and other informational materi that describe department services and client rights and responsibilities;
 - b. Department forms, including applications and individual responsibility plans, that we ask you to complete and/or sign; and
 - c. Department letters as described in chapter 388-458 WAC.
2. We pay for the written translation. You do not have to pay anything.
3. We will provide translated documents to you in a timely manner so that we can process your case within the processing timeframes defined in chapter 388-406, 388-418, and 388-434 WAC.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 03-01-I 15, effective 1/18/03 - Rev.246

CLARIFYING INFORMATION

1. Letters must be sent to LEP clients in their primary language. These letters (including all worker fill-ins) must be fully translated for clients whose primary language is anything other than English.
2. For these clients, if an English language letter is sent or if the client has signed an English form that must be fully translated, the Department

must reissue the translated letter and give the client time to respond. As a result, actions taken based on the previously released English language letter must be rescinded.

Translated ACES Correspondence

1. The following letters are generated by ACES and mailed from State Office:
 - a. All Automated Case Maintenance (ACM) Letters in supported languages. These letters cannot be added to or changed; and
 - b. Letters that are the result of the worker taking an action on a case when the Primary Language Code is a supported language.
2. The following letters must be printed locally and sent to one of the authorized contracted translation agencies through the Fax Translation Service:
 - a. Letters that are the result of the worker taking an action on a case when the Primary Language Code is an unsupported language.
 - b. Letters that have free-form text added to them - the free-form text can be translated by a certified bilingual worker, if one is available in the CSO, rather than sending the text to a contracted agency.

ACES supported languages include the following:	
Cambodian	Chinese
Korean	Laotian
Russian	Spanish
Vietnamese	Somali will become a supported language in early 2003.

WORKER RESPONSIBILITIES

1. To ensure LEP clients receive adequate services:
 - a. Identify the client's primary language at first contact.
 - b. Inform LEP clients of their right to interpreter (verbal) and translation (written) services and that these services are available to them without charge or significant delay. This includes informing

walk-in clients.

NOTE:	Use the services of an interpreter if you feel you are unable to communicate with the client well enough to provide quality services, even if the client tells you they do not need an interpreter.
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- c. Ensure interpreter and translation services are provided in a timely manner so that LEP cases can be processed within the processing timeframes defined in Chapters **388-406- Applications**, **388-416 - Certification Periods** and **388-434 WAC - Eligibility Reviews and Recertifications**.
- d. Clearly mark LEP case records with "LEP" and the client's primary language on the front of the record
- e. Indicate any language needs on all referrals of LEP clients to other divisions, administrations, or agencies;
- f. Ensure LEP clients have the same safeguards of confidentiality as English proficient clients; and
- g. Provide assistance to LEP clients in understanding and completing forms. Remember that LEP clients may have learning disabilities, cognitive problems and/or may be illiterate in their native language. Include screening for Necessary Supplemental Accommodation (See: Necessary Supplemental Accommodation- NSA).

NOTE:	Authorized representatives of LEP clients receive letters for the LEP client in English.
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2. Provide fully translated DSHS forms in the primary language of the LEP client whenever appropriate:

- a. Some DSHS forms are available in non-English languages at the following DSHS Forms and Records Management (FRMS) web site: <http://asd.dshs.wa.gov/FRMS/FRMS-download.htm> and the Internet web site: <http://www1.dshs.wa.gov/msa/forms/>
- b. If the form has been translated and is not available online, FRMS will fax a copy of the translated form to your CSO. The following is FRMS contact information:

Phone

360.664.6029

FAX **360.664.6186**
Email osterkd@dshs.wa.gov

- c. If the form, is not available online, and has not been translated into the language needed for the client, make a request for the translated document through your CSO Translation Coordinator (CSO TC). The CSO TC will complete the General Translation Services Request form (DSHS 17-099) and submit it to the ESA Translation Services Coordinator via fax (360.413.3491) or **email** (tejedab@dshs.wa.gov).
- d. The ESA Translation Services Coordinator will email a copy of the form to the CSO TC when the translation is complete. The translated form will also be posted at the FRMS web-site.

