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**SUMMARY OF STATE
LAW REQUIREMENTS**

Addressing Language
Needs in Health Care

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Introduction¹

There are a number of federal laws that address language access in health care settings. Virtually all health care providers must comply with Title VI of the Civil Rights Act of 1964. Its purpose is to ensure that federal money does not support activities that discriminate on the basis of race, color, or national origin.² Another federal law requires hospitals that received funding through the Hill-Burton Act to have an ongoing “community service” obligation which includes non-discrimination in the delivery of services.³

According to the U.S. Department of Health and Human Services Office for Civil Rights, these hospitals must post notices of this obligation in English, Spanish, and other languages spoken by ten percent or more of the households in the service area.⁴ There are also federal laws that implicate the need for meaningful language access if they are to be effectively implemented. Under the Emergency Medical Treatment and Active Labor Act, for instance, it would be difficult for a hospital to comply with the Act’s screening, treatment and transfer requirements without effective communication with a limited English proficient (LEP) patient.⁵ Despite such federal requirements, lack of knowledge and enforcement leaves millions of LEP individuals without meaningful access to health care.

State laws provide an additional source of protection. Indeed, state legislatures and administrative agencies are increasingly recognizing the need for linguistically-appropriate health care and have adopted

measures that require or encourage health and social service providers to overcome language barriers.

This publication of state-by-state laws offers citation to and a short description of each state’s statutes and regulations regarding services to LEP persons in health care settings. It supersedes the previous listings originally published by the National Health Law Program in August 2003 and updated in 2005.⁶

All 50 states have enacted laws concerning language access in health care settings. California continues to have the most laws; however, every state now has at least two such laws. A limited number of states have enacted comprehensive laws while most states’ provisions focus on a particular type of health care provider, service, payer, or patient group. Some of these laws provide detailed guidance; others note the importance of language access but do not specify activities to improve it. Recent

trends include provisions addressing cultural competency training for health professionals and Medicaid funding for language services.

Some highlights are:

Comprehensive Laws.

California has enacted a number of comprehensive provisions, including a Title VI look-alike that authorizes enforcement by individuals who are not provided language services. California has developed some of the most comprehensive provisions that guide state agencies, general acute hospitals, and the provision of services for individuals with developmental disabilities and/or mental health needs. Based on the finding that an inability to speak, understand, or read English is a barrier to public services, **Maryland's** 2002 "Equal Access to Public Services for Individuals with Limited English Proficiency Act" requires State agencies to provide equal access to public services for LEP individuals. **Washington, D.C.** followed suit in 2004—any District agency, department, or program that furnishes information or renders services directly to the public or contracts with other entities to furnish such services must provide oral language services to LEP persons who seek the services offered by the covered entity.

Health Insurance Coverage.

Some states address the interplay between health insurance and language access. **California** requires the Department of Managed Health Care and the Insurance Commissioner to promulgate regulations establishing language standards and

requirements for health care service plans (or managed care plans) and for individual and group insurers to provide insured individuals with appropriate access to translated materials and language assistance in obtaining covered benefits. A **Washington** law requires all health carriers to file an access plan with the insurance commissioner that includes a description of the health carrier's efforts to address the needs of covered persons with limited English proficiency. Meanwhile, **Texas** repealed a provision that prohibited health insurers from using underwriting guidelines based on the ability of the insured or applicant to speak or read English (former Tex. Ins. Code § 21.21 7).

Health Educational Requirements.

New Jersey, California and Washington require cultural competency instruction as an educational component or continuing education for health professionals.

Mental Health.

Laws in 46 states address mental health, including in- and out-patient services.⁷ These range from translating patient rights notices to mandating interpreters for commitment proceedings. For example, **Illinois** requires state mental health facilities to provide interpreters during admission and intake, when denying admission, and during assessments or evaluations while the individual is being interviewed or tested by a psychologist, psychiatrist, or physician.

Women's Health.

Thirty-five states have laws concerning women's health, including 30 that focus on

abortion or sterilization and 14 that address other issues such as pre-natal care. Provisions in 17 states to assure that Medicaid will cover sterilization only after informed consent has been obtained in the LEP patients' primary language.⁸ Eleven states have "Women's Right to Know Acts," which typically require information about adoption, fetal pain associated with abortion, the possible detrimental psychological effects of abortion, and fetal development at two-week intervals to be published in English and in each language that is the primary language of two percent or more of the state's population.

Other Population Groups.

States have also adopted provisions addressing services for children (29 states) and the elderly (27 states). The provisions affecting children generally govern notices about Medicaid's Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) (12 states),⁹ or about mental illness (18 states).¹⁰

Facility Licensure.

Recently adopted provisions in **Colorado, Massachusetts, and New Jersey** link facility licensure to the provision of language services. The **Colorado** law requires long-term care facilities, as a condition of licensure, to inform residents of their rights, including the right to be adequately informed of their medical condition and proposed treatment and to participate in the planning of all treatment. For residents whose primary language is other than English, the facility shall arrange for persons speaking the resident's language to facilitate daily communications and to attend

assessment and care planning conferences.

Funding.

A number of states have enacted laws to provide funding to pay for language services. **Texas** authorized Language Interpreter Service Pilot Programs to pay for language services in Medicaid in five sites statewide. In 2007, **Connecticut** authorized Medicaid payments for language services, and **New York** enacted funding for hospitals.

Interpreter Certification.

Four states require or are initiating state-based certification. This is due, in part, to recognition that self-identification as bilingual is insufficient to be a competent interpreter. **Washington** has the oldest certification program. More recently, **Iowa, Indiana, and Oregon** have enacted laws requiring development of interpreter standards,¹¹ while other states are requiring the use of certified or competent interpreters but do not specify standards.¹²

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

Using the State Charts

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

Code Subject Matter

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

Code Subject Matter

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

Methodology



To compile the state laws on language access, the researchers conducted electronic research using a well-recognized, searchable legal database. State statutes and administrative regulations were reviewed for the 50 states and the District of Columbia. Research was limited to state statutes and administrative regulations that were related to health, insurance and government functions. The researchers were over-inclusive to ensure that provisions would not be overlooked because of how they were classified in state law. The search terms were developed based upon the prior research of the authors, as well as from test searches conducted in three states. Numerous and varied search terms were used to assure the broadest possible identification of existing laws. The boundaries of the search were drawn to exclude state laws and administrative regulations related to vocational rehabilitation, alcohol/substance abuse, WIC, and other programs not directly related to the provision of health care. Provisions that only address requirements to provide information in English were also excluded (*e.g.*, laws that require licensing examinations to be administered in English). The information provided on the charts is current as of August 1, 2007.

Alabama

Type	Provision(s)	Description
EIS	Ala. Code § 21-3A-8(a)(2)	Early intervention for infants and toddlers with disabilities' individualized family service plan shall include an explanation of the evaluation and assessment and all service options in the native language of the family and other accommodations as may be necessary to assure meaningful involvement in the planning and implementation of all services provided under this chapter. The explanation shall accommodate for cultural differences.
MEN, RGT	Ala. Code § 22-56-4	Mental Health Consumers' Rights Act includes the right to be fully informed with information presented in language appropriate to the consumer's condition and ability to understand.
MEN	Ala. Code § 38-9A-2(b)(9)	Support services for individuals with developmental disabilities should be consistent with the cultural preferences and orientations of individuals and families.
MEN, RGT	Ala. Code § 38-9C-4(24)	Bill of Rights for Persons with Developmental Disabilities and Traumatic Brain Injury includes the right to be fully informed, on an individual basis, concerning services provided, with information presented in a setting and in language appropriate to the person's ability to understand.
OAA, TRA	Ala. Admin. Code r. 70-X-4-.07 (6)(c)(6)	The Area Agency must publish notice of public hearings in a language other than English, when deemed appropriate by the area agency on aging and/or the state agency.
OAA	Ala. Admin. Code r. 70-X-6-.01 (2)(a), Ala. Admin. Code r. 70-x-13, APPENDIX A	The Administration on Aging has defined greatest social need as including non-economic factors such as language barriers and cultural or social isolation including that caused by racial or ethnic status.
EPS, TRA	Ala. Admin. Code r. 560-X-11-.12(3)	Each LEP Medicaid beneficiary will be notified of EPSDT services during a face-to-face interview at which time an individual who communicates in the recipient's language will be present for interpretation. Written materials in Thai, Laotian, Cambodian, and Vietnamese languages are available and will be given to recipients who speak these languages and may also be given to the interpreter for those who are illiterate.
MED, MCO, TRA	Ala. Admin. Code r. 560-X-37-.01 (6)(e), (f), (g)	Regarding Medicaid Managed Care Programs, the state must establish a methodology for identifying the prevalent non-English languages spoken by enrollees and potential enrollees. Prevalent means a non-English language spoken by a significant number of potential enrollees and enrollees in the state. The state and each managed care entity must make available written information in the prevalent non-English languages. The state must notify enrollees and potential enrollees and require each managed care entity to notify its enrollees that oral interpretation is available for any language and written information is available in prevalent languages.
MED, MCO	Ala. Admin. Code r. 560-X-37-.02(3)(t)	Primary Medical Providers in PCCMs will make oral interpretation services available free of charge to each potential enrollee and enrollee. This requirement applies to all non-English languages.
MED, WOM, TRA	Ala. Admin. Code r. 560-X-45-.04(8)	For the Medicaid maternity care program, the contractor must develop, implement and maintain an extensive recipient education plan covering certain subjects, and make available all materials in English and the prevalent non-English language in the particular service area. The Primary Contractor is required to participate in the Agency's efforts to promote the delivery of services in a culturally competent manner including to those with limited English proficiency and with diverse cultural and ethnic backgrounds.
MEN	Ala. Admin. Code r. 580-2-13-.02(1)(h)(i)	For consumer protection in community mental health programs, individuals must be fully informed concerning services provided, including providing information in the language that the consumer prefers and in terms appropriate to the consumer's condition and ability to understand.

Alabama continued

Type	Provision(s)	Description
MEN	Ala. Admin. Code r. 580-2-13-.04(7)(a)(15), (e), (g)(2), (o)(10)	For each consumer admitted to a community mental health program, the consumer's case record must include information on limited English proficiency and intake documentation must note a description of how linguistic support services will be provided. The treatment plan must specify linguistic support services for people who are limited English proficient. And any written authorization must include documentation that it was obtained through interpretation or translation when the consumer is limited English proficient.
MEN	Ala. Admin. Code r. 580-2-13-.05(7)(c), (9)(a)(4)	A provider of community programs for the mentally ill shall operate and maintain a performance improvement system. The Consumer and Family Satisfaction component shall include a description of the mechanism for obtaining input from consumers and family members who are limited English proficient. The treatment plan review must include an assessment, including linguistic support services for people who are limited English proficient.
MEN	Ala. Admin. Code r. 580-2-13-.07(4)(m)	In out-patient mental health programs, consumers who are limited English proficient will have effective communication access to these services provided by bi-lingual staff fluent in the consumer's preferred language or a qualified interpreter.
MEN	Ala. Admin. Code r. 580-2-13-.17(6)	For assertive community treatment programs, services must be available and accessible, including effective communication access for consumers who are limited English proficient, to enrolled consumers twenty-four (24) hours per day/ seven (7) days per week in a manner and at locations that are most conducive to consumers' compliance with treatment and supports. It is not necessary that a member of the ACT team be on call at all times.
MEN	Ala. Admin. Code r. 580-2-13-.19(9)(c)	If psychiatric seclusion or restraint is initiated, for an individual who is limited English proficient, communication in the language of the consumer's choice must be established within one (1) hour by bilingual staff fluent in the language the consumer prefers, or a qualified interpreter.
MEN, RGT, CON	Ala. Admin. Code r. 580-5-31-.02(g)(9)	For the Division of Mental Retardation, there must be written policies and procedures that protect each person's welfare, the manner in which the person is informed of these rights and protections, and the means by which these protections will be enforced. Written informed consent prior to participation in any research or experimentation, including information presented in a non-threatening environment, in language and format appropriate to the person's ability to understand.
MEN	Ala. Admin. Code r. 580-5-32-.04(4),	For the Division of Mental Retardation, discharge and transition planning requires information to be presented to the person in language and terms appropriate for the person to understand.
MEN, CON	Ala. Admin. Code r. 580-5-32-.12(3), (4)	For the Division of Mental Retardation, information regarding services shall be presented to the person in language and terms appropriate to the person's ability to understand. Written informed consent prior to participation in any research or experimentation, including information presented in a non-threatening environment, in language and format appropriate to the person's ability to understand.
EIS	Ala. Admin. Code r. 795-3-1-.06(EI91-6)	For early intervention services, there is a right to written notice in the native language of the parents at a level understandable to the general public, unless clearly not feasible. If the native language or other mode of communication of the parent is not written language, the direct service provider shall take steps to ensure that the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication, the parent understands the notice, and written evidence of compliance with these requirements exists.
CHI, MEN	Ala. Admin. Code r. 795-4-1-13	For children's rehabilitation services, interpreter services are available on request.



Alaska

Type	Provision(s)	Description
PRO	Alaska Stat. § 08.95.040, Alaska Admin. Code tit. 12, § 18.210(a)(2), (b)(2), Alaska Admin. Code tit. 12, § 18.990(3)	Continuing education for social workers must include six hours in cross-cultural education that includes issues relating to Alaska Natives. Cross-cultural education means a structured educational experience such as a course, lecture, workshop, or other organized training that focuses on characteristics of and differences among cultures or groups; cross-cultural education is not limited to clinical applications but should be relevant to the practice of social work; topics may include cross-cultural communications, contemporary anthropology, or Alaska Native cultures.
HEA, RGT	Alaska Stat. § 18.15.385(g)(4)	During hearings to determine isolation or quarantine for public health threats, an individual has a right to an interpreter if the individual does not understand English.
MCO	Alaska Stat. § 21.07.020(12)	A managed care organization's plan must include a provision describing available translation or interpreter services.
INS	Alaska Stat. § 21.42.175(a)-(c)	The director may approve an insurance policy form in a language other than English if the insurance policy form is filed with a copy of the same material in English; and discloses, in both English and the language other than English, that the English language version is the official version and the non-English language version is for informational purposes only. An insurer may not misrepresent information in an insurance policy form or associated material translated into a language other than English.
MEN	Alaska Stat. § 47.30.523(b)(3)	Community mental health program service delivery principles include that persons be provided community mental health services by staff and programs that reflect the culture and linguistic characteristics of their community.
MEN	Alaska Stat. § 47.30.547(3)	An entity that provides community mental health services must establish staffing patterns of qualified and trained personnel that reflect the cultural and linguistic characteristics of the community.
MEN, CHI	Alaska Stat. § 47.30.675	All applicants for voluntary admission for mental health treatment, or an admitted minor at the time the minor reaches the age of 18, must receive, in a language that they understand, notice that should the person desire to leave at a time when the treatment facility determines that the person is mentally ill and as a result is likely to cause serious harm to self or others or is gravely disabled, the facility could initiate commitment proceedings against the person.
HEA, RGT	Alaska Stat. §§ 47.30.735(b)(5), .745(a)	Patients have the right to an interpreter during 30- and 90-day involuntary commitment hearings.
MEN, RGT	Alaska Stat. § 47.30.855	Mental health patients in treatment facilities must have their patient rights explained in a language that they understand.
AGY	Alaska Stat. § 47.30.860	When practicable all documents and notices required by state law to be served on a respondent, or on the respondent's parents, guardian or adult designee, shall be explained in a language the person understands if the respondent is not competent in English.
PWD	Alaska Stat. § 47.80.110(3)	For specialized services or special adaptations of services for individuals with disabilities, providers must establish staffing patterns that reflect the cultural and linguistic characteristics of the community.
CHC, MEN	Alaska Admin. Code tit. 7, §§ 13.070(c)(6), 13.100(f), 71.105(c)(6)	Community health facilities and mental health facilities must maintain written policies and procedures regarding service to major language and cultural population subgroups and must have procedures to make interpreter services available in the languages of the major subgroups in the service area.
MED, STA	Alaska Admin. Code tit.7, § 43.135(d)	For Medicaid payment of sterilization procedures, interpreters must be provided where there are language barriers.



