



Medicaid Eligibility Call Centers: Questions for LEP & Disability Access

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Call centers are often the primary way that Medicaid enrollees interact with the Medicaid agency. Many states have moved away from directing people to local offices and instead have pushed people to using online portals and centralized call centers. While [CMS is monitoring call center volume, wait time, and abandonment rates](#), this data may hide a number of problems at call centers. Advocates and enrollees have been reporting issues for people with disabilities and who have limited English proficiency (LEP), including dropped calls, failure to provide accommodation or interpreting, wrong information about individuals' rights and what assistance may be available, and general problems not meeting the needs of these callers.

To help advocates question states about call center operations and whether access is being provided to all callers, NHeLP created a list of questions regarding call centers and outreach they may sometimes provide. While these questions are not exhaustive of what an advocate may ask on these issues, they may be helpful in getting discussions started about call center functionality.

General Questions

1. Does the call center use any type of call center management tools, like interactive voice response (IVR) or integrated voice prompt (IVP), automatic call distribution (ACD), automatic or intelligent call routing; chatbots or other AI?
 - Are these tools accessible for LEP and people with disabilities?
 - How does someone who does not speak English very well understand what prompts to press to get to a representative to request language assistance?
 - Do the systems work with voices impacted by disability or accents?
 - Do the systems time out if a person does not input a number quickly enough? If so, what happens to the call?
 - Are the systems programmed to allow a person who is LEP or a person with a disability to "get out" of the automated system easily if they need to because they cannot use the automation (either because they cannot understand

- English prompts or because of a disability) and need to reach a representative without going through the system?
- Can a person request an interpreter or accommodation to avoid being routed to Call Center staff who cannot provide the assistance needed?
 - Are only certain staff trained to assist LEP or people with disabilities? If yes, how does an LEP individual or person with a disability get to these designated staff?
 - Will the state consider a dedicated telephone line for individuals who are LEP or have disabilities so they do not have to navigate an IVP/IVR? And do such lines connect callers to targeted, specifically-trained staff?
2. Does the call center have the function to call a person back if an interpreter is not available when the LEP person calls?
- If yes, when the Call Center calls back, does the Call Center representative connect to an interpreter **before** calling the enrollee or how does the rep communicate with the LEP individual?
 - Does the function indicate when the person will be called back?
 - Is the call back tracked in the person's file?
3. Does the call center reliably work with video relay interpreting?
- What happens if a call with VRI is dropped?
4. Are the call center policies about language access and reasonable accommodations consistent, and work in concert, with state Medicaid agency and other contractors' policies regarding meeting the needs of people who are LEP and/or have disabilities?
- If, for example, the call center policies direct employees to connect or refer callers to another agency to either request or receive an accommodation or connect with an interpreter, do the policies of that agency reflect that they will fulfill this function and how to respond to a referral?
 - Are there policies for a "warm handoff" so that the person does not have to repeat their request, which could act as a significant barrier or sufficiently impair access to the person with LEP and/or a disability that they cannot access the program.
 - Are there tracking mechanisms so that a referral to another agency is tracked, as is the success of that referral?
 - What mechanisms does the call center or state have to prevent a "referral whirlpool" so that employees can ensure the person gets the help they need?

Training

1. What training do call center staff receive? Does it include policies and procedures for providing language access, accommodations or other assistance, including:
 - What accommodations they can provide and what requests need to be forwarded elsewhere and how, including any tracking or noting in the system?
 - What referrals are available and any processes for a warm handoff and tracking of the referral?
 - When to escalate a call to a supervisor or other dedicated staff better equipped to provide assistance to a person with a disability?
 - Do they recognize requests for assistance that are not explicit requests for “reasonable accommodations” and that such requests may be for accommodations other than communication aides, such as alternate format, but may include help understanding a notice, more time to complete a task, or other assistance?
 - How to work with an OPI (over-the-phone interpreter) or VRI (video relay interpreter)?
 - If TTY or texting is available, do they recognize the differences between ASL and English; disabilities and how a person’s disabilities may impact their ability to respond to complex information or requests, or to remain “calm” or follow directions?
 - How to identify or mark a language need or disability in the system, if that function is available, including any requests for accommodation, so that language or accommodation is consistently provided in the future?
 - How to share general information on communicating effectively with people with LEP and disabilities; cultural competency; civil rights; obligations of the state to provide language and disability access and what that means; and other critical information to providing access?
2. Are employees trained on how to screen for language, disability and related needs? How to use information available in the system to help inform them regarding disability? How to update or input that information themselves?
3. How often does training occur? Is the training provided varied or the same video or module every time? Does quality monitoring check for compliance with meeting the needs of people who are LEP and people with disabilities?