NOTE:	Fill-in text can be included on a DSHS form that is being translated for the first time. This information must be provided to the ESA Translation Services Coordinator when the "whole form" translation request is made.
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3. Provide fully translated DSHS publications in the primary language of the client whenever appropriate.

- a. Some translated publications are available through the DSHS Internet at <http://www1.dshs.wa.gov/geninfo/pubs3.html>
- b. Publications in languages not available online can be ordered by completing a Communications Request form (DSHS 16-097) and submitting it to Publications Management via fax: 360.902.7669 or email: morganl@dshs.wa.gov

4. When to use the FAX Translation Services:

- a. Locally generated or client specific documents are translated expeditiously through the FAX Translation Services process. These documents could include posters and CSO developed flyers. This process is coordinated through the CSO TC.
- b. The CSO TC processes the translation order by completing the Fax Translation Order form (DSHS 17-120) and faxing it, with the client specific document that needs to be translated, to an authorized contracted translation agency. Contractor information is available at the following web address: <http://www.ga.wa.gov/pca/pcacont.htm>

NOTE: If a specific client needs information contained in a form immediately, you can request the services of an interpreter to explain the information or request a rush translation of the form from the CSO TC.

5. When you get the final completed translated document from the CSO TC:

- a. Make a copy of the English and translated documents;
 - b. Mail the originals of both documents to the client; and
 - c. File the copies in the case record.
6. Continue benefits through the advance notice period if the action requires advance notice and the fully translated letter is mailed within the 1 O-day advance notice period.

ACES DOCUMENTATION

1. On the ADDRESS [ADDR] screen:
 - a. Enter the client's Primary Language (PL) for the language the client reads and understands. (For clients that do not read any language, the PL code should be "EN" for English). The PL codes are listed in alphabetical order by language on **F1** Help from the PL. There are 88 PL codes currently available in ACES.
 - b. If the client needs assistance with communicating verbally, indicate that an interpreter is needed in the Interpreter Needed field.
2. Document the following information in the ACES NARRATIVE:
 1. The date the translation request was given to the CSO translation coordinator.
 2. The date the translated letter, form or publication was mailed or given to the client.
 3. The name of the interpreter who provided services for an interview with an LEP client.



You can **email** your questions or comments about the Eligibility A-Z Manual to us at: EAZMail@dshs.wa.gov
For more ways to get in touch with the Department of Social and Health Services go to the [DSHS Contact Information](#) web page.



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CONTRACT RESULT

Contract No: 00903

INTERPRETER SERVICES, SPOKEN, COURT & OTHERS

Description: INTERPRETER SERVICES, SPOKEN, COURT-CERTIFIED AND OTHERS, FACE TO FACE, translation, language, LEP, Interpretation, second language, communication, Russian, Spanish, Cambodian, Chinese, Korean, Laotian, Vietnamese,

State Procurement Officer Information:

Name: ALEKSEY BELOV
Phone: (360) 902-7414
Email: abelov@ga.wa.gov

Available Documents:

The following documents are in Microsoft Word@ format unless noted otherwise. (Viewing Word Files)

- of Current Contract Information Document
- of Contract History Document (in HTML format)

TRANSLATION SERVICES, INC.

DYNAMIC LANGUAGE CENTER

FOREIGN LANGUAGE SPECIALISTS, INC.

INTERNATIONALLANGUAGESERVICES, INC.

INTERNATIONAL REFUGEE COUNCIL OF SPOKANE

NORTHWEST INTERPRETERS, INC.

PERCIBA, INC.

TACOMA COMMUNITY HOUSE - LANGUAGE BANK

THE LANGUAGE EXCHANGE, INC.

UNIVERSAL LANGUAGE SERVICE, INC.