Alaska continued

Type	Provision(s)	Description
MEN, CHC	Alaska Admin. Code tit. 7, § 71.030(3)(A)	Community mental health centers receiving state funding must have, as much as practicable, a governing boards representative of the geographic planning area, including representatives of the major racial and linguistic groups.
MEN, MFA	Alaska Admin. Code tit. 7, § 72.020(b)(5)	Facilities applying for recognition as a designated evaluation or treatment facilities (to evaluate and treat mental illness) shall develop, and amend as necessary, written policies and procedures that cover language and cultural relevance of services.
LTC	Alaska Admin. Code tit. 7, § 75.220(d)	For assisted living facilities, an administrator shall ensure that each person who will be in direct, unsupervised contact with residents has the ability to access emergency services, including giving clear directions to emergency personnel of the home's location and describing the nature of the emergency in the primary language of the community.



Arizona

Type	Provision(s)	Description
MEN, RGT	Ariz. Rev. Stat. § 36-504(A)	A list of patients' rights shall be posted prominently in English and Spanish in any facility providing mental health evaluation or treatment.
MEN, RGT	Ariz. Rev. Stat. § 36-551.01(P)	On admission for developmental disability services, each client and the client's parent or guardian, if any, shall be given written notice, if possible, and oral notice in their primary language, in a manner which can be easily understood, of the rights included in this chapter, including the right to administrative reviews.
AGY, HEA, RGT	Ariz. Rev. Stat. §§ 36-727(C), 36-735(B)	If necessary the court shall provide language interpreters in hearings for individuals with tuberculosis. The statement of rights shall be in the afflicted person's primary language.
HIV, CON	Ariz. Admin. Code § R9-6-902(B)	An individual obtaining written, informed consent for an HIV-related test shall use the form in English or Spanish, as appropriate.
HHC, XXX	Ariz. Admin. Code §§ R9-10-505(D), R9-10-1107(C), R9-10-1403(C), R9-10-1703(C)	At adult day health care facilities, home health agencies, recovery care centers, and outpatient surgical centers, personnel shall ensure that language barriers do not prevent each patient or patient's representative from becoming aware of patient's rights.
LTC	Ariz. Admin. Code § R9-10-710(C)	Assisted living facilities shall ensure that language barriers disabilities do not prevent a resident or representative from becoming aware of internal facility requirements and the resident rights.
CRD	Ariz. Admin. Code §§ R9-15-210(B)(1)(n), R9-15-310(B)(1)(n)	For the Rural Private Primary Care Provider Loan Repayment program and the Primary Care Provider Loan Repayment Program applications, the applicant should indicate if they are fluent in Spanish, a Native American language which they shall identify, and/or another non-English language which they shall identify.
MEN, RGT	Ariz. Admin. Code §§ R9-20-201(C)(3)(a), R9-20-203(A)(3), R9-20-211(D)(19)(a), R9-20-701(B)(3), R9-20-208(H)(8)(a)	Behavioral health service agencies must ensure that client rights are available in English and Spanish and that a client who does not speak English is assisted in becoming aware of the client's rights. Documentation of assistance provided to a client who does not speak English must be made. Level 1 specialized transitional agencies must ensure that, at the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent are provided with the agency's policy for the use of restraint or seclusion, in a language that the client or the client's parent, guardian, custodian, or agent understands.
MEN, RGT, TRA	Ariz. Admin. Code §§ R9-21-201(A)(11), R9-21-211, R9-21-209(B)(3)	A person with serious mental illness has the right to be informed, in appropriate language and terms, of client rights. Additionally, mental health agencies must post, in both English and Spanish, written notice of the civil and legal rights of its clients in one or more areas of the agency so that it is readily visible to clients and visitors. A copy of these rights must also be provided to each client, or guardian if any, at the time of admission to the agency for evaluation or treatment. The person receiving the notice shall be required to acknowledge in writing receipt of the notice and the acknowledgment shall be retained in the client's record. Finally, the agency shall also provide each client with a written copy of the institution's anti-discrimination policy upon discharge. In terms of records, staff of a mental health agency shall read or interpret the record for the client, guardian, attorney, paralegal working under the supervision of an attorney, or designated representative when necessary.
MEN	Ariz. Admin. Code §§ R9-21-301(C)(2), R9-21-305(C)(1)(o)	The clinical team shall make arrangements to have qualified interpreters or other reasonable accommodations present at any assessment, meeting, service delivery, notice, review, or grievance for clients with serious mental illness who cannot converse adequately in spoken English. The individuals contributing to the assessment of a client shall consider the client's circumstances and evaluate all available information including, language and communication capabilities.



Arizona continued

Type	Provision(s)	Description
MEN	Ariz. Admin. Code § R9-21-307(A)(12) & (C)(3)	The ISP for individuals with serious mental illness shall be written in language which can be easily understood by a lay person. A statement of whether the client requires service providers with staff who are competent in any language other than English in order to communicate with the client shall be included in the ISP.
MEN, RGT, AGY	Ariz. Admin. Code § R9-21-401(B) & (D)(4)	Applicants and clients applying for behavior health services intended for individuals with serious mental illnesses shall be informed of their right to appeal when an application for services is made; an eligibility determination is made; a decision regarding fees or the waiver of fees is made; the assessment report is received; and any service is suspended or terminated. Additionally, they shall be informed during individual service plan (ISP), inpatient treatment and discharge plan (ITDP), and review meetings; and at the time an ISP, ITDP, and any modification to the ISP or ITDP are distributed. The notice shall be in writing in English and Spanish. Within five days of receipt of an appeal, the director of the regional authority shall inform the client in writing in English and Spanish that the appeal has been received and of the procedures that shall be followed during the appeal.
AGY, TRA	Ariz. Admin. Code §§ R9-34-204, R9-34-304, R9-34-310	The Arizona Health Care Cost Containment System (AHCCCS) and its contractors shall ensure that a Notice of Action shall be available in each non-English language spoken by a significant number or percentage of fee for service members, enrollees, or potential enrollees in the contractor's geographic service area as established by contract, that the Notice of Action shall explain that free oral interpretation services are available to explain the Notice of Action for all non-English languages. AHCCCS shall also provide reasonable assistance to an FFS member in completing forms and taking other procedural steps. This assistance includes, but is not limited to, providing interpreter services and interpreter capability.



Arkansas

Type	Provision(s)	Description
AGY, LTC	Ark. Code Ann. § 12-12-1711(b)(2)(F)(3)	The Department of Health and Human Services shall conduct a thorough investigation of all suspected adult maltreatment or long-term care facility resident maltreatment. An interpreter may be present during the interview of the maltreated person if necessary.
STA, TRA	Ark. Code Ann. §§ 20-16-903(b)(2)(D), 904(a), 1105(a)	Woman's Right to Know Act of 2001: For an abortion, informed consent must be obtained after the proper information is provided to a woman through a translator in a language understood by the woman. This information includes, the name of the physician who will perform the abortion, the medical risks associated with the particular abortion procedure to be employed; the probable gestational age of the fetus at the time the abortion is to be performed; and the medical risks associated with carrying the fetus to term. The woman must also be informed, in the proper language, that medical assistance benefits may be available; that the father is liable for child support; that she has the option to review the printed or electronic materials provided by the state of Arkansas; and that if the woman chooses to exercise her option to view the materials, these materials will either be mailed to her in printed form or viewed online by her. Requires all printed materials to be in English and every language spoken by two percent of the population and to include information on public and private agencies available to assist a woman through pregnancy, upon childbirth, and while the child is dependent (at the option of the division), description of the fetus at two-week gestational increments; abortion procedures; risks of abortion; and risks of pregnancy.
HEA	Ark. Code Ann § 25-15-101	Every person who cannot speak or understand the English language and who is a party or witness in any administrative proceeding shall be entitled to an interpreter to assist that person throughout the proceeding. If the board or agency appoints an interpreter, the fee for the services of the interpreter shall be paid from any funds available to the board or agency or be paid in any other manner ordered by the board or agency.
CHI, MEN	016-01-005 Ark. Code R. § 5012	Each youth residential facility shall have written policy and procedure and practice that new juveniles receive written orientation materials and rules and regulations in their own language if they do not understand English. When a language or literacy problem exists, a staff member or another qualified individual under the supervision of staff shall assist the juvenile in understanding the material.
OAA	016-19-001 Ark. Code R. § XI(A)	Area Agencies on Aging "shall conduct outreach efforts which will identify unserved individuals eligible for assistance, with emphasis on older individuals with limited English speaking ability.
MEN, TRA	016-04-003 Ark. Code R. Appendix	For the Division of Behavioral Services, language used in communications should be appropriate and grammatically correct. If Spanish is used, it should be grammatically correct and appropriate to the particular Hispanic/Latino target audience.
LTC	016-06-004 Ark. Code R. § 3004 016-06-007 Ark. Code R. § 1002.1 016-06-008 Ark. Code R. § 602.1 016-06-011 Ark. Code R. § 312.1(4)(1)(e) 016-06-012 Ark. Code R. § 401.4	For nursing homes, Elderchoices adult foster care providers, adult day health care providers, residential long term care facilities, and post-acute head injury retraining and residential adult care facilities, appropriate means shall be utilized to inform non-English speaking residents of their rights.



Arkansas continued

Type	Provision(s)	Description
MED, STA, CON	016-06-014 Ark. Code R. § 216.310(F) 016-06-024 Ark. Code R. § 216.410(B) 016-06-028 Ark. Code R. § 216.410(B) 016-06-045 Ark. Code R. § 217.231(B)	For Medicaid payment of sterilization, the person obtaining the consent for sterilization must sign and date the form after the recipient and interpreter, if one is used. The signature will attest to the fact that all elements of informed consent were given and understood and that consent was voluntarily given.
MEN	016-06-030 Ark. Code R. § 221.702(C)(2)	For inpatient psychiatric services for patients under the age of 21, providers must communicate their restraint and seclusion policy in a language that the resident or his or her parent(s) or legal guardian(s) understands and, when necessary, the facility must provide interpreters or translators.
AGY	016-06-051 Ark. Code R. § 173.300(4)	ConnectCare HelpLine, operated by Medicaid Outreach and Education, can help non-English-speaking individuals locate primary care physician offices or clinics where they can communicate in their native language.
MED, TRA, HEA	016-20-001 Ark. Code R. §§ 9301, 12180, 16070	Application for medical services must be available in both English and Spanish at DHS county offices, local health units, or by mail, if requested. If the applicant needs an interpreter, that information will also be noted. At hearings for these applications, if the applicant or recipient indicates that an interpreter is needed, the County Office must ensure that the Appeals and Hearings Office is aware of the request.
CON, TRA	016-14-013 Ark. Code R. § 4009.4.1	For HIPPA, all DHS agencies shall utilize the standard authorization form, "Authorization to Disclose Health Information," that contains the elements necessary to be considered a valid authorization. The standard authorization form is written in plain and simple language that a client or personal representative can easily read and understand. The standard authorization shall be made available in languages understood by a substantial number of clients served by each agency, which at a minimum must include Spanish.



California

Type*	Provision(s)	Description
AGY	Cal. Bus. & Prof. Code § 852	Created the Task Force on Culturally and Linguistically Competent Physicians and Dentists in 2001, which presented its final report to the California legislature in 2003 with recommendations for a continuing education program that included language proficiency standards, identifying the key cultural elements, and assessing the need for voluntary certification standards and examinations for cultural and linguistic competency.
XXX	Cal. Bus. & Prof. Code §§ 853, 855(e)	Created the Licensed Physicians and Dentists from Mexico Pilot Program that would allow up to 30 licensed physicians and up to 30 licensed dentists from Mexico to practice medicine or dentistry at a nonprofit community health center, but the program has not been implemented. The participants are required to have the foreign language fluency and the cultural knowledge necessary to serve the non-English-speaking community.
CRD	Cal. Bus. & Prof. Code § 2173	Requires that medical examinations be conducted in English unless there is satisfactory proof that the applicant is unable to complete the examination requirements in English and allows the use of an interpreter to interpret and transcribe the answers of the applicant (to be paid by the examinee).
PRO	Cal. Bus. & Prof. Code § 2190.1(b)(1)&(3), (c)(1)&(2)	Continuing medical education courses for physicians and surgeons must contain curriculum that includes cultural and linguistic competency in the practice of medicine.
AGY	Cal. Bus. & Prof. Code § 2198	The Cultural and Linguistic Competency Program provides voluntary educational classes that teach physicians a foreign language at the level of proficiency that improves their ability to communicate with non-English speaking patients and teach cultural beliefs and practices that may impact patient health care practices. Also provides for an evaluation workgroup and evaluation/satisfaction surveys for language minority patients.
AGY, TRA	Cal. Bus. & Prof. Code § 2248.5	The State Department of Health Services must approve a written standardized summary of treatment for prostate cancer in a language understood by patients.
WOM, TRA	Cal. Bus. & Prof. Code § 2249, Cal. Health & Safety Code § 109278(a)	A physician, surgeon or medical care provider primarily responsible for annual gynecological examinations shall provide, in a language understood by the patient, a standardized summary containing a description of the symptoms and appropriate methods of diagnoses for gynecological cancers.
CRD	Cal. Bus. & Prof. Code § 2425.1(d)	Requires the collection of data concerning cultural and linguistic backgrounds of California's licensed physicians.
AGY, TRA	Cal. Gov't Code §§ 7290-7299.8	Dymally-Alatorre Bilingual Services Act – State agencies directly involved in furnishing information or services to a substantial number of non-English speaking people must provide bilingual services and information in the language of the non-English-speaking person. Any materials explaining services shall be translated into these languages as well. "Substantial number" is defined as 5 percent or more of the population served by the facility. State agencies must employ sufficient bilingual persons, who are proficient in both English and the foreign language spoken by clients, to ensure that non-English speaking persons enjoy the same level of services enjoyed by English speaking persons. Every two years, state agencies must conduct surveys of local offices to determine the number of bilingual employees and the number and percentage of non-English speaking persons served by each office, broken down by language. Local agencies must also provide bilingual services and information; however, the determination of substantiality and sufficiency is left to the local agency.