Data

1. What data does the call center track regarding language access and accommodations? Callers with LEP and/or disabilities? Does data stay in a caller's file so it is available for any subsequent calls?
2. Can call center staff see information about whether the caller speaks a non-English language or has disabilities? For example:
 - Whether the caller needs an interpreter in a particular language?
 - Whether the caller has currently approved accommodations, or has requested or been granted accommodations in the past, and of what type?
 - Is there a mechanism for call center employees to screen for language, disability and related needs? And a way to track that in the caller's file?
3. Does the call center keep analytics and hold employees accountable for analytics?
 - Are there exceptions or more generous time goals when a caller is LEP or has a disability as such calls often take longer?
 - If so can the employee mark that call so that it is clear they are meeting performance metrics or otherwise won't be incentivized to not provide meaningful access to the caller with LEP or a disability by rushing them off the call or not providing the assistance necessary?
4. Does the call center track accommodations offered/requested, approved or accepted, and provided?
 - If the call center forwards requests elsewhere, is there tracking of whether those referrals resulted in assistance or accommodations provided?
5. Does the State provide the call center with data to prepare staff in terms of training and readiness to provide assistance/accommodations based on data from the state about language and disability prevalence in the population served?
6. Are outreach and informing activities by the call center, including any advertising, accessible? Same with any state outreach and advertising.
 - Is there clear information offered in outreach and education materials about how to request assistance based on language and disability?
 - Do websites have taglines and information about requesting assistance?
 - How do notices or other education resources inform people about assistance available and how to request it? Does it clearly offer assistance at no charge or merely an opportunity to complain?

- Are phone numbers provided to help LEP individuals and people with disabilities bypass IVP systems to get directly to Call Center staff for help?
 - Do state outreach videos include closed captioning or are they available in non-English languages?
7. Does the state target outreach and education efforts to communities or people with LEP and disabilities that will likely experience difficulties completing the redetermination process?
 8. Does the state monitor procedural terminations to see if there is a disparate impact on people with LEP and disabilities relative to population prevalence?
 9. Does the state monitor eligibility terminations to determine whether categories based on disability are having terminations that are unexpected based on typical stagnancy of the category or population size? *E.g.*, are people previously eligible under DAC or Pickle categories being terminated for income?

Specific Issues related to Individuals with Limited English Proficiency

1. Does the call center have a contract with an over-the-phone interpreting (OPI) company? If yes, which one?
 - How many calls are connected with an interpreter?
 - How many calls were dropped when a transfer was attempted?
 - What languages were accessed?
 - How many minutes **in total** are billed each month?
 - How many minutes **by language** are billed each month?
 - Has the state done any analysis to identify why some calls may be shorter/longer based on language?
2. What is the **average** length of time of a “regular call” versus a call with an interpreter?
 - Does the average differ by language?
 - If the OPI call is shorter than a “regular” call, has the state done any analysis as to why? (generally, using an interpreter for consecutive interpreting would likely result in a longer call so a shorter call may indicate other issues)

3. When a call is dropped during a connection with the OPI, does the call center call back?
 - If no, why not?
 - Do they send an email/text?
 - Does the email/text have taglines?
 - If yes, do they call back already connected with the OPI to help identify the LEP caller's language needs?
4. Given any data the agency has on language needs (either Medicaid applications or state data), does it seem that fewer LEP individuals are calling than expected?
 - If yes, what is the state doing to outreach to LEP individuals?
 - Is it conducting outreach messaging in non-English languages, including in-language media?
 - Is it conducting outreach to CBOs who may work with LEP individuals – refugee resettlement organizations, immigrant-serving organizations, etc.?