WORLD LANGUAGE SERVICES

Website: <http://worldis.com>

Return to the State Contracts Main Menu.



ADMINISTRATIVE POLICY NO. 7.21
.. (Formerly 7.07)

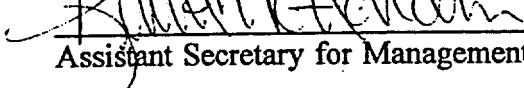
SUBJECT: . Provision of Services to Limited English Proficient (LEP)
C l i e n t s

INFORMATION CONTACT: Language Interpreter Services and Translations(LIST)
MS 45820 (902-8111; TTY 902-8111)

AUTHORIZING SOURCE: **Office** of the Secretary
RCW 74.04.025
Title **VI** of the Civil Rights Act of 1964

EFFECTIVE DATE: June 1, 1989

REVISED: December 16, 1996

APPROVED BY: 
Assistant Secretary for Management Services

SUNSET REVIEW DATE: December 16, 1998

CROSS REFERENCE:

For assistance in serving clients who are deaf, deaf-blind, or hard of hearing, refer to **Administrative** Policy 7.20 (formerly 7.03).

PURPOSE:

This policy directs the Department of Social and Health Services (DSHS) to **include** persons who are Limited English **Proficient (LEP)** by providing 'equal access to DSHS services and programs. The department shall provide effective **communication** to clients who **are** LEP through DSHS contracted language services or DSHS certified bilingual employees as stipulated in the Classification Questionnaire (CQ).

SCOPE:

This policy applies to:

- All DSHS organizational units; and

☞ All DSHS services provided to LEP clients, whether services are delivered by DSHS staff or by a contracted vendor.

DEFINITIONS:

Certified Bilingual Employee - A DSHS staff member who is certified by DSHS language fluency examination or a DSHS recognized professional association (e.g., American Translators Association, State of Washington Administrator for the Courts, Federal Court, etc.), and uses this **bilingual** skill to serve DSHS clients as identified in the CQ.

Classification Questionnaire (CQ) - Position descriptions which detail the duties and responsibilities for employees. Bilingual **assignments** must be addressed in CQs for certified bilingual employees.

Clients - Any person applying for or receiving services from the department.

Code of Professional Conduct - DSHS established standards to be met by **interpreters and translators** when providing language services to DSHS programs and clients. Any violation of the Code of Professional Conduct may cause the termination of an interpreter or translator's contract with **the** department.

Contractor - A person or an agency that contracts with the department to **provide** certain services for a fee or rate according to a contractual agreement.

Field Operations Office - A DSHS regional office, local office, or institution which provides direct services to the public.

! **Interpretation** - The oral or manual transfer of a message from one language to another.

☞ **Certified Interpreters (for Spoken Languages)** - Interpreters certified by DSHS language fluency **examinations (in seven** certificated languages), State of Washington Administrator for the Courts, or Federal Court. This includes certified social service interpreters and certified medical interpreters.

- **Qualified Interpreters (for Spoken Languages)** - Interpreters who passed **the** DSHS screening tests in languages other **than** seven DSHS certificated languages; or interpreters authorized by the department to serve in certificated languages or **non-**certificated languages through other **qualification** process.

☞ **Scope of Work** - Certified or qualified interpreters can be assigned to perform applicable interpreting services and on-site translations. On-site **translation** is defined as fill-ins, short notices, and other incidental translation that has to be performed when the interview takes place.

Limited English Proficient (LEP) Client - Any person applying for or receiving DSHS services directly or by contract **whose** primary language is not English,

LEP Cluster Coordinator - Coordinator assigned by the assistant secretary of **each** DSHS administration to develop systems and programs that accommodate the language needs of clients who are Limited English Proficient, deaf, deaf-blind and/or hard of hearing, **and** respond to cultural and ethnic diversity issues.