California continued

Type	Provision(s)	Description
AGY	Cal. Gov't Code § 8690.6, Cal. Welf. & Inst. Code § 13600	The Disaster Response-Emergency Operations Account (operated by the State Department of Social Services may provide state supplemental grants to meet disaster-related necessary expenses or serious needs of individuals and households adversely affected by any disaster declared by the President in those cases where individuals and households are unable to meet those expenses or needs through assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act) distributes funds only if all applications, forms, and other written materials for persons seeking assistance are available in English and in the same language as that used by the major non-English-speaking group within the disaster area and if bilingual staff who reflect the demographics of the disaster area are available to the applicants.
HEA	Cal. Gov't Code §§ 11018, 11410.60(c)(3)	Every state agency and quasi-public entities, which is authorized by any law to conduct administrative hearings, shall comply with Sections 11435.20, 11435.25, and 11435.55 (below) relative to the furnishing of language assistance at the hearing.
AGY, HOS, MFA, LTC, HHC, CHC	Cal. Gov't Code § 11135	No state agency or state-funded entity shall discriminate against any person in California on the basis of race, national origin, ethnic group identification, religion, age, sex, color, or disability.
AGY, HEA	Cal. Gov't Code §§ 11435.05 – 11435.65	The Departments of Health Services, Mental Health, and Social Services must provide language assistance, including interpretation by certified interpreters, written translation, and notice of the right to an interpreter to LEP individuals at adjudicative proceedings and medical examinations for the purpose of determining compensation or monetary awards.
HOS, MFA, LTC, HHC, CHC	Cal. Gov't Code § 15459.1(d)	Health facilities serving multilingual communities who receive funding to finance construction or modification must post multilingual notices, including statements that the facility has agreed to make services available to all and cannot discriminate against Medicaid or Medicare patients in appropriate areas within the facility.
EIS	Cal. Gov't Code § 95001(b)(5)	The Legislature intends families and professionals collaborate to develop early intervention services and that these partnerships be the basis for the development of services that meet the needs of the culturally and linguistically diverse population of California.
AGY, WOM	Cal. Health & Safety Code § 138(f)	The Office of Women's Health may perform staff training for the State Department of Health Care Services and the State Department of Public Health and training of health care professionals to ensure more linguistically and culturally appropriate care.
AGY, TRA, WOM	Cal. Health & Safety Code § 138.6(b)(3)	The Department of Health Services must follow the department translation standards governing the number of languages and literacy levels for any literature it produces regarding breast cancer information.
AGY	Cal. Health & Safety Code § 152(a)(6)	The Office of Multicultural Health shall perform internal staff training, an internal assessment of cultural competency, and training of health care professionals to ensure more linguistically and culturally competent care.
HOS	Cal. Health & Safety Code § 1256.2(a)(2)	Each hospital holding an obstetrical services permit shall provide a written policy stating that it does not provide differing standards of care based on ability to pay and shall post written notices of this policy in the obstetrical admitting areas of the hospital in the predominant language or languages spoken in the hospital's service area.



California continued

Type	Provision(s)	Description
HOS	Cal. Health & Safety Code § 1259	General acute care hospitals must provide language assistance services for language groups that comprise 5 percent or more of the geographical area served by the hospital or of the facility's population and must: 1) develop policies on the provision of interpreter services or bilingual professional staff to LEP patients and review these policies on an annual basis; 2) to the extent possible, must ensure the availability of interpreter services 24 hours a day to LEP patients; 3) post notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter, and directions on how to make complaints to state authorities about interpreter services; 4) notify their employees of their commitment to provide interpreters to all patients who request them; 5) prepare and maintain a list of qualified interpreters; 6) identify and record patients' primary languages in the patients chart, hospital bracelet, bedside notice and/or nursing chart, 7) review standardized forms to determine which should be translated, 8) consider providing non-bilingual staff with picture and phrase sheets for communication with LEP patients, and 9) consider establishing community liaison groups to ensure the adequacy of interpreter services.
INS	Cal. Health & Safety Code § 1351.2(a)(5)	Mexican health plans wishing to operate a health care service plan in California must apply for California licensure and be subject to California Health Care Service Plan law. The director shall require that each of these documents contain a legend in both English and Spanish, declaring that the health care service plan contract provided by the prepaid health plan may be limited as to benefits, rights, and remedies under state and federal law.
INS, MCO	Cal. Health & Safety Code § 1367.04, Cal. Ins. Code § 10133.8; Cal. Code of Regs. Tit. 28 §§ 1300.67.04, 1367.07	Department of Managed Health Care and Department of Insurance regulations establishing standards and requirements to provide health care service plan enrollees with appropriate access to language assistance in obtaining health care services.
AGY, TRA	Cal. Health & Safety Code § 1351.2(c)(3)(A)	The Office of Patient Advocate will develop educational and informational guides for consumers describing enrollee rights and responsibilities, and informing enrollees on effective ways to exercise their rights to secure health care services that are easy to read and understand, available in English and other languages, and publicly available.
LTC	Cal. Health & Safety Code § 1568.02(c)(4)	Residential care facilities for persons with chronic, life-threatening illness must demonstrate ability to provide linguistic services for non-English speaking patients as a condition of licensure.
AGY, TRA, RGT, LTC, MFA	Cal. Health & Safety Code §§ 1599.61(d) & (f), 1599.74(a)	The Department of Health Licensing shall ensure the translation of the comprehensive Patients' Bill of Rights into Spanish, Chinese, and other languages as needed to provide copies to members of any ethnic group that represents at least 1 percent of the state's skilled nursing facility, intermediate care facility, and nursing facility population. Translated copies of the Patients' Bill of Rights shall be made available to all long-term health care facilities in the state, including skilled nursing facilities, intermediate care facilities, and nursing facilities, and be included with admissions agreements, when appropriate.
WOM	Cal. Health & Safety Code § 1691	Physicians are required to inform a patient by written consent of possible alternatives to a hysterectomy in a language she understands.
XXX, RGT	Cal. Health & Safety Code §§ 24172, 24173(c)	The subject in a medical experiment is entitled to an "experimental subject's bill of rights" written in a language in which he or she is fluent. Informed consent must occur in a language in which the subject is fluent.
AGY	Cal. Health & Safety Code § 106005(a)(1)	The duties of the Urban Community Health Institute include designing and conducting a series of projects to eliminate racial, ethnic, cultural, and linguistic health disparities through culturally sensitive preventive health education, health risk appraisal, risk factor screening, and programs to facilitate appropriate medical follow-up and treatment.



California continued

Type	Provision(s)	Description
WOM, TRA	Cal. Health & Safety Code § 109275(b)	Physicians and surgeons must inform patients being treated for any form of breast cancer of alternative treatment methods by providing the patient with a written summary in a language understood by the patient.
WOM	Cal. Health & Safety Code § 109277	Requires health facilities or clinics where a physician or surgeon performs breast cancer screening or biopsy as an outpatient service to post a specific sign in English, Spanish, and Chinese that upon diagnosis of breast cancer, the physician or surgeon must provide a written summary of alternative efficacious methods of treatment.
AGY, TRA	Cal. Health & Safety Code § 109280(a)	Requires that the State Department of Health Services approve a written standardized summary of treatment for prostate cancer in a language understood by patients and made available to patients.
HOS, CHC	Cal. Health & Safety Code § 109282	Requires health facilities or clinics where prostate cancer screening or treatment is performed to post a specific sign in English, Spanish, and Chinese that prior to a biopsy or upon treatment of prostate cancer, the physician and surgeon is urged to provide a written summary of alternative efficacious methods of treatment.
AGY, TRA	Cal. Health & Safety Code § 120805(a)(10)	In coordination with other state agencies, the department of health services is required to establish centralized translation services to facilitate the development of multilingual, culturally relevant educational materials on HIV infection.
HIV	Cal. Health & Safety Code § 120830(d)(4)	Pilot projects to demonstrate the cost effectiveness of home health, attendant, or hospice care of AIDS patients shall provide services that are culturally and linguistically appropriate to the population served.
HIV	Cal. Health & Safety Code § 120900(a)	The director shall award contracts to early intervention projects to provide long-term services to persons infected with HIV and ensure that each early intervention project will respond to the needs of its projected service area, will be sensitive to linguistic, ethnic, and cultural differences, and will accommodate the special needs of clients.
HIV	Cal. Health & Safety Code § 120970(j)	Contractors and subcontractors used by the department charged with HIV/AIDS issues are required to provide information regarding program policies and procedures, including eligibility guidelines and lists of drugs covered, to clients in appropriate literacy levels in English, Spanish, Mandarin/Cantonese, Tagalog, and other languages, as determined by the department.
PUB	Cal. Health & Safety Code § 121369(a)	For individuals suspected to have active tuberculosis, and therefore subject to removal to a health facility, a language interpreter will be provided in accordance with law.
HOS, MFA, LTC, HHC, CHC	Cal. Health & Safety Code § 123147	All health facilities and all primary care clinics shall include a patient's principal spoken language on the patient's health records.
AGY, TRA, WOM, CHI	Cal. Health & Safety Code § 123232(e)	The Department of Health Services shall develop or obtain a brochure to educate pregnant women and new parents about the important role in maintaining a healthy lifestyle and preventing chronic diseases in both English and Spanish.
AGY, WOM	Cal. Health & Safety Code § 123371(b)	The State Department of Health Services shall develop standardized, objective information about umbilical cord blood donation that is sufficient to allow a pregnant woman to make an informed decision on whether to participate in a private or public umbilical cord blood banking program in Cantonese, English, Spanish, and Vietnamese.
WOM	Cal. Health & Safety Code § 123492(g)	Counties receiving grants for the startup, continuation, and expansion of community-based perinatal programs must ensure that, to the extent possible, services shall be rendered in a culturally and linguistically competent manner.



California continued

Type	Provision(s)	Description
WOM	Cal. Health & Safety Code §§ 123515(e), 123520(b)	Community-based, low-income perinatal health care providers receiving funding from the State Department of Health Services must document the providers' ability to have staff who reflect, to the maximum extent feasible, the cultural, linguistic, ethnic and other social characteristics of the community served. Community-based perinatal health care providers must provide all services and educational materials in the primary languages of the clients served, provided that there are at least 5 percent or 100 persons, whichever is less, of the total beneficiary population served annually by each facility who share language other than English and who are limited-English speaking.
AGY, WOM	Cal. Health & Safety Code § 124300	Local health departments are directed to make family planning pamphlets and circulars available in languages spoken by 10 percent or more of the county's population. The State Department of Health Services, upon request, shall make a translation available in other than English of family planning informational materials normally distributed to the general public.
HIV, WOM	Cal. Health & Safety Code § 125092	The State Department of Health Services, in consultation with the Office of AIDS and with other stakeholders shall develop culturally sensitive informational material adequate to inform of the risks and benefits of performing a prenatal test for HIV in English, Spanish, and other languages used by the department when providing information to clients under the Medicaid program.
WOM	Cal. Health & Safety Code §§ 125335, 125340	Prior to obtaining informed consent from a subject for ovarian retrieval for the purpose of procuring oocytes for research or the development of medical therapies, a physician and surgeon shall provide to the subject a standardized medically accurate written summary of health and consumer issues associated with oocyte retrieval. This summary as well as the informed consent form shall be made available in languages spoken by subjects in the study if their proficiency is largely in a language other than English.
HOS	Cal. Health & Safety Code § 127410	Each hospital shall provide patients with a written notice that contains information about availability of the hospital's discount payment and charity care policies, including information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies in English and in languages other than English. Written correspondence to the patient required by this article shall also be in the language spoken by the patient.
XXX	Cal. Health & Safety Code § 127929	The Medical and Dental Student Loan Repayment Program provides funds to applicants who agree to work up to 3 years in underserved areas, with priority consideration to those who are best suited to meet the cultural and linguistic needs of the underserved population and speak a Medicaid threshold language, have received significant training in cultural and linguistically appropriate service delivery.
XXX	Cal. Health & Safety Code § 128553(a)	The physician corps program for underserved areas gives priority consideration to physicians who are best suited to meet the cultural and linguistic needs of the underserved population and speak a Medicaid threshold language, have received significant training in cultural and linguistically appropriate service delivery.
HOS, MFA	Cal. Health & Safety Code § 129065	General acute care hospitals or acute psychiatric hospitals borrowing to finance construction or modification of a health facility must: 1) make available to any interested person a list of physicians with staff privileges at the borrower's facility that includes language spoken, and 2) post notices which shall be multilingual, where the borrower serves a multilingual community, in appropriate areas within the facility. The notices include statements that the facility has agreed to make services available to all in the area and cannot discriminate against Medicaid or Medicare patients.



California continued

Type	Provision(s)	Description
INS	Cal. Ins. Code § 394	The California Insurance Commissioner may approve insurance policies and associated materials in languages other than English under certain conditions including the condition that the policyholder document contains a disclosure statement in both that language and in English that explains that the English version is the official version and the foreign language version is for informational purposes only.
INS	Cal. Ins. Code § 762(c)(6)(A)	The disclosures required when a consumer makes an initial purchase of an insurance product shall be in the same language as principally used in any oral solicitation leading to the execution of the purchase by the consumer of the insurance product.
INS	Cal. Ins. Code § 1764.1(b)	Insurers that are not licensed by CA must provide policyholders and applicants for insurance with a notice in English and in the language principally used by the insurer and non-admitted insurer to advertise, solicit, or negotiate the sale and purchase of the surplus line insurance.
MFA	Cal. Welf. & Inst. Code § 4080(e)(1)(T)	Psychiatric Health Facilities will have aspects of their programs, including linguistic access and cultural competence, reviewed for approval by the State Department of Mental Health.
AGY, MEN	Cal. Welf. & Inst. Code § 4341(d)	The Department of Mental Health shall implement a Human Resources Development Program, which shall give particular attention to areas of specific expertise where local programs and state hospitals have difficulty recruiting qualified staff, including ensuring the development of a mental health work force with the necessary bilingual and bicultural skills to deliver effective service to the diverse population of the state.
AGY, MEN	Cal. Welf. & Inst. Code §§ 4355, 4357(d)	The Department of Mental Health shall designate sites in order to develop a system of post-acute continuum-of-care models for adults 18 years of age or older with an acquired traumatic brain injury. The sites must provide a coordinated service model that shall be designed and modified with advice from clients and their families, and shall be accessible to the population in need, taking into account linguistic and cultural factors.
MEN, HOS, MFA, LTC, HHC, CHC	Cal. Welf. & Inst. Code § 4503	State hospitals, community care facilities, and health facilities must post notice of the rights of developmentally disabled persons in Spanish and English, and other appropriate languages.
MEN	Cal. Welf. & Inst. Code § 4641	Regional centers that serve persons with developmental disabilities must conduct case finding activities, including notification of availability of service in English and such other languages as may be appropriate to the service area.
MEN	Cal. Welf. & Inst. Code § 4648(a)(9)(B)	Regional centers for persons with developmental disabilities must inform each person placed by the center in community living arrangements of their rights using simplified language and in alternative formats, including, but not limited to, other languages, Braille, and audio tapes, when necessary to meet the communication needs of consumers.
MEN, AGY	Cal. Welf. & Inst. Code § 4656(c)	A list of the name and address of each regional center for persons with developmental disabilities and such other pertinent information as the State Department of Mental Health deems appropriate shall be transmitted, both in English and Spanish, to every physician and surgeon licensed to practice in this state and every licensed general acute care hospital.
MEN, HEA, RGT	Cal. Welf. & Inst. Code § 4701(f)(5)	For the purposes of adequate notice in a fair hearing, a developmentally disabled claimant has the right to an interpreter.