Specific Issues related to Individuals with Disabilities

1. Call Center Functionality:
 - Does the call center allow people to make appointment times for calls?
 - People with disabilities may have limited windows in which they are prepared to talk with the call center because they need to have someone assist them with the call and that assistance is limited; because they need to talk when they are not receiving services, such as HCBS; or because there are certain windows or times during the day when they feel well enough to talk and understand what is being said, either because of disability, medications, or other considerations.
2. Reasonable Accommodations – What policies does the call center have about reasonable accommodations?
 - What accommodations are offered at what level of call center employee?
 - Are the accommodations provided by the call center sufficient to meet the needs of the communities covered by Medicaid in that state?
 - For example, most states will need to be able to help a person understand a notice or what is required of them to meet the requested action in a notice, such as providing verifications or documentation. This is a helpful service for most Medicaid recipients, but often a needed accommodation for many people with cognitive disabilities, including those affected by traumatic brain injuries, intellectual disabilities, psychiatric disabilities, etc.

This often requires more than simply reading the notice, but helping the person to understand by explaining the request or notice in a different way, but maintaining accuracy.

- Is there sufficient capacity for providing needed accommodations based on the prevalence of disability by type in the state's Medicaid population?
 - Is it clear in policies and trainings that lower level employees **may not** deny requests for accommodation?¹
 - Can call center employees grant individuals more time to respond to renewal forms, RFIs, or appeal due to requested accommodations?
3. Do the call center accommodations policies direct employees to assume a request for help or similar asks are for an accommodation and escalate as necessary?
 4. Do the call center policies or scripts direct employees to offer alternative types of assistances without a direct ask? E.g., if the person seems to be struggling to hear over the phone or otherwise seems to be having problems:
 - Can the call center employee offer a referral to in-person assistance?
 - Do call center policies on accommodations direct employees to proactively ask if the person has received the help they needed? People with disabilities may be hesitant to ask for assistance and there should be a clearly open door to receive help.
 5. Are there metrics tracked regarding requests for, offers of, and provision of assistance and reasonable accommodation? By type? Including timeline between request and provision and how the person's deadlines were adjusted, if at all?
 6. Is the process for reasonable accommodations easy to access?

¹ Under DOJ guidance, lower level employees should not be making decisions about approving or denying accommodation requests. U.S. Dep't of Justice, [Title II Primer](#). Therefore, if the frontline call center staff cannot provide the assistance requested or think that it is not assistance the call center provides, the request should be forwarded to upper level staff to make decisions about reasonable accommodations. For at least auxiliary aids and services the decision that a particular aide or service is an undue burden or fundamental alteration must be made by a high level official, no lower than a department head, and be accompanied by a written statement of the reasons for reaching that conclusion. That policy should apply broadly to requests for assistance by people with disabilities as that analysis applies to all reasonable accommodation requests.

- Is it clear there is a process for people with disabilities to request help?
 - Does the process require administrative burdens, such as filling out forms or proof?
 - Are there reasonable accommodations available for the reasonable accommodation process?
 - Note: a reasonable accommodation process that requires filling out forms and providing verifications will likely limit access when the very process the person is requesting help with is one of filling out forms and providing verifications.
 - Is the person readily offered assistance rather than having to request it?
7. Once a reasonable accommodation is provided, is it provided on an ongoing basis without the person having to request it in the future?
- Examples: A person who has trouble filling out forms due to manual dexterity issues has requested the accommodation of filling out forms over the phone, so that individual is called each time they are sent such requests. Or a person with intellectual disabilities has requested an alternate and oral explanation of notices so is contacted each time a notice is sent. Or a person who has requested large print notices is sent notices in such a format for all Medicaid communications.

NHeLP is helping address Medicaid redeterminations issues during the unwinding of the continuous coverage provision, including access issues for people with disabilities and LEP. If advocates would like assistance or have questions regarding call centers, access, or other unwinding issues, please reach out to Mara Youdelman (youdelman@healthlaw.org) and Elizabeth Edwards (edwards@healthlaw.org).