Major Written Communication - DSHS publications, department forms, and documents that: 1) describe services, clients' rights and **responsibilities**, or changes in benefits, eligibility, or service; or 2) request information from a client, or a **response** on the part of a client, or notify a client of an adverse action; or 3) require a client's signature or informed consent.

Primary Language - The **language** that a person identifies as the language in which they prefer to communicate.

Program - Any service unit of the department which designs, schedules, plans **or** administers the services for DSHS clients.

Service Provider - An entity that agrees **to** provide the amount and **kind** of services requested by **DSHS**; provides services under the contract only to those beneficiaries individually **determined** to be eligible by DSHS; or provides services **on** a fee-for-service or per-unit basis.

Translation - The **written** transfer of a message from one language to another.

⚡ **Certified Translators** - Translators certified **by** DSHS Translator Test (in **seven** 'certificated languages) or accredited by American Translators Association (Note: Non-certified translators of the seven LIST certificated **languages** in areas lacking certified translators are being given an option to take an interim translation test. These translators must be certified through the regular LIST translator test no later than December 31, 1997 to continue serving DSHS staff, clients, or providers. Translators will not achieve the required certification status through interim translation test.)

⚡ **Scope of Work** - 'Certified translators **can** be assigned to **perform written translation services** for DSHS **offices** and clients. However, all DSHS forms and publications should be translated by or through the **Office** of Language Interpreter Services and Translations (LIST).

POLICY:

- A. **All DSHS programs shall deliver services in ways which recognize individual differences and are sensitive to cultural differences. DSHS staff shall ensure that all persons, including those who are LEP, be given equal access to services, literature and programs administered by or for DSHS, whether services are delivered by department employees or through contracted vendors.**

- B. when services **are** delivered to clients, whether by department employees or through contracted vendors, DSHS programs shall ensure that:
1. LEP clients are identified as early as possible **during** the initial **contact**;
 2. LEP identified clients are offered an opportunity to request an interpreter;
 3. **An** interpreter is provided at no cost to the client; and
 4. No significant delay in service **takes** place during this process; **and**
 5. **Only** LIST certified or qualified interpreters are used to provide interpretation services; and
 6. Interpreters meet the applicable certifications (for certificated languages) or screening (for non-certificated languages), **e.g.**, Medical Interpreter Certification, Social Services Interpreter Certification, Court Interpreter Certification, etc.
- C. When services **are** delivered to clients, whether by department employees or **through** contracted vendors, DSHS programs shall ensure that interpreters are used in all the following situations:
1. When interpreter services are requested by an LEP identified client;
 2. When interpreter services are requested by a service **provider** for an LEP identified client;
 3. When interpreter services are necessary to establish or maintain a client's eligibility for DSHS programs and services;
 4. When, interpreter services are necessary for the client to access any services funded directly or **indirectly** by DSHS; or
 5. When interpreter services are necessary to provide access to public meetings sponsored by DSHS or those under contract to DSHS.
- D. In order to ensure that services **are** delivered to LEP identified clients as **required**, DSHS **programs that provide direct** client service, whether through **DSHS** employees or contracted vendors, shall do the **following**:
1. Identify **and** record the primary language for all clients (using the **standard** DSHS Primary Language Code) in a manner which can be tracked by the department;
 2. Develop and implement policies and procedures regarding the provision of interpreter/translation services;
 3. Provide staff training regarding effective communication, cultural competency and interpreter services;
 4. Monitor local offices for compliance with obligations under this **policy**;