California continued

Type	Provision(s)	Description
MEN, HEA	Cal. Welf. & Inst. Code § 4705	Every service agency for the developmentally disabled shall, as a condition of continued receipt of state funds, has an agency fair hearing procedure for resolving conflicts. The service agency's mediation and fair hearing procedure shall be stated in writing, in English and any other language that may be appropriate to the needs of the consumers of the agency's service. All recipients and applicants, and persons having legal responsibility for recipients or applicants, shall be informed verbally of, and shall be notified in writing in a language which they comprehend of, the service agency's mediation and fair hearing procedure when they apply for service, when they are denied service, and when notice of service modification is given.
MEN, HEA	Cal. Welf. & Inst. Code §§ 4710.8(c), 4712(l)	With respect to services for the developmentally disabled, state or service delivery agency must provide non-English speaking claimants with interpreters at internal meetings and fair hearings. Any cost of an interpreter shall be borne by the service agency.
MEN, HEA	Cal. Welf. & Inst. Code § 4713(b)	If the developmentally disabled fair hearing claimant, the claimant's guardian or conservator, parent of a minor claimant, or authorized representative cannot understand English, the written fair hearing decision shall be provided by the responsible state agency to that person in English and in such language which such person comprehends.
MEN	Cal. Welf. & Inst. Code § 4728	Each developmental disability service agency shall adopt procedures for granting of requests for access to appeal procedure records, notice of the location of all records, and the provision of qualified personnel to interpret records if requested.
MEN, TRA, RGT	Cal. Welf. & Inst. Code § 4731(f)	All consumers of services for the developmentally disabled or, where appropriate, their parents, legal guardian, conservator, or authorized representative, shall be notified in writing in a language which they comprehend, of the right to file a complaint relating to treatment at a regional or developmental center or service provider when they apply for services from or are admitted to a developmental center, and at each regularly scheduled planning meeting.
MFA	Cal. Welf. & Inst. Code § 5157(c)	Each suspected mentally disordered person involuntarily admitted to a designated facility for 72-hour evaluation and treatment shall be given information by the admission staff at the evaluation unit orally, in writing, and in a language or modality accessible to the person. The written information shall be available in the person's native language or the language, which is the person's principal means of communication. The information shall include why the person is being admitted, the facility's procedures surrounding admission, and, if the person is held longer than 72 hours, her right to a lawyer and a qualified interpreter and a hearing before a judge.
MFA, RGT	Cal. Welf. & Inst. Code § 5325	Individuals subjected to involuntary mental health treatment must receive an explanation of their rights in a language or modality that is accessible to them. A list of such rights, written in the predominant languages of the community, will be prominently posted.
MEN	Cal. Welf. & Inst. Code § 5348	Any county that chooses to provide assisted outpatient treatment services for the mentally ill shall offer a service planning and delivery process that includes plans for services that contain evaluation strategies which consider cultural and linguistic needs of minorities in the target populations. Provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services as a result of having limited-English-speaking ability and cultural differences.
MEN	Cal. Welf. & Inst. Code § 5523(c)	Any agreement with any county patients' rights advocate entered into by a mental health client shall be made knowingly and voluntarily or by a guardian ad litem, and in a language or modality which the client understands.



California continued

Type	Provision(s)	Description
MEN	Cal. Welf. & Inst. Code § 5600.2(g)(2)	To the extent resources are available, public mental health services should be provided to priority target populations in systems of care that are client-centered, culturally competent, and fully accountable which include factors like cultural competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity. Systems of care should recognize that culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups.
MFA	Cal. Welf. & Inst. Code § 5670.5(b)(1)	Staffing patterns for community residential treatment system programs for the mentally ill should reflect, to the maximum extent feasible, at all levels, the cultural, linguistic, ethnic, sexual and other social characteristics of the community the facility serves.
MFA	Cal. Welf. & Inst. Code § 5693(b)(1)	In conducting independent clinical reviews of minors in cases of voluntary admission into a mental hospital, it is the responsibility of the psychiatrist to retain an interpreter if any of the parties to the independent clinical review does not comprehend the language used during the review.
MEN	Cal. Welf. & Inst. Code § 5806(a)(2)	Plans for outreach and services to the mentally ill must consider cultural and linguistic needs of minorities in the target populations. Provisions shall also be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services due to limited English speaking ability and cultural differences.
MEN, CHI	Cal. Welf. & Inst. Code § 5868(b)(4)	Children's mental health programs must make provisions for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services resulting from a limited ability to speak English or from cultural differences.
INS, MEN	Cal. Welf. & Inst. Code § 6002.40(b)(4)	For any insurance contracts where any private insurer, certified medical plan, or private health service plan is liable to pay or reimburse a professional provider or institutional provider for the costs of medically necessary mental health services provided to the patient, the costs of the clinical review including the costs of the interpreter shall be borne by the insurer, certified medical plan, or the health service plan.
OAA	Cal. Welf. & Inst. Code § 6002.40(b)(4)	For the purposes of the Mello-Grandlund Older Californians Act regarding programs for the elderly, "greatest social need" means the need caused by non-economic factors including language barriers and cultural or social isolation, including that caused by racial and ethnic status that restrict an individual's ability to perform normal daily tasks or that threaten his or her capacity to live independently.
OAA	Cal. Welf. & Inst. Code § 9103.1(a)	The California Department of Aging shall ensure all older adults have equal access to programs and services provided through the Older Americans Act in each planning and services area, regardless of language barriers, cultural or social isolation, or by association with a person or persons with one or more of these characteristics, that restrict an individual's ability to perform normal daily tasks or that threaten his or her capacity to live independently.
OAA	Cal. Welf. & Inst. Code § 9661(a)(3)	Stay Well, the state senior wellness program, must have educational materials on the resources and services available for seniors from both private and public entities and the area agencies on aging that accommodates diverse linguistic needs of the state, including English, Spanish, Russian, Chinese and Braille.
AGY, MED	Cal. Welf. & Inst. Code § 10618.5(b)(6)	Each county welfare department shall develop a notice informing identified individuals that they may be entitled to receive Medicaid benefits and requesting their permission to use the information in the food stamp recipient's case file to make a determination of eligibility for the Medicaid program. The notice shall be written in culturally and linguistically appropriate language and at an appropriate literacy level.



California continued

Type	Provision(s)	Description
AGY, TRA	Cal. Welf. & Inst. Code §§ 10607, 10746	Informational materials about state administration of public assistance must be produced in both English and Spanish.
AGY	Cal. Welf. & Inst. Code § 14007.5(j)	The County department must provide an understandable explanation of the requirements for medical benefits to resident immigrant beneficiaries who are not fluent in English in a language in which the immigrant is fluent.
AGY, MED, MCO	Cal. Welf. & Inst. Code § 14087.305(i)(3)	In developing the standards for Medicaid transportation to be included in Medicaid managed care plans, the department shall consider the provider's ability to render culturally and linguistically appropriate services.
AGY, MED, MCO	Cal. Welf. & Inst. Code § 14087.329(c)(5)(B)	In assessing whether the pilot two-plan managed care program creates any additional cost, the Department of Health Services shall specifically consider factors such as the necessity for a plan to assign Medicaid plan members to specific primary care providers to meet their unique cultural and linguistic needs.
AGY, MED, MCO	Cal. Welf. & Inst. Code § 14087.48(b)(2)	Before a Medicaid managed care plan commences operations based upon an action of the director that expands the geographic area of Medicaid managed care, the department shall perform an evaluation to determine the readiness of any affected Medicaid managed care plan to commence operations. The evaluation shall consider the extent to which the Medicaid managed care plan has an adequate provider network, including the language capabilities of primary care physicians, specialists, pharmacies, and hospitals.
MED, MCE	Cal. Welf. & Inst. Code § 14087.54(b)(7)(D)	Any material provided to a person who is dually eligible to receive medical benefits under both Medicaid and Medicare, regarding the enrollment or availability of enrollment in Medicare services established by a special commission shall include notice of information surrounding dual eligibility. The notice shall be in plain language, prominently displayed, and translated into any Medicaid threshold languages.
AGY, MED	Cal. Welf. & Inst. Code § 14067(d)(2)(C)(i) Cal. Ins. Code § 12693.29(b)	The Department of Health Services, in conjunction with the Managed Risk Medical Insurance Board, must develop and conduct a community outreach and education campaign to help families learn about and apply for Medicaid and the Healthy Families Program. In awarding contracts for outreach and enrollment activities, the Department must consider the ability of the community-based organizations, to provide culturally and linguistically appropriate outreach and education strategies.
AGY, MED, TRA	Cal. Welf. & Inst. Code § 14107.13(f)	The department shall provide a notice to recipients of Medicaid fee-for-service benefits that details all benefits reportedly received that are relevant to suspected fraudulent or abusive activity in the Medicaid threshold languages that apply to Medicaid managed care plans.
AGY, WOM	Cal. Welf. & Inst. Code § 14132(aa)(8)(C)	Under the Family PACT Waiver program, the provision of comprehensive clinical family planning services includes culturally and linguistically appropriate health education and counseling services.
MED	Cal. Welf. & Inst. Code § 14132.44(e)(2)	Targeted case management (TCM) shall be covered as a Medicaid benefit. A TCM service provider, a nongovernmental entity or the University of California, or both, under contract with a TCM provider may provide TCM services to Medicaid beneficiaries who have language or other comprehension barriers.
WOM	Cal. Welf. & Inst. Code § 14134.5(e)	A health care provider may employ or contract with other medical practitioners for the purpose of providing comprehensive perinatal services. Providers shall, as feasible, utilize staffing patterns which reflect the linguistic and cultural features of the populations they serve.
LTC	Cal. Welf. & Inst. Code § 14139.3(b)(3)(G)	Sites for the Long-Term Care Integration Pilot Program shall develop and provide to the department an administrative action plan that must include reasonable assurance that services provided will be responsive to the religious, cultural, and language needs of beneficiaries.



California continued

Type	Provision(s)	Description
MED, STAO	Cal. Welf. & Inst. Code § 1419	Physicians and hospitals performing voluntary, non-emergency sterilizations on Medicaid beneficiaries must provide informed consent forms in English and Spanish.
MEN	Cal. Welf. & Inst. Code § 14552(f)	An adult day health care provider serving a “substantial number” of participants of a particular racial or ethnic group, or participants whose primary language is not English, shall employ staff who can meet the cultural and linguistic needs of the participant population. The term “substantial number” is not defined.
HOS	Cal. Welf. & Inst. Code § 16946(h)(1)(D) & (E)	In any county that comprises not more than one-half percent of the total state population and in which there are a county hospital and a non-county hospital with emergency room permits located within two miles of each other, the county hospital may surrender its emergency room permit without any penalty if it provides adequate initial public hearings and ongoing public notice of availability emergency, urgent care, and non-urgent clinical services and how to obtain those services in Spanish and English. In addition the county has to ensure that there are adequate Spanish translation services and referral services on a 24-hour basis at the non-county hospital emergency department, and at the county hospital clinics, during their hours of operation.
AGY, TRA	Cal. Welf. & Inst. Code § 18925(e)	The county welfare department shall develop a notice, written in culturally and linguistically appropriate language and at an appropriate literacy level, informing individuals who reside in food stamp households who are not enrolled in Medicaid or Healthy Families that they may be entitled to receive benefits under Medicaid or Healthy Families.
AGY, MEN	Cal. Welf. & Inst. Code § 19013.5(a)	The Department of Rehabilitation must take into consideration the needs of non-English speaking individuals with disabilities in providing rehabilitation services or contracting with public or private agencies for rehab services and provides language assistance to those individuals participating in the department’s public or private rehabilitation programs.
WOM	Cal. Welf. & Inst. Code § 24007(a)(3)	The department shall determine the scope of benefits for the state-only family planning program, which shall include culturally and linguistically appropriate health education and counseling services.
MEN	Cal. Code Regs. tit. 9, § 784.10(f)	If any language or communication barriers exist between mental health rehabilitation center staff and clients, arrangements shall be made for interpreters or for the use of other mechanisms to ensure adequate communication between clients and personnel.
MEN	Cal. Code Regs. tit. 9, § 784.29(h)	If a client or his or her legal representative cannot communicate with the physician because of language or communication barriers, the mental health rehabilitation center shall arrange for an interpreter. An interpreter shall be someone who is fluent in both English and the language used by the client and his or her legal representative. When interpreters are used, they shall be physically present and documentation shall be placed in the client record indicating the name of the person who acted as the interpreter and his or her relationship to the client and to the mental health rehabilitation center.
MEN	Cal. Code Regs. tit. 9, § 784.31(a)	Mental health rehabilitation centers must post the rights of patients in English, Spanish and any other language representing at least 5 percent of the county population where the facility is located.
MEN, RGT	Cal. Code Regs. tit. 9, § 851	A voluntary community mental health services patient shall be treated with anti-psychotic medications only after being informed of her right to accept or refuse such medications and has consented to the administration of such medications. In order to make an informed decision, the patient must be provided with sufficient information by the physician prescribing such medications in the patient’s native language, if possible.



California continued

Type	Provision(s)	Description
MEN, RGT	Cal. Code Regs. tit. 9, § 862(a) & (b)	A list of patient rights and the complaint procedure shall remain posted, in English and Spanish, in all wards and common living areas of mental health facilities. Patients admitted to a mental health facility shall be personally notified of their rights in writing in a language they can understand.
MFA, RGT, TRA	Cal. Code Regs. tit. 9, § 882	Upon admission to a mental health facility, each non-Lanternman-Petris-Short (LPS) Act patient (those placed or committed to a mental health facility pursuant to legal authority other than the LPS Act) shall be informed of her rights and given a copy of those rights in the language or modality understood by the patient. These patients' rights shall also be prominently posted in the predominant languages of the patients in patients' living areas.
MED, MEN, MCO	Cal. Code Regs. tit. 9, § 1810.410	Each Medicaid mental health plan must comply with cultural and linguistic requirements including development and implementation of a cultural competence plan, a statewide toll free telephone number 24 hours per day, 7 days per week available in all languages spoken by beneficiaries of the plan, interpreter services in threshold languages (defined as a primary language spoken by 3,000 people or 5 percent of the beneficiary population, whichever is lower in an identified geographic area), at key points of contact, policies and procedures to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access the specialty mental health services or related services available through that key point of contact, and general program literature in threshold languages in the county as whole.
MEN	Cal. Code Regs. tit. 9, § 3200.100	"Cultural Competence" under the Mental Health Services Act means incorporating and working to achieve a number of goals into all aspects of policy-making, program design, administration, and service delivery. Some of the goals target linguistic populations including: equal access to services of equal quality without disparities among cultural and linguistic populations; treatment interventions and outreach services that effectively engage and retain individuals of diverse cultural and linguistic populations; an incorporation into policy, program planning, and service delivery of an understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different cultural and linguistic groups and of the impact that discrimination has upon each cultural and linguistic population; the utilization by services and supports of the strengths and forms of healing that are unique to an individual's cultural and linguistic population or community; the effective training of individuals who deliver services to understand and effectively address the needs and values of the particular cultural and linguistic population or community that they serve; and the development and implementation of strategies to promote equal opportunities for those involved in service delivery who share the diverse cultural and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.
MEN	Cal. Code Regs. tit. 9, § 3100.210	"Underserved" under the Mental Health Services Act includes clients who are members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as limited language access.
AGY, MEN	Cal. Code Regs. tit. 9, § 3610(b)(1)	The County shall establish for the community mental health programs peer support and family education support services or expand these services to meet the needs and preferences of clients and/or family members. The County shall conduct outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served.
AGY, MEN	Cal. Code Regs. tit. 9, § 3620	The County shall designate a Personal Service Coordinator/Case Manager for each client to be the single point of responsibility for that client/family, who is culturally and linguistically competent, or at a minimum, is educated and trained in linguistic and cultural competence, and has knowledge of available resources within the client's/family's racial/ethnic community.



California continued

Type	Provision(s)	Description
AGY, MEN	Cal. Code Regs. tit. 9, § 3650	Through the Community Services and Supports Component under the Mental Health Services Act, the County shall include in an assessment of its capacity to implement proposed programs the strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in threshold languages and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers.
AGY, PWD	Cal. Code Regs. tit. 9, § 7001.2	The Department of Rehabilitation's definition of "appropriate modes of communication" means specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated, and includes the use of interpreters.
AGY, PWD	Cal. Code Regs. tit. 9, § 7300	The Department of Rehabilitation requires interpreters for non-English speaking persons to be fluent in both the spoken and written non-English and English languages, and to be interviewed and evaluated to verify fluency by a Rehabilitation Supervisor and a Counselor who is certified bilingual in the appropriate language, and to be evaluated on their ability to interpret at a level that will meet the service needs of the client.
HEA	Cal. Code Regs. tit. 9, §§ 7352, 7353, 7353.6	In administrative review, mediation, fair hearing, and discrimination complaint procedures, the Department of Rehabilitation shall inform the appellant in his/her primary language and preferred mode of communication that, upon the appellant's specific request, all future notices and decisions shall be transmitted in the same manner. If no such request is received, future notices and decisions shall be transmitted by mail in written English. All requests for administrative review of an action of the Department relating to the application for or receipt of services shall include the information that interpreter services shall be provided for the administrative review upon request for clients who are non-English-speaking. The individual mediating a dispute with the Department of Rehabilitation relating to the application for or receipt of vocational rehabilitation services has a right to interpreter upon request for clients who are non-English-speaking.
XXX	Cal. Code Regs. tit. 9, § 1042.1	Criteria for the selection of applicants in the California Dental Corps Loan Repayment program include speaking more than one Medicaid threshold language and completion of an extra-mural program or rotation during dental school in which the applicant provided services to a population that speaks any Medicaid threshold language. The Dental Board shall seek to place the most qualified applicants in the areas with the greatest need considering applicants who are best suited to meet the cultural and linguistic needs and demands of patients dispersed throughout California. The Board shall seek to achieve a geographic distribution that best addresses the needs of dentally underserved areas of California and the unmet cultural and linguistic needs of the widest spectrum of dentally underserved populations.
XXX	Cal. Code Regs. tit. 9, § 1042.6(b)	In considering reinstatement into the CA Dental Corps Loan Repayment program, the Board shall grant or deny the petition based upon, available funds and the cultural and linguistic needs, and demands of the patients from dentally underserved populations.
XXX	Cal. Code Regs. tit. 9, § 1313.02	Criteria for the selection of applicants in the Steven M. Thompson Physician Corps Loan Repayment program include speaking more than one Medicaid threshold language and graduation from a medical school where the primary language of instruction was in a Medicaid threshold language. The division shall consider providing priority consideration to applicants who are best suited to meet the cultural and linguistic needs and demands of patients from medically underserved populations dispersed throughout California.
XXX	Cal. Code Regs. tit. 9, § 1313.06(b)	In considering reinstatement into the Steven M. Thompson Physician Corps Loan Repayment program, the division shall decide the petition based upon available funds and the cultural and linguistic needs, and demands of the underserved populations, and the petitioner's ability to comply with the terms of the program.



California continued

Type	Provision(s)	Description
XXX, TRA	Cal. Code Regs. tit. 9, § 1396.5	Licensed psychologists who provide services to a client in a language other than English shall provide to the client as appropriate the translations of required or approved notices or publications made available by the board in that language, discuss with the client as appropriate the content of any required or approved notice or publication for those notices or publications not available in the language in which services are provided, post the Notice to Consumers if made available by the board in that language.
PRO	Cal. Code Regs. tit. 9, § 1399.441	Acupuncture competency examinations shall be administered in English, Chinese, and Korean. Translations and translators, when necessary for other languages, shall be provided in any language for which a translation is formally requested as provided above by a minimum of five percent (5) of the total number of approved applications.
XXX, TRA	Cal. Code Regs. tit. 16, § 1003	Dental health experimental programs must post notices describing the nature and intent of the program in English and a second language if warranted by the needs of the local community in a conspicuous and publicly accessible area within the treatment facility and shall be maintained in such area for the life of the program.
EIS, TRA	Cal. Code Regs. tit. 17, § 6501.2(b)	For the newborn screening program, if parents or guardians object to tests due to religious reasons, refusal forms shall be obtained and signed appropriately, and if needed, shall be translated into a language understood by such persons.
WOM	Cal. Code Regs. tit. 17, § 6504.2	Perinatal licensed health facilities shall provide pregnant women with shall be provided a copy of "Important Information for parents" and if she is unable to read it, it shall be translated or read to her in a language she understands.
MED, EIS	Cal. Code Regs. tit. 17, § 6824(b)(3)(B)	No later than 60 days following the date of a family's initial Medicaid eligibility determination or determination after a period of ineligibility, the family must be informed of the availability of Child Health and Disability Prevention services, including dental services, using procedures suitable for people who cannot understand English.
MED, EIS	Cal. Code Regs. tit. 17, § 6842(c)	Persons eligible to receive Child Health and Disability Prevention (CHDP) services shall be informed about the value of preventive health services, health assessments, the need for prompt diagnosis and appropriate treatment of suspected disabilities, and the nature, scope and benefits of the CHDP program, using effective methods to involve them and in a language understandable to them.
MEN, RGT	Cal. Code Regs. tit. 17, § 50520(a)(1)&(2), (b)(1)&(2)	In state hospitals, community care and health facilities in which persons with developmental disabilities reside, their rights must be prominently posted in both English and Spanish in each living area. Within twenty-four (24) hours after entry into the hospital as a resident, annually thereafter, and at any other point in time when the client's legal status changes, each person shall be personally informed and served with a printed copy of all rights and have these rights explained in a language or modality he understands.
EIS	Cal. Code Regs. tit. 17, § 52084(d)(4)	Regional Centers shall assess family resources, priorities and concerns related to enhancing the development of the child and be conducted in the language of the family's choice or other mode of communication unless it is not feasible to do so.
EIS	Cal. Code Regs. tit. 17, § 52102(g)(2)	Regional Centers shall develop an Individualized Family Service Plan (IFSP) for each child and all IFSP meetings shall be conducted in the language of parent's choice unless it is clearly not feasible to do so.
EIS, HEA	Cal. Code Regs. tit. 17 § 52172(g)	Any mediations or hearings shall be conducted in English and interpreted in the language of the family's choice or other mode of communication for the benefit of the family.



California continued

Type	Provision(s)	Description
MED, MCO	Cal. Code Regs. tit. 22, § 53851(e)	For two-plan managed care counties, each plan shall ensure that information, services or presentations shall be provided in a language that is easy to understand, in the preferred language of the beneficiary, in a culturally appropriate manner, and in a way that is fully accessible to beneficiaries with disabilities.
OAA, AGY	Cal. Code Regs. tit. 22, § 7250(c)	When a substantial number, as determined by the area agency on aging, of older individuals within the principal service area are of limited English-speaking ability, the Department on Aging shall ensure that local agencies utilize in the delivery of outreach services the services of persons who are fluent in the languages spoken by a predominant number of those older individuals who are of limited English speaking ability. The Department shall also take actions as may be appropriate to assure that counseling assistance is made available to older individuals with limited English speaking ability in order to assist the older individuals in participating in the programs and services of the agencies and also provide guidance to supportive service providers to enable the providers to be aware of cultural sensitivities and effectively to take into account linguistic and cultural difference.
CHC	Cal. Code Regs. tit. 22, § 40521(b)(4)	For the Department of Health Services, “underserved population group” includes persons who live within a census tract, located in the county that has insufficient primary care providers capable of meeting the cultural and linguistic needs of the population and where the clinic is licensed to deliver services.
MED, MCO	Cal. Code Regs. tit. 22, § 50185.5(j)(3)	A Medicaid managed care plan assignment is not appropriate when culturally and linguistically appropriate services are not available to the beneficiary.
PUB	Cal. Code Regs. tit. 22, § 51276(a)(4)	Each provider of Directly Observed Therapy (DOT) must have the capacity to provide tuberculosis DOT in a linguistically and culturally appropriate manner to the population being served.
MED, STA, CON	Cal. Code Regs. tit. 22, §§ 51305.4(a), (d), (e), 70707.4(a), (a)(2), (e)	The consent form for a sterilization procedure must be provided in both English and Spanish, and be signed by the individual to be sterilized, the interpreter, the physician, and the person who obtained consent.
MED, MCO	Cal. Code Regs. tit. 22, § 53876	Each Medicaid managed care plan shall implement and adhere to the cultural and linguistic services requirements of the contract between the plan and the department; at a minimum these contracts will include interpretation, translation of signage and written materials, and referrals to culturally and linguistically appropriate services. In consultation with representatives from contracting plans and community-based diverse cultural and linguistic groups, the department shall develop, and update as appropriate, a set of comprehensive cultural and linguistic requirements which shall be incorporated into the contract between the department and each plan.
MED, MCO	Cal. Code Regs. tit. 22, § 53884(b)(3)	In assigning beneficiaries to a Medicaid managed care plan, the Plan’s ability to render linguistically appropriate services shall be considered.
MEN	Cal. Code Regs. tit. 22, § 54301(a)(7)	Adult day health centers, when serving a substantial number of participants whose primary language is other than English, employ staff of that particular linguistic group at all times.
MEN	Cal. Code Regs. tit. 22, § 54423(b)	Adult day health centers which serve participants whose primary language is other than English, shall employ sufficient trained staff to communicate with and facilitate rendering services to such participants. When a substantial number of the participants are in a non-English speaking group, bilingual staff shall be provided. Bilingual staff shall be persons capable of communicating in English and the preferred language of the participant.
HOS, LTC	Cal. Code Regs. tit. 22, §§ 70577(k)(3), 72453(a)	Psychiatric units of general acute care hospitals and special treatment programs of skilled nursing facilities must post notice of patients’ rights in English and Spanish.



California continued

Type	Provision(s)	Description
HOS, RGT	Cal. Code Regs. tit. 22, § 70707(b)	General acute care hospitals must post notice of patients' rights in English and Spanish.
HOS, MFA, RGT	Cal. Code Regs. tit. 22, §§ 71507(c), 73399(a), 70577(k)(3), 72453(a)	Acute Psychiatric Hospitals and special disability programs operating in intermediate care facilities must post notice of patients' rights in English and Spanish.
LTC, CON	Cal. Code of Regs. tit. 22, §§ 72528(h), 73524(h)	Skilled nursing and intermediate care facilities must obtain informed consent from non-English speaking patients through use of an interpreter who is fluent in English and patients' language for a proposed treatment or procedure, including, but not limited to the use of psychotherapeutic drugs, physical restraints, or devices that may lead to loss of ordinary body function.
MFA	Cal. Code Regs. tit. 22, § 73501(f)	Intermediate Care Facilities must use interpreters or other methods to ensure adequate communication between staff and patients if language or communication barriers exist between staff and a significant number of patients.
MFA, RGT, TRA	Cal. Code Regs. tit. 22, § 73399(a)	Intermediate care facilities shall have a list of rights of those admitted in a special disability program prominently posted in English and Spanish, and otherwise brought to their attention by such additional means as is appropriate.
MFA, CON	Cal. Code Regs. tit. 22, § 73524(h)(1)	Intermediate care facilities must obtain informed consent for proposed treatments or procedures so if the patient cannot communicate with the physician due to language barriers, the facility shall provide an interpreter who is fluent in both English and the language of the patient, and document the name of the person who acted as the interpreter and his or her relationship to the patient and to the facility in the patient's record.
MFA, RGT, TRA	Cal. Code Regs. tit. 22, § 76525(g)	In intermediate care facilities for the developmentally disabled, a copy of the patients' rights, translated into Spanish and other languages appropriate to the client population, must be conspicuously posted.
MFA, RGT, TRA	Cal. Code Regs. tit. 22, § 77099(b)	In psychiatric healthcare facilities, a list of patients' rights shall be posted in English and the predominant languages of the community, if other than English, in the appropriate places within psychiatric healthcare facilities so that such rights may be read by patients.
MEN, RGT	Cal. Code Regs. tit. 22, § 78437(b), (c)	Each adult day health center must post in a prominent place in the center a list of participant rights in English and any other predominant language of the community. Participants' rights shall be orally explained to each participant in a language understood by the participant.
MFA, CHI, RGT, TRA	Cal. Code Regs. tit. 22, § 84172.2(c)	Community treatment facilities that provide residential mental health treatment services to children in group settings must post rights and information regarding complain procedures in English and Spanish in all wards and common living areas.
RGT	Cal. Code Regs. tit. 22, § 97520.15(b)	The post-surgical recovery care facilities must post in prominent places notice of patients' rights in English, Spanish, and any other language prevalent to the area.
HOS, MFA, LTC, HHC, CHC	Cal. Code Regs. tit. 22, §§ 98211(c), 98210	Recipients of state funds may not discriminate against a person by failing to provide alternative communication services for individuals who are unable to read, speak or write in the English language, except when the state determines that such a requirement would place an undue burden on the recipient. "Alternative communication services" means methods for communicating with a person unable to read or speak or write in the English language such as the provision of the services of a multilingual employee or an interpreter and the provision of written materials in a language other than English.



California continued

Type	Provision(s)	Description
MCO	Cal. Code Regs. tit. 28, § 1300.67.04	Defines interpretation, translation, and LEP. Every health care service plan under the auspices of the Department of Managed Health Care (except Medicaid and Medicare plans) must develop and implement a language assistance program which shall be documented in written policies and procedures, and shall address, at a minimum, standards for: enrollee assessment; providing language assistance services; staff training; and compliance monitoring.
MCO	Cal. Code Regs. tit. 28, § 1300.68(b)(3)	Every health care service plan shall establish a grievance system that shall address the linguistic and cultural needs of its enrollee population and shall ensure all enrollees have access to and can fully participate in the grievance system by providing assistance for those with limited English proficiency. Such assistance shall include, but is not limited to, translations of grievance procedures, forms, and plan responses to grievances, as well as access to interpreters.