5. Post multilingual signs, DSHS 24-019(X) (Rev. 7/95), in client waiting areas **which** explain the availability, at no cost to the **client**, of **interpreter** services;
 6. Stipulate in contracts for client services that contractors **are financially** responsible for the costs of language services needed for serving LEP clients, and that these costs may be allowable and billable under their **contracts**;
 7. Establish and maintain a list of **DSHS certified** bilingual employees, including the languages 'in which **the** employees are certified;
 8. Only use DSHS certified bilingual employees to provide **interpretation** when **they** are **certified** interpreters and this is stipulated in the employee's **CQ**, and **compensate such bilingual** employees as required by Personnel Policy 514;
 9. Establish and issue local and regional instructions describing **the process of obtaining** contracted language services; and
 10. **Train employees on how to obtain contracted** language services.
- E. DSHS clients may **secure, at** their expense, **the** services of their own interpreter; but this does not waive the DSHS responsibility to arrange for a certified **or qualified** interpreter, unless the client's own interpreter is DSHS certified or qualified, and also free of conflict of interest.
- F. Whenever possible, a DSHS **Certified** Bilingual Employee shall be used to facilitate bilingual communication. These employees shall be certified by DSHS language **fluency** tests, and the duties of providing **language** services shall be defined in the employee's Classification Questionnaire (**CQ**).
- G. When no DSHS certified bilingual employee is available to **provide requested or** necessary interpreter service's, DSHS may offer and **secure**, at no cost to the client, a LIST **certified/qualified** interpreter or interpreter agency with a current DSHS contract to provide **interpreter** services.
- H. In addition to spoken language **interpretation**, when DSHS services are **delivered** to identified LEP clients, whether by DSHS employees or through contracted vendors, DSHS shall:
1. **Provide** all major written communication to the client **in the appropriate primary language at no cost and without significant delay**;
 2. Make written summaries of communications that do not meet the definition of a "major written communication" available to the client **in the appropriate primary language at no cost and without significant delay**; and

3. **Obtain** these **translations** through the **DSHS Office of Language Interpreter Services and Translations**, a qualified language agency, or a certified translator.
- I. **The** Office of Language Interpreter Services and Translations (LIST) shall:
1. Establish and publish systems, methods, and procedures to certify, screen, **and/or** evaluate the interpretation or translation proficiency of **bilingual** employees and **interpreters/translators** serving DSHS clients, employees, and providers;
 2. Ensure certified or qualified bilingual employees and language services **contractors** are aware of the department's Code of Professional Conduct (see attachment);
 3. **Translate** and coordinate translation, including the review and approval process of departmental communications, forms, issuances, warrant inserts, client **mailings, and** publications;
 4. Provide consultation, technical **assistance**, and administrative support to department staff who develop, issue, and produce forms, issuances, **client** mailings, warrant inserts, and publications or other materials requiring translation;
 5. **Maintain** Administrative Policy 7.21 in consultation with the LEP Cluster Coordinators and the Office of Deaf and Hard of Hearing Services;
 6. Provide to each department **administration** a quarterly updated list of names of DSHS certified and qualified **interpreters** and **translators** including the language(s) in which they can interpret;
 7. Monitor department compliance with Administrative Policy 7.21 and contractor compliance with contractual provisions relating to Administrative Policy 7.21 in consultation with the LEP Cluster Coordinators and the **Office** of Deaf and Hard of Hearing Services; and
 8. Develop and publish the procedures to initiate modifications of the DSHS language data collection process (e.g., add, change, delete common primary **languages**) in conjunction with the LEP Cluster **Coordinators and responsible** parties (e.g., ISSD, ORDA, and other stakeholders).

Language Interpreter and Translator Code of Professional Conduct

1. Accuracy

Interpreters/translators shall always thoroughly and faithfully render the source language message, omitting or adding nothing; giving consideration to linguistic variations in both source and target languages, conserving the tone and spirit of the source language message.

2. Cultural Sensitivity -- Courtesy

Interpreters/translators shall be culturally competent, sensitive, and respectful of the individual(s) they serve.

3. Confidentiality

Interpreters/translators shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written materials.

4. Disclosure

Interpreters/translators shall not publicly discuss, report, or offer an opinion concerning matters in which they are or have been engaged, even when that information is not privileged by law to be confidential.