Colorado

Type	Provision(s)	Description
MCO	Colo. Rev. Stat. 10-16-704(9)(e)	All managed care plans must have an access plan that includes the carrier's efforts to address the needs of covered persons with limited English proficiency and with diverse cultural and ethnic backgrounds.
PRO	Colo. Rev. Stat. 12-38.1-202(2)(b)	To appropriately meet the long-term and other direct care needs of a growing population of vulnerable Coloradans now and in the future, to assist health care providers in attracting individuals to careers in direct care, and to increase employment satisfaction and retention among individuals working in the direct care field, it is appropriate and advisable to enhance education and training opportunities in the direct care field and to improve outreach to individuals with language barriers to education and training.
OAA	Colo. Rev. Stat. 26-11-201(6)	Under the Older Coloradans Act, "greatest social need" means the need caused by non-economic factors which include language barriers and cultural isolation, including that caused by racial and ethnic status, which restrict an individual's ability to perform normal daily tasks or which threaten his capacity to live independently.
MEN, RGT	Colo. Rev. Stat. 27-10.5-107(3)(a)	To resolve disputes regarding the eligibility, modification of services or supports, and termination of services or supports of individuals with developmental disabilities require that all applicants for services and supports and the parents or guardian of a minor, the guardian, or an authorized representative be informed orally and in writing, in their native language, of the dispute resolution procedures at the time of application, at the time the individualized plan is developed, and any time changes in the plan are contemplated.
MEN	Colo. Rev. Stat. 27-10.5-123	Each person receiving services for developmental disabilities shall have the right to read or have explained, in each person's or family's native language, any rules or regulations adopted by the service agency and pertaining to such person's activities.
MEN, RGT, TRA	2 Colo. Code Regs. § 502-1 (19.311)	Facilities providing evaluation or short or long term services for individuals with mental illness shall furnish all persons receiving evaluation, care or treatment with a written copy of the following rights (translated into language that the person understands) upon admission. If the person is not able to read the rights, the person shall be read the rights in a language that s/he understands. The facility shall post the following list of patient rights (in appropriate languages) in prominent places frequented by patients and their families.
MEN	2 Colo. Code Regs. § 503-1 (16.130[C]), (16.322[C])	All regional centers, community centered boards, and program approved service agencies for people with developmental disabilities shall have written procedures for the protest of agency decisions or actions of the agency's employees or contractors by the person receiving services or parent of a minor or guardian of such person, or authorized representative if within the scope of his/her duties. Interpretation in native languages other than English and through such modes of communication as may be necessary shall be made available upon request. The dispute resolution procedure shall be stated in writing, in English and interpretation in native languages other than English and through such modes of communication as may be necessary shall be made available upon request.



Colorado continued

Type	Provision(s)	Description
LTC, RGT	6 Colo. Code Regs. § 1011-1 (6.4.6); Part V (12.1.6(4)), (12.1.10)	As a condition of licensure, long term care facilities must inform residents of their rights, including the right to be adequately informed of their medical condition and proposed treatment and to participate in the planning of all treatment; for residents whose primary language is other than English, the facility shall arrange for persons speaking the resident's language to facilitate daily communications and to attend assessment and care planning conferences in order to allow the resident to participate in those activities. This section does not require an interpreter to be present daily as long as the resident is able to engage in necessary daily communication. Grievance procedures for general hospitals, psychiatric hospitals, rehabilitation hospitals, chiropractic centers, maternity hospitals and related facilities having in excess of fifty beds [except for certain religious based nursing facilities], nursing care facilities, and intermediate health care facilities, require making every effort to translate the grievance procedure into the language of the patient if the patient does not understand or is unable to read English. Patients also have the right to an explanation of rights and responsibilities in a language the resident can understand.
CRD	6 Colo. Code Regs. § 1014-4	The health care professional credentialing form requests applicants to list all languages other than English available in this office.
CHI, TRA	10 Colo. Code Regs. § 2505-3(600.2)	For the Children's Health Insurance Program, the Department or its designee shall notify the applicant within ten (10) business days of a decision regarding eligibility, enrollment and cost sharing and provide the notice shall be in his/her primary language.
MED, HEA	10 Colo. Code Regs. § 2505-10 (8.057.7.H)	For Medicaid, if the appellant is not fluent in English or has a language difficulty, the Department will arrange with county assistance to have present at a hearing a qualified interpreter who will be sworn to translate correctly.
MED, MCO, TRA	10 Colo. Code Regs. § 2505-10 (8.209.4.A[1]), (8.209.4.C), (8.209.7.F)	For each action, a Medicaid managed care organization (MCO) or pre-paid in-patient health plan (PIHP) must send the member written notice which must be available in English and the prevalent non-English languages spoken by members throughout the State. "Prevalent" means a non-English language spoken by a significant number or percentage of members in the service area as identified by the State. The MCO or PIHP shall give members reasonable assistance in completing any forms required by the MCO or PIHP, putting oral requests for a State fair hearing into writing and taking other procedural steps, including, but not limited to, providing interpretive services and toll-free numbers that have adequate interpreter capability. MCOs shall ensure that neither cultural, expressive, or receptive communication differences negatively impact the Complaint process and shall provide services to facilitate clients' and the Department's effective use of the Complaint process, inclusive of qualified interpreters for non-English-speaking clients.
EPS	10 Colo. Code Regs. § 2505-10(8.281.2.4)	For ESPDT eligibility, written and oral information shall be culturally appropriate and provided in a manner and format appropriate for children, or their parents or legal guardians, who have limited English proficiency or sensory impairments.
CHI, MFA	10 Colo. Code Regs. § 2505-10(8.508.180.B.2)	All facilities providing children's habilitation residential program services must post a list of patient rights prominently in the facility and translated into Spanish or may other appropriate language as needed.
MED, STA, CON	10 Colo. Code Regs. § 2505-10(8.730.2.F), (8.730.2.J[2]), (8.730.2.K)	For Medicaid payment of sterilization, an interpreter shall be provided if the individual to be sterilized does not understand the language used on the consent form or the language used by the person obtaining consent. If an interpreter is provided, the interpreter shall, by signing the consent form, certify that he or she translated the information presented orally, read the consent form and explained its contents to the individual and that to the best of the interpreter's knowledge the individual understood the information provided.



Colorado continued

Type	Provision(s)	Description
MED, HEA	10 Colo. Code Regs. § 2505-10 (8.1000.3.H[6])	For Medicaid fair hearings, if the appellant is not fluent in English, the Department will arrange with county assistance to have a qualified interpreter present who will be sworn to translate correctly at the hearing.
OAA	12 Colo. Code Regs. § 2510-1(10.260.21[D]), (10.260.22[A]), (10.411.1[C]), (10.411.2[D]), (10.510.4[C-1, 2])	In areas where a predominate number of older individuals speak a language other than English as their principal language, the Area Agencies on Aging shall provide information, assistance and outreach services in that language and the outreach service shall also be provided in that language.
PWD, AGY	12 Colo. Code Regs. § 2513-1(9.216.1[A-4]), (9.216.2[B-2]), (9.220.4[D-1-i, j])	Independent living centers must provide an explanation of center policies and procedures affecting personal information to those who are unable to communicate in English through methods that can be adequately understood by them. To the maximum extent feasible, the center must make available personnel with the ability to communicate in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive independent living services. In evaluating the center's equal access, the center shall make available to a Verification Team documentation of equal access for individuals with significant disabilities to center activities (which may include documentation of center policies about the availability of interpreters, payment for interpreter services, and evidence of the ability to communicate to consumers in a dialect other than English) and documentation that the center has available in alternative formats all of its written policies, materials and services (which may include evidence of the availability to produce information in dialects other than English and interpreters).



Connecticut

Type	Provision(s)	Description
AGY, MED, PAY	Public Act No. 07-185(1)(b) (2007)	The Commissioner of Social Services shall amend the Medicaid state plan to include foreign language interpretation services provided to any LEP beneficiary as a Medicaid covered service.
MED	Conn. Gen. Stat. § 17b-28(b)	The Medicaid Managed Care Advisory Committee shall make recommendations concerning the linguistic and cultural competency of providers and other program facilitators.
AGY, MED	Conn. Gen. Stat. § 17b-302(a)	The commissioner shall develop a program to involve the public in the design and implementation of the HUSKY Plan, Part B and to ensure ongoing public involvement and public notices and HUSKY Plan, Part B materials shall be available to persons who do not speak English.
MCO, HOS	Conn. Gen. Stat. § 19a-127k(c)(4)	A managed care organization or hospital may develop community benefit guidelines intended to promote preventive care and to improve the health status for working families and populations at risk, whether or not those individuals are enrollees of the managed care plan or patients of the hospital. The guidelines shall focus on developing its program based upon an assessment of the health care needs and resources of the targeted populations, particularly barriers to accessing health care, including, but not limited to, cultural and linguistic barriers to accessible health care.
AGY, TRA, HOS, XXX	Conn. Gen. Stat. § 19a-266a	The Department of Public Health shall develop multilingual versions of a pamphlet for use by Spanish speaking and other non-English speaking patients containing information concerning gynecologic cancers, including cervical, ovarian and uterine cancer. The Department shall make the pamphlets available to hospitals, physicians and other health care providers for distribution to patients.
AGY, TRA, LTC, HHA	Conn. Gen. Stat. § 19a-490g	The Department of Public Health shall develop and produce a consumer guide of bilingual information on home health care agencies and homemaker-home health aide agencies.
HOS	Conn. Gen. Stat. § 19a-490i	Each acute care hospital shall: (1) develop and annually review a policy on the provision of interpreter services to non-English speaking patients; (2) ensure, to the extent possible, the availability of interpreter services to patients whose primary language is spoken by a group comprising not less than 5 percent of the population residing in the geographic area served by the hospital; (3) prepare and maintain a list of qualified interpreters; (4) notify hospital staff of the requirement to provide interpreters to non-English speaking patients; (5) post multilingual notices of the availability of interpreters; (6) review standardized forms to determine the need for translation for use by non-English speaking patients; (7) consider providing hospital staff with picture and phrase sheets for communication; and (8) establish liaisons to non-English speaking communities in the geographic area served by the hospital.
HOS, TRA	Conn. Gen. Stat. § 19a-509b(b)(1), (c)	Each hospital which holds or administers one or more hospital bed funds shall post or cause to be posted in a conspicuous public place in each patient admitting location, including, but not limited to, the admissions office, emergency room, social services department and patient accounts or billing office, information in English and Spanish regarding the availability of its hospital bed funds and shall make available in a place and manner allowing individual members of the public to easily obtain it, a one-page summary in English and Spanish.
AGY, CRD	Conn. Gen. Stat. § 20-13j(b)(5)	The department, after consultation with the Connecticut Medical Examining Board and the Connecticut State Medical Society, shall collect the following information to create an individual profile on each physician for dissemination to the public, including a list of languages, other than English, spoken at the physician's primary practice locations.
INS	Conn. Gen. Stat. § 38a-297(d)	For insurers, any non-English-language policy shall be deemed to be in compliance if the insurer certifies that such policy is translated from an English-language policy which complies with the other requirements of state law.



Connecticut continued

Type	Provision(s)	Description
EIS, TRA	Conn. Agencies Regs. § 17a-248-7(c)	For early intervention services, notice shall be written in language understandable to the general public and provided in the native language of the parent, unless it clearly is not feasible to do so. If the native language of the parent is not a written language, the agency shall ensure that the notice is translated orally or by other means to the parent in the parent's native language, the parent understands the notice, and there is written evidence that the requirements of this section have been met.
EIS	Conn. Agencies Regs. § 17a-248-8(d)(3)	Any parent requesting mediation under the early intervention services has the right to interpreter services or alternative communication services, if any are needed.
OAA, PWD	Conn. Agencies Regs. § 17a-301-2(e)	The Department of Social Services shall not contract for elderly independent living services with any agency not able to provide for necessary services for people who are non-English speaking.
HHC	Conn. Agencies Regs. § 17b-342-1(h)(7)	As part of the Home Care Program for Elders, each Access Agency (organizations which assist individuals in receiving home and community based services) shall have the capacity to provide or arrange necessary services for individuals who are non-English speaking.
OAA	Conn. Agencies Regs. § 17b-423-1(a)	For Older Americans Act programs, "greatest social need" means the need caused by non-economic factors which include language barriers and cultural isolation, including that caused by racial or ethnic status which restrict an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.
OAA, TRA	Conn. Agencies Regs. § 17b-423-4(b)(4)(B)(iv)	For Area Agency on Aging hearings, notice of public hearing(s) shall be published in a language other than English, when deemed appropriate by the Area Agency on Aging and/or the Department on Aging.
STA, CON	Conn. Agencies Regs. § 19a-116-1(c)(1)(D)	For abortion services in outpatient clinics, providers must assure the patient that an interpreter is provided to assist the patient if she does not understand the language used on the consent form or the language used by the counselor obtaining consent.



Delaware

Type	Provision(s)	Description
MEN, TRA, RGT	Del. Code Ann. tit. 16, § 5161(b)	Mental health hospitals and residential centers must display patient rights in English and Spanish and must provide a list of rights to each patient.
CRD	16-4000-4104 Del. Code Regs. § 13.0(II)(ii)(c)	For the Visa Waiver Program, a needs assessment should discuss how a J-1 physician has unique qualifications, such as language/cultural match or experience with a population similar to those in the service area, are sought to meet a particular need.
LTC, CHI	40-300-003 Del. Code Regs. § 79.701	Nursing homes admitting pediatric residents shall ensure that qualified individuals specializing in the healthcare of children with special needs, including a qualified interpreter, plan and administer the treatments for each pediatric resident.
LTC	40-300-005 Del. Code Regs. § 63.1202(L)	Assisted Living Facilities must provide qualified interpreters for people who do not speak English.
MED, STA, CON	40-800-103 Del. Code Regs. § 2.2.2	For Medicaid payment of sterilization, if the client is not able to read/write/understand the English language, an interpreter must be present to translate the information presented on the consent form orally. The interpreter must sign, date, and indicate the language used for translation on the Interpreter's Statement.
EPS, MEN, PAY	40-800-108 Del. Code Regs. § 5.1	EPSDT providers have codes that allow for the billing of language interpreters for mental health services including individual psychotherapy.



District of Columbia

Type	Provision(s)	Description
AGY, TRA	D.C. Stat. § 2-1375	The Mayor shall make available to persons whose primary language of communication is Chinese, Vietnamese, or Korean, a text version translated into these languages of any government published application, informational brochure or pamphlet which is essential to obtain services relating to the health of Asian or Pacific Islander residents.
AGY, HEA	D.C. Stat. §§ 2-1901-1912	Establishing standards for interpreters to facilitate use of interpreters in administrative, judicial, and legislative proceedings and outlining its duties.
AGY	D.C. Stat. §§ 2-1931-1935	Language Access Act of 2004: Any District government agency, department, or program that furnishes information or renders services, programs, or activities directly to the public or contracts with other entities, either directly or indirectly, to conduct programs, services, or activities shall provide oral language services to a person with limited or no-English proficiency who seeks to access or participate in the services, programs, or activities offered by the covered entity. It shall determine annually what types of oral language services are needed and shall hire the necessary bilingual personnel into existing budgeted vacant public contact positions.
LTC, RGT, TRA	D.C. Stat. § 7-703.01(k)	Long term care facilities must post a notice prescribed by the Office of the Long Term Care Ombudsman that describes the rights of a resident and the telephone number of the ombudsman shall be posted in a conspicuous place at or near the entrance to the long-term care facility and on each floor of the facility and shall be provided in the appropriate language to those residents who do not speak or understand English.
TRA	D.C. Stat. § 7-2071.01(1)(A)-(B)	For the purposes of the Health Care Ombudsprogram, "accessible" means providing the program's written materials in Spanish and English, and in other languages when required by Title VI of the Civil Rights Act of 1964 or District law and interpreters to communicate with consumers in Spanish, and in other languages when required by Title VI or District law.
CHI, TRA	D.C. Stat. § 31-3974(b)(2)	A form allowing parents to opt-out of a requirement to have female children inoculated against the HPV virus must be available in English, Spanish, and any other language that the Mayor considers culturally appropriate.
EIS	22 D.C. Mun. Regs. § 2204.3	For newborn screening, if the parents do not understand English well enough to comprehend the information on hearing screening, the institution shall provide it in the parents' native language.
HOS	22 D.C. Mun. Regs. §§ 2710.11(e), 2810.10(e)	Each ICU and PICU for trauma care shall have support personnel available including interpreters.
MEN	22 D.C. Mun. Regs. §§ 3801.1, 3827.6	Prior to admission to a mental health community residence facility (MHCRF), if a resident cannot read or understand English, the notice shall be given orally and in writing in a language the resident can understand. No MHCRF shall refuse to make reasonable accommodations necessary to admit or retain a resident who is non-English speaking.
HHC	22 D.C. Mun. Regs. § 3912.6	Each home care agency must take appropriate steps to ensure that all information is conveyed to any patient who cannot read or who otherwise needs accommodations in an alternative language or communication method.
AGY, HOS, HHC, LTC	22 D.C. Mun. Regs. § 4050.12(a)(1)	In evaluating an application for a certificate of need (regarding applications which do not propose to reduce bed capacity or close a service; which are not submitted by a health maintenance organization; and which do not propose capital expenditures solely to correct imminent safety hazards, comply with licensure standards, or comply with certain accreditation standards), a project shall not negatively impact services available to service area ethnic populations who speak a language other than English.



District of Columbia continued

Type	Provision(s)	Description
HOS, HHC, LTC, TRA	22 D.C. Mun. Regs. § 4405.5	Each Certificate of Need holder must post a prescribed notice of availability of uncompensated care in English, Spanish, and any other language that is the usual language of households of ten percent (10%) or more of the population, according to the most recent figures published by the Bureau of Census.
MCO, TRA	22 D.C. Mun. Regs. § 6000.3	Regarding health benefits plans, each insurer shall provide each member with written notice in English or Spanish, as appropriate, of the components of a grievance at the time the member first enrolls with the insurer.
MEN	22A D.C. Mun. Regs. § 502.3	Each mental health provider shall communicate its restraint and seclusion policy in a language the consumer, or the consumer's parent(s) or legal guardian(s) understand. When necessary, the mental health provider shall provide interpreters or translation.
MEN	22A D.C. Code Mun. Regs. § 3410.21	Each mental health rehabilitation services provider shall make language interpreters available as needed for persons who do not use English as a first language or use a non-primary language for communication.
MEN, TRA	22A D.C. Code Mun. Regs. § 3411.4(g)(5)	Each Core Service Agency (a community agency certified by the Department of Mental Health to coordinate patient care for eligible consumers) shall provide materials on how to access crisis/emergency services, writing at the 4th grade level and printed in English and either Spanish or other language conducive to facilitating communication with the majority of the CSA's target population.
MEN	29 D.C. Code Mun. Regs. § 945.9(m)	Each provider of day habilitation services reimbursed by Medicaid shall have a plan to provide interpreters for non-English speaking clients.
MEN	29 D.C. Code Mun. Regs. § 946.15(f)	Each provider of residential habilitation services reimbursed by Medicaid must ensure that all residential habilitation services staff are qualified and properly supervised to include having a plan to provide staff interpreters for non-English speaking consumers.
MED, HHC	29 D.C. Code Mun. Regs. § 29-4204.1, 29-4204.2	Each provider of home and community-based waiver services for persons who are elderly and individuals with physical disabilities shall establish a plan to adequately provide service(s) to non-English speaking recipients.
MED, HHC, RGT	29 D.C. Code Mun. Regs. §§ 5008.5, 5108.5	Each Provider of personal care services and home health services reimbursed by Medicaid shall take appropriate steps to ensure that each patient, including patients who cannot read or have a language or communication barrier, has received the required information on patient's rights.
MED	29 D.C. Code Mun. Regs. § 5403.6	Each Medicaid fee-for-service primary care provider shall provide health education programs for its enrollees in languages understood by the population being served.
MED, RGT	29 D.C. Code Mun. Regs. § 6411.5	Each provider participating in the Medicaid Health Care Reform Demonstration Project must take appropriate steps to ensure that each recipient, including patients who cannot read or have a language or communication barrier, has received the required information on patient's rights.



Florida

Type	Provision(s)	Description
HIV, AGY	Fla. Stat. § 381.0038(1)(b)	The Department of Health shall establish an AIDS education program containing components to reach non-English speakers and other minorities.
RGT	Fla. Stat. § 381.026(4)(b)(7)	A patient in a health care facility who does not speak English has the right to be provided an interpreter if the facility has a person readily available who can interpret on behalf of the patient.
AGY, TRA	Fla. Stat. § 381.984(3)	By January 1, 2007, the Secretary of Health or his or her designee shall develop culturally and linguistically appropriate information pamphlets regarding childhood lead poisoning, the importance of testing for elevated blood-lead levels, prevention of childhood lead poisoning, and treatment of childhood lead poisoning.
MEN, HEA	Fla. Stat. § 393.11(3)(a)	Notice of the filing of a petition for involuntary admission to residential services provided by the developmental services program of the Department of Children and Family Services for a person with developmental disability shall be given verbally and in writing in the language of the client and in English.
INS	Fla. Stat. § 627.419(8)	If an insurer advertises a policy in a language other than English, the advertisement shall not be construed to modify or change the policy written in English. The advertisement must disclose that the policy written in English controls in the event of a dispute.
MCO, TRA	Fla. Stat. §§ 636.015, 641.305, 641.421	Prepaid limited health service organizations, HMOs, and prepaid health clinics that negotiate contracts in languages other than English, must provide non-English speaking members with written translations of their contract. These translations must be identical to the English language versions, approved in advance by the Department of Insurance, and certified as accurate.
MCO	Fla. Stat. § 641.54(5)(e)	Every HMO must provide to subscribers, on request, their policies for addressing the needs of LEP subscribers.
LTC	Fla. Admin. Code r. 58A-5.0181(3)(c)	Assisted Living Facilities must explain their policies to a family member or friend of the resident or another individual who can communicate the information to the resident if the resident does not speak English and the information is not available in a translated form.
HOS	Fla. Admin. Code r. 59A-2.55(3)(b)	Each hospital shall develop a systematic approach to educating the patient and family to improve patient outcomes, which includes assessment of cultural practices and language barriers.
HOS, TRA	Fla. Admin. Code r. 59A-3.255(1)(a)	Each hospital offering emergency services must post notices in English and Spanish stating patients' rights to receive such services.
LTC	Fla. Admin. Code r. 59A-4.165(1), (4)(d)(14)	A listing of all nursing home facilities in the state shall include for each facility any non-English languages spoken by the administrator or staff of the facility.
HHC	Fla. Admin. Code r. 59A-8.020(1)	When a home health agency accepts a client, there shall be a reasonable expectation that the services can be provided safely, including being able to communicate with the patient or person designated by the patient, either through a staff person or interpreter who speaks the same language.
XXX	Fla. Admin. Code r. 59A-25.004(1)(b)(6)	Home medical equipment providers shall assure that staff can accommodate the patient's language.
MED, TRA	Fla. Admin. Code r. 59G-4.230	Medicaid-enrolled providers of physician services must comply with the Florida Medicaid Physician Services Coverage and Limitations Handbook, which include the Enrollment Notification Letter and the Request for Change of Address for the Recipient Assignment Program form in Spanish for use by providers when applicable.



Florida continued

Type	Provision(s)	Description
MED, TRA	Fla. Admin. Code r. 59G-4.250	All participating prescribed drug services providers enrolled in the Medicaid Program must be in compliance with the provisions of the Florida Medicaid Prescribed Drug Services Coverage, Limitations, and Reimbursement Handbook, which includes the Notification Letter for Lock-in, the Election of Rights Letter for Lock-in, and Request for Change of Pharmacy forms in Spanish for use by providers when applicable.
PRO	Fla. Admin. Code r. 64B2-11.003(4)	Upon written request from an applicant who has been approved for a chiropractic licensure examination in the Department of Health, the Department shall provide a translated version of the examination for licensure into a language other than English. If no such translated examination exists however, the Department shall require the applicant to pay the cost of the translation before employing translators to perform the task.
PRO	Fla. Admin. Code r. 64B2-11.013(8)	Upon written request from an applicant, the Department shall provide a translated version of the acupuncture certification examination into a language other than English. If no such translated examination exists, however, the Department shall require the applicant to pay the cost of the translation before employing translators to perform the task.
EIS, TRA	Fla. Admin. Code r. 64C-7.008	As a part of prenatal and postnatal infant risk screening procedures, the Healthy Start Prenatal and Postnatal Risk Screening Instruments are available in Spanish, and shall be fully explained to any pregnant woman who objects to either risk screening.
AGY, TRA	Fla. Admin. Code r. 64D-3.046(3)(d), r. 64D-3.011	Department of Health forms for notification and opting out of immunizations required for public and non-public schools are available in English, Spanish, and Haitian-Creole).
AGY	Fla. Admin. Code r. 65C-30.006(4)(H)	For purposes of the Department of Children and Family Services' Family Safety Program case planning, translation services shall be provided for families and children who are not able to fully understand the discussion and/or explanations during plan development, either because of a lack of proficiency in English.
MFA, CHI, TRA	Fla. Admin. Code r. 65E-9.006	Program standards for the licensure of residential treatment centers for children include the provider establishing procedures for identifying and assessing the language needs of each child. A provider then must provide a range of oral and written assistance, including written materials in a language other than English, and oral language interpretation for children with limited English proficiency.
AGY, MEN	Fla. Admin. Code r. 65E-9.009(1)(a)	The Department of Children and Family Services' mental health program shall communicate right in a language that the child and the parent or guardian understands.
TRA	Fla. Admin. Code Ann. r. 64F-10.003(8)	Each Primary Care Provider of Family Health Services must post translated signs or provide written information to each applicant and client describing methods for determining financial eligibility, where it is likely that more than 5 percent of applicants for primary care will be LEP.
MEN, CHI	Fla. Admin. Code r. 65E-9.013	When providers use restraint, seclusion, or time-out in residential treatment centers for children, they must communicate the procedures in a language that the child and parent or guardian understands. Providers must use an interpreter or translator when necessary.



Georgia

Type	Provision(s)	Description
STA	Ga Code Ann. § 31-9A-3(1)(C)	A woman must be provided with information about the risk of carrying an unborn child to term in a language understood by the patient through a translator when she is considering an abortion.
STA, TRA	Ga Code Ann. § 31-9A-4	The Department of Human Resources shall publish in English and in each language which is the primary language of 2 percent or more of the state's population and make available on the state website information to help a woman through pregnancy and information about different stages of fetal development.
CRD	Ga Code Ann. § 43-34A-3(c)(9) Ga. Comp. R. & Regs. r. 360-28-04(1)(a)	The physician profile published by the Composite State Board of Medical Examiners must include the identification of any translating services available at the primary practice setting if requested by the physician.
MEN	Ga Code Ann. 49-5-222	For children with severe emotional issues, the coordinated system of care shall be culturally and ethnically sensitive.
MEN, CON	Ga. Comp. R. & Regs. r. 510-4-.02(9)(b)(3)(c) & (c)(3)(c)	Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues. Psychologists using the services of an interpreter must obtain informed consent from the client/patient, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained.



Hawaii

Type	Provision(s)	Description
OAA, PWD, TRA	2007 Hawaii 24th Legislative Session, Act 204, Senate Bill No. 1916, (June 21, 2007)	The aging and disability resource center will contract with a management information consultant to coordinate and implement consumer education and outreach campaigns, including bilingual translation and other activities that will educate the consumers and general public about aging and disability resource center services.
XXX	Haw. Rev. Stat. Ann. § 321-301	Bilingual health education aides shall assist in the provision of health education and public health services to non- and limited- English speaking persons living in the State.
MEN	Haw. Rev. Stat. Ann. § 333F-1	Services for persons with developmental disabilities or mental retardation include, but are not restricted to, development of language and communications skills and interpretation.
AGY, MEN	Haw. Rev. Stat. Ann. § 334-12	Establishes a mental health unit in the Department of Health to provide statewide bilingual services.
AGY, TRA	Haw. Rev. Stat. Ann. § 371-33	Each state agency and all covered entities shall take reasonable steps to ensure meaningful access to services, programs, and activities by limited English proficient persons, which will be determined by a totality of circumstances. Written translations of vital documents will be completed for each eligible LEP group that constitutes 5 percent or 1000, whichever is less, of the population of persons eligible to be served or likely to be affected. If there are fewer than 50 persons in an LEP group that reaches the 5 percent threshold, there will be written notice in the primary language to that group of the right to receive competent oral interpretation of those written materials, free of cost. To the extent that the State requires additional personnel to provide language services based on this section, the State shall hire qualified personnel who are bilingual to fill existing, budgeted vacant public contact positions. Each state agency and covered entity shall establish a plan for language access and designate a language access coordinator.
MCO, RGT	Haw. Rev. Stat. Ann. § 432E-5(b)	As a part of the Patients' Bill of Rights and Responsibilities Act, managed care plans shall at all times make their complaints and appeals procedures available in a form that is reasonably understandable to the average layperson. This information shall be provided in a language other than English upon request.
MEN	Haw. Code R. § 11-175-02	In the community-based mental health and substance abuse system, a "qualified interpreter" must demonstrate competence in both English and the other language for which interpretation is to be provided.
HEA	Haw. Code R. § 17-602.1-30(4)(c)	If the individual requesting a hearing from the Department of Human Services' Family and Adult Services Division speaks a language other than English and the affected branch of the Department is required to provide bilingual staff or interpreters, the branch shall ensure that the hearing procedures are verbally explained in the language of the individual making the request.
MED	Haw. Code R. § 17-1711-5(a)	Each person or family wishing to apply for the medical assistance program shall have the right to request an interpreter to assist with the application process.
EPS	Haw. Code R. § 17-1737-55(b)(2)	The department shall seek out individuals and their families enrolled in the Medicaid program and inform them of the availability of EPSDT services by a combination of written and oral methods. Staff shall use appropriate informing procedures for recipients or their families who are deaf, blind, or who cannot read or understand the English language.