5. Proficiency

Interpreters/translators shall meet the minimum proficiency standard set by DSHS by passing the required certification examination or screening evaluation.

6. Compensation

The fee schedule agreed to between the contracted language services providers and the department shall be the maximum compensation accepted. Interpreters/translators shall not accept additional money, considerations, or favors for services reimbursed by the department. Interpreters/translators shall not use for private or others gain or advantage, the department's time or facilities, equipment or supplies, nor shall they use or attempt to use their position to secure privileges or exemptions.

7. Non-discrimination

Interpreters/translators shall always be neutral, impartial and unbiased. Interpreters/translators shall not discriminate on the basis of gender, disability, race, color, national origin, age, socio-economic or educational status, or religious, political,

or sexual orientation. If interpreters/translators are unable to ethically perform in a given situation the interpreters/translators shall refuse or withdraw from the assignment without threat or retaliation.

8. Self-evaluation

Interpreters/translators shall accurately and completely represent their certifications, training, and experience.

9. Impartiality -- Conflict of Interest

Interpreters/translators shall disclose **any real** or perceived conflict of interest which would **affect** their objectivity in the delivery of service. Providing interpreting or translation services' for family members or friends may violate the individual's **right** to confidentiality, or constitute a **conflict** of interest.

10. Professional Demeanor

Interpreters/translators shall be punctual, prepared, and dressed in a **manner appropriate** and not distracting for the situation.

11. Scope of Practice

Interpreters/translators shall not counsel, refer, give advice, or express personal opinions, to individuals for whom they are **interpreting/translating**, or engage in any other activities which may be construed to constitute a service other than interpreting/translating. Interpreters/translators are prohibited from having unsupervised access to clients, including but not limited to phoning clients directly.

12. Reporting: Obstacles to Practice

Interpreters/translators shall assess at all times their ability to interpret/translate. **Should interpreters/translators** have any reservations about their competency, they must immediately notify the parties and offer to withdraw without threat of retaliation. Interpreters/translators may remain until more appropriate interpreters/translators can be secured.

13. Ethical Violations

Interpreters/translators shall immediately withdraw from encounters they perceive as violations of **this** Code. Any violation of the Code of Professional Conduct may cause termination of the contract.

14. Professional Development

Interpreters/translators shall develop their skills and knowledge through professional training, continuing education, and interaction with colleagues, and specialists in related fields.

THIS CODE APPLIES TO ALL PERSONS PROVIDING LANGUAGE INTERPRETING OR TRANSLATION SERVICES AND **MUST** BE COMPLIED WITH AT ALL TIMES.

APPENDIX C. METHODOLOGY

The National Health Law Program (NHeLP), with funding from The Commonwealth Fund, undertook an assessment of current activities and programs that improve access to language services in state and local health-related benefits offices. For this project, health-related benefits office settings were defined as central and local offices that provide information and enrollment assistance for publicly funded health programs such as Medicaid and SCHIP.

NHeLP developed a survey instrument and distributed it electronically during the winter and spring of 2005. The surveys were distributed to NHeLP's listservs (health, immigration, language, California advocates) as well as to the listservs of the National Immigration Law Center (Immigrant Benefits and "update" listservs); National Asian Pacific American Legal Consortium; National Council on Interpreting in Health Care; National LEP Task Force listserv; Medicaid coalition (operated by Families USA, composed of national provider and health advocate organizations working on Medicaid issues); and the Child Health Group (operated by the American Academy of Pediatrics, composed of national provider and health advocate organizations focusing on child health issues).

NHeLP also contacted various state and county organizations for help in distributing the survey. The National Association of Counties agreed to distribute the survey at its March 2005 meeting in Washington, D.C. The American Public Human Services Association included information about the survey in its February 2005 newsletter. NHeLP also received information from one regional Office for Civil Rights about efforts in its region to work with state and local agencies. NHeLP also sent a copy of the survey to each state and territory's Medicaid and SCHIP directors, asking for assistance in identifying promising practices.

The survey was not intended to elicit a complete listing of all available programs but rather to learn about the range of current models. Completed surveys were received from 27 states from which 15 programs were selected for more in-depth assessment. Programs were selected to reflect a range of language services. Project staff conducted key interviews and research to learn more about these programs. Site visits were conducted at eight settings and an in-depth telephone interview was conducted with one site.

RELATED PUBLICATIONS

Publications listed below can be found on The Commonwealth Fund's Web site at www.cmwf.org.

[*The Role and Relationship of Cultural Competence and Patient-Centeredness in Health Care Quality*](#) (October 2006). Mary Catherine Beach, Somnath Saha, and Lisa A. Cooper.

[*Improving Quality and Achieving Equity: The Role of Cultural Competence in Reducing Racial and Ethnic Disparities in Health Care*](#) (October 2006). Joseph R. Betancourt.

[*The Evidence Base for Cultural and Linguistic Competency in Health Care*](#) (October 2006). Tawara D. Goode, M. Clare Dunne, and Suzanne M. Bronheim.

[*Cultural Competency and Quality of Care: Obtaining the Patient's Perspective*](#) (October 2006). Quyen Ngo-Metzger, Joseph Telfair, Dara Sorkin, Beverly Weidmer, Robert Weech-Maldonado, Margarita Hurtado, and Ron D. Hays.

[*Taking Cultural Competency from Theory to Action*](#) (October 2006). Ellen Wu and Martin Martinez.

[*Obtaining Data on Patient Race, Ethnicity, and Primary Language in Health Care Organizations: Current Challenges and Proposed Solutions*](#) (August 2006). Romana Hasnain-Wynia and David W. Baker. *Health Services Research*, vol. 41, no. 4, pt. 1 (*In the Literature* summary).

[*Promising Practices for Patient-Centered Communication with Vulnerable Populations: Examples from Eight Hospitals*](#) (August 2006). Matthew Wynia and Jennifer Matiassek.

[*Quality and Safety of Hospital Care for Children from Spanish-Speaking Families with Limited English Proficiency*](#) (May/June 2006). Christina Bethell, Lisa Simpson, Debra Read et al.. *Journal for Healthcare Quality Web Exclusive*, vol. 28, no. 3 (*In the Literature* summary).

[*Complementary and Alternative Medical Therapy Use among Chinese and Vietnamese Americans: Prevalence, Associated Factors, and Effects of Patient-Clinician Communication*](#) (April 2006). Andrew C. Ahn, Quyen Ngo-Metzger, Anna T. R. Legedza et al. *American Journal of Public Health*, vol. 96, no. 4 (*In the Literature* summary).

[*Preventive Care for Children in the United States: Quality and Barriers*](#) (April 2006). Paul J. Chung, Tim C. Lee, Janina L. Morrison, and Mark A. Shuster. *Annual Review of Public Health*, vol. 27 (*In the Literature* summary).

[*The Impact of Interpreters on Parents' Experiences with Ambulatory Care for Their Children*](#) (February 2006). Leo S. Morales, Marc Elliott, Robert Weech-Maldonado, and Ron D. Hays. *Medical Care Research and Review*, vol. 63, no. 1 (*In the Literature* summary).

[*Limited English Proficiency, Primary Language at Home, and Disparities in Children's Health Care: How Language Barriers Are Measured Matters*](#) (July/August 2005). Glenn Flores, Milagros Abreu, and Sandra C. Tomany-Korman. *Public Health Reports*, vol. 120, no. 4 (*In the Literature* summary).

[*Providing Language Services in Small Health Care Provider Settings: Examples from the Field*](#) (April 2005). Mara Youdelman and Jane Perkins.

[*Providing Language Interpretation Services in Health Care Settings: Examples from the Field*](#) (May 2002). Mara Youdelman and Jane Perkins.