Idaho

Type	Provision(s)	Description
TRA	Idaho Code Ann. § 39-6108(7)(b)	Healthcare facilities applying for the Idaho Conrad J-1 Visa Waiver program must have a sliding fee scale available in Spanish where appropriate that is posted conspicuously and distributed in hard copy on request.
TRA	Idaho Code Ann. § 39-6116(2)	Physicians who have the language skills appropriate to the community they wish to serve will be given priority when applying for the Idaho Conrad J-1 Visa Waiver program.
MED, STA, CON	Idaho Admin. Code r. 16.03.09.090(3)(a)(ii), (3)(c), (3)(g)(i-iii)	For Medicaid payment of sterilization, to obtain consent, an interpreter must be provided if the recipient does not understand the language used on the consent form or the language used by the person obtaining the consent. The interpreter's name must be included on the consent form. The interpreter must indicate that he accurately translated the information and advice presented orally to the patient; he read the consent form and accurately explained its contents; and that to the best of his knowledge and belief, the patient understood him.
MFA	Idaho Admin. Code r. 16.03.22.220	Prior to or on the day of admission, the residential care or assisted living facility, each resident or the resident's legal guardian or conservator will enter into a written admission agreement that is understandable and translated into a language the resident or his representative understands.
MFA, LTC, FAM	Idaho Admin. Code r. 16.03.22.550(3)(b)(iii)	Residents in residential care or assisted living facilities have the right to be communicated with, orally or in writing, in a language they understand. If the resident's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate in a language familiar to the resident must be available and implemented. There are many possible methods such as bilingual staff, electronic communication devices, family and friends to translate. The method implemented must assure the resident's right of confidentiality, if the resident desires.
MEN, HEA	Idaho Admin. Code r. 16.05.03.125	If necessary, an interpreter will be provided by the Department of Health and Welfare for contested case proceedings and declaratory hearings for clients with developmental disabilities or mental illness.



Illinois

Type	Provision(s)	Description
AGY, OAA, TRA	20 Ill. Comp. Stat. 105/105-4.01(18)	The Department on Aging must develop a pamphlet in English and Spanish which may be used by physicians licensed to practice medicine, pharmacists, and Illinois residents 65 years of age or older for the purpose of assisting physicians, pharmacists, and patients in monitoring prescriptions provided by various physicians and to aid persons 65 years of age or older in complying with directions for proper use of pharmaceutical prescriptions. The Department shall distribute the pamphlets to physicians, pharmacists and persons 65 years of age or older or various senior citizen organizations throughout the State.
AGY	20 Ill. Comp. Stat. 1705/1705-64(c)	Advisory Committee on Geriatric Services membership shall be representative of different geographical sections of the State and Statewide organizations and as far as possible, representing the limited English-speaking elderly.
AGY, TRA	20 Ill. Comp. Stat. 2305/2305-2	The Department of Public Health shall conduct a public information campaign to inform Hispanic women of the high incidence of breast cancer and the importance of mammograms and where to obtain a mammogram. This requirement may be satisfied by translation into Spanish and distribution of the breast cancer summaries required by state law.
AGY	20 Ill. Comp. Stat. 2310/2310-210(e)(7), (9), 2310/2310-215	Advisory Panel on Minority Health is established, in part, to address reduction of communication barriers for non-English speaking residents and improve data collection and reporting on minority health care issues.
CHI	20 Ill. Comp. Stat. 2310/2310-255(2)(B), (6)(B)	Recognizes lack of access to childhood immunizations by LEP families; establishes permanent, temporary or mobile sites for immunizing children in places where high-risk families live.
HIV, TRA	20 Ill. Comp. Stat. 2310/2310-320(b)	The Department shall include in its AIDS campaign material information directed toward African-Americans and Hispanics. This information shall include educational videos, in English and in Spanish, directed toward teenagers who are members of high-risk population groups.
AGY, TRA	20 Ill. Comp. Stat. 2310/2310-345(e)	Requires publication in Spanish of a pamphlet outlining the methods of detection of breast cancer and the available treatment options. Requires the Department of Public Health to conduct a public information campaign to distribute the pamphlets to Spanish speaking women.
AGY, TRA	20 Ill. Comp. Stat. 2310/2310-380	The Department of Public Health shall develop and implement a public education program to reduce the prenatal transmission of HIV infection targeted toward population groups whose behavior places them at the risk of HIV infection. The program shall target women specifically, and any materials included in the program shall be in English and in Spanish.
AGY, TRA	20 Ill. Comp. Stat. 2310/2310-425	The Department of Public Health shall publish in plain language, in both an English and a Spanish version, a pamphlet providing information regarding health care for women.
XXX, TRA	20 Ill. Comp. Stat. 2310/2310-600(b)	The Department of Public Health shall publish Spanish language versions of the statutory Living Will Declaration form; the Illinois Statutory Short Form Power of Attorney for Health Care; the statutory Declaration of Mental Health Treatment Form; the summary of advance directives law in Illinois; and any statewide uniform Do Not Resuscitate forms.
MEN	20 Ill. Comp. Stat. 2407/15(1)	A person with a suspected disability who is applying for disability services must receive, after an initial screening and a determination of probable eligibility for a disability service or program, a comprehensive diagnosis and evaluation, including an assessment of skills, abilities, and potential for residential and work placement, adapted to his or her primary language, cultural background, and ethnic origin.
CRD	210 Ill. Comp. Stat. 45/3-206	Training for nursing assistants and habilitation aides requires individuals be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.



Type	Provision(s)	Description
HOS, TRA	210 Ill. Comp. Stat. 85/11.5	Each hospital shall develop a written policy statement that it may not promulgate policies or implement practices that determine differing standards of obstetrical care based upon a patient's source of payment or ability to pay for medical services and shall post written notices of this policy in the obstetrical admitting areas in the predominant language or languages spoken in the hospital's service area.
HOS, LTC, FAM	210 Ill. Comp. Stat. 87/5 et seq.; Ill. Admin. Code tit. 77, §§ 250.265, 940.100-160	To insure access to health care information and services for LEP or non-English speaking residents, a hospital or long term care facility must do one or more of the following: (1) review policies on the use of interpreters, including the availability of staff interpreters; (2) adopt and review annually new policies for providing language assistance, which shall include procedures for providing, to the extent possible as determined by the facility, an interpreter whenever a communication barrier exists, except where the patient, after being informed of the availability of the interpreter, chooses to use a family member or friend who volunteers to interpret; (3) prepare lists of qualified interpreters; (4) identify and track patients' language needs; (5) notify employees of the commitment to provide interpreters; (6) review standardized forms to determine which should be translated; (7) develop community liaison groups to insure adequacy of interpreter services; (8) provide non-bilingual staff with phrase and picture sheets to assist them in communicating; (9) post notices in conspicuous locations advising patients of the availability of interpreter services.
HOS, TRA	210 Ill. Comp. Stat. 88/15(a)-(b)	Each hospital shall post a notice regarding financial assistance conspicuously in the admission and registration areas of the hospital in English, and in any other language that is the primary language of at least 5% of the patients served by the hospital annually.
INS	215 Ill. Comp. Stat. 5/155.32(a)	An insurance company may conduct transactions in a language other than English through an employee or agent acting as interpreter or through an interpreter provided by the customer.
AGY	215 Ill. Comp. Stat. 134/90(a)(5)	The Office of Consumer Health Assistance must make related information available in languages other than English that are spoken as a primary language by a significant portion of the State's population, as determined by the Department of Insurance.
RGT, CRD	225 Ill. Comp. Stat. 60/24.1(b)(16)	Patients Right to Know Act – requires the state to establish profiles of physicians, including identification of any language services that may be available at the physician's primary practice location.
CRD	225 Ill. Comp. Stat. 65/20-3	The Department shall make available to the public the requirements for advanced nursing licensure in English and Spanish on the internet including the requirements for licensure of individuals currently residing in another state or territory of the United States or a foreign country, territory, or province. The Department shall establish an e-mail link to the Department for information on the requirements for licensure, with replies available in English and Spanish.
XXX	225 Ill. Comp. Stat. 110/8.7(a)(6)	A speech-language pathology assistant may act as an interpreter for non-English speaking patients or clients and their family members when competent to do so.
AGY	305 Ill. Comp. Stat. 5/5-19(g)(3)	To provide notice of eligibility and benefits provided under the "Healthy Kids Program," the Department of Public Aid shall use accepted methods of informing persons who cannot understand English, including but not limited to public service announcements and advertisements in foreign language media.
EIS	325 Ill. Comp. Stat. 20/12(f)	Procedural safeguards for early intervention services for children include written prior notice to fully inform the parents or guardians, in their primary language, in a comprehensible manner, of these procedural safeguards.



Type	Provision(s)	Description
MEN, MFA, RGT	405 Ill. Comp. Stat. 5/2-102(a-5)	The rights of recipients of mental health and developmental disabilities services state that if the recipient is unable to communicate effectively in English, the facility shall make reasonable efforts to provide services to the recipient in a language that the recipient understands.
MEN, MFA	405 Ill. Comp. Stat. 5/3-204; 5/3-205	Patients at mental health facilities who do not understand English must receive an explanation of their legal rights, and transfer, admission and discharge information in a language they understand, and within a reasonable time before a hearing is held. This Section does not apply to copies of petitions and court orders.
MEN	405 Ill. Comp. Stat. 5/4-205	Regarding admission, transfer or discharge of developmentally disabled individuals, when a statement or explanation is provided in a language other than English, that fact and the name of the person providing it shall be noted in the client's record.
MEN	405 Ill. Comp. Stat. 5/4-300(b)	For admission of a person with developmental disabilities to receive treatment, an evaluation shall include current psychological, physical, neurological, social, educational or vocational, and developmental evaluations and any tests which require language familiarity shall be conducted in the person's primary language.
MEN	405 Ill. Comp. Stat. 75/0.01-75/1	Mental Health Hispanic Interpreter Act requires that every State-operated mental health and developmental disability facility where at least 1% of total annual admissions for inpatient or outpatient care consists of recipients of Hispanic descent shall provide a qualified interpreter when such recipient lacks proficiency in the English language to such an extent that communication with facility staff for purposes of receiving care or treatment is prevented. An interpreter shall be provided at any time such a recipient is admitted to a State-operated facility or seeks or receives care or treatment at such a facility.
CHC	410 Ill. Comp. Stat. 66/5	In the Community Health Center Expansion Act, services that enable individuals to use the services of the health center include, if a substantial number of the individuals in the population are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of those individuals.
MEN, RGT, FAM	Ill. Admin. Code tit. 59, § 111.25(4)-(5)	Regarding mental health services, no individual shall, on the basis of an inability to communicate in the English language, be denied the benefits of, or be subjected to discrimination by, a Department facility. Facilities shall provide interpreters during admission, when denying admission, during intake, or specifically during all assessments or evaluations while the individual is being interviewed or tested by a psychologist, psychiatrist or physician. Additionally, interpreters are to be used during therapy, when care and treatment information is being conveyed, when information is being conveyed regarding the individual's discharge, transfer, objection to discharge or transfer, or the individual's rights, when the individual is being examined for involuntary admission or certification at the request of the individual's family or guardian, or whenever necessary to provide effective treatment or habilitative services to the individual. The facility shall pay for the cost of the interpreters. Family members of the individual shall not be used as interpreters.
MFA	Ill. Admin. Code tit. 59, §§ 111.10(c)(5)(C), 112.20(g)(2)(B)	Mental health and developmental disability facilities must notify non-English speaking patients and their guardians of the right to request, review and challenge diagnoses of mental retardation and resulting placement and treatment. If a staff member fluent in the language required is available, he or she should be requested to explain the notice to the recipient or guardian.
AGY, TRA, MEN	Ill. Admin. Code tit. 59, § 117.130	Annually, the Department shall disseminate information in English and in Spanish to individuals who may be eligible for family assistance and home-based services for people with mental disabilities and to persons who have contact with individuals who may be eligible to participate in these programs.



Illinois continued

Type	Provision(s)	Description
AGY, TRA	Ill. Admin. Code tit. 59, § 117.135(a)	The Department shall disseminate preliminary applications in English and Spanish annually to those individuals who may be eligible to participate in family assistance and home-based services for people with mental disabilities.
MED	Ill. Admin. Code tit. 59, §§ 132.100(a), 132.148(a)(3)(A)(i)	For Medicaid community mental health services, the client's clinical record and initial admission note shall contain identifying information, including primary language or method of communication (e.g., Spanish).
HOS	Ill. Admin. Code tit. 77, § 250.265	As a requirement of hospital licensure, hospitals shall comply with the Language Assistance Services 210 Ill. Comp. Stat. 87/5 et seq. and the Language Assistance Services Code (Ill. Admin. Code tit. 77, § 940).
CRD, LTC, MFA	Ill. Admin. Code tit. 77, §§ 225.2020(c)(2), 300.660(c)(2)	Nursing assistants in long-term care facilities, skilled nursing facilities and intermediate care facilities must be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
LTC, TRA	Ill. Admin. Code tit. 77, § 295.2010(b)(4)	For involuntary termination of residency in a long-term care facility for assisted living or shared housing, if the resident or the resident's representative, if any, cannot read English, the notice of termination must be provided in a language the individual receiving the notice can read or the establishment must provide a translator who has been trained to assist the resident or the resident's representative in the appeal process.
LTC, MFA	Ill. Admin. Code tit. 77, §§ 340.1450, 300.340(c)(2)(xx), 350.1088, 350.340(c)(2)(W), 390.1150, 390.340(c)(2)(ZZ)	Skilled nursing facilities, intermediate care facilities, long term care facilities, and intermediate care facilities for individuals with developmental disabilities must comply with the Language Assistance Services Code (Ill. Admin. Code tit. 77, § 940).
CRD, LTC	Ill. Admin. Code tit. 77, § 300.662(d)(2)	Resident attendants in skilled nursing facilities or intermediate care facilities must be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
CRD, MEN	Ill. Admin. Code tit. 77, § 300.6090(g)(4)(B)	For facilities participating in the demonstration program to provide services to persons with serious mental illness, psychiatric rehabilitation services aides must be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
CRD, MEN	Ill. Admin. Code tit. 77, §§ 350.680(c)(2), 350.682(d)(2)	Developmental disabilities aides and resident aides in intermediate care facilities for individuals with developmental disabilities must be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
CRD, LTC, CHI	Ill. Admin. Code tit. 77, §§ 390.680(c)(2), 390.682(d)(2)	Nurses aides, habilitation aides, developmental disabilities aides and resident attendants in long-term care facilities serving individuals under the age of 22 must be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
XXX	Ill. Admin. Code tit. 77, §§ 518.1500, 518.1050(c)(2)(M)	Freestanding emergency centers may provide language assistance services in accordance with the Language Assistance Services Act.
WOM, CHI	Ill. Admin. Code tit. 77, §§ 630.30(c)(2), 630.40(d)(2), 630.50(b)(2), 630.60(b)(2), 630.70	The Maternal and Child Health program may allocate funds for providing health services for women of reproductive age or providing health services for children through adolescence, including interpreters. "Medical services" mean those activities dealing directly with the health care of the client, including clinic interpreters.



Type	Provision(s)	Description
CRD	Ill. Admin. Code tit. 77, § 965, Appx. A	The Health Care Professional Credentials Data Collection Act requires collection of a form from health care professionals by hospitals, health care entities, and health care plans that desire to credential such professional, including the language fluency of the applicant (noting English, Spanish and Other).
MFA	Ill. Admin. Code tit. 77, § 250.2160(bb)(6)	All rehabilitation facilities shall involve the patient's family and/or significant others in the patient's program and the data factors for this requirement include the availability of bilingual staff members, interpreters.
MEN, TRA	Ill. Admin. Code tit. 77, §§ 1250.2240(n), (o), (p)(2); 1250.2330(i), (j), (k)(2)	All facilities providing Acute Mental Illness Treatment Services or Chronic Mental Illness (M.I.) Treatment Services should be accessible to any cultural and/or linguistic minority population(s) within the facility's Service Area (or Health Service Area) and should have the programmatic capacity to communicate with clients and their families who are not able to communicate. The program may have staff who are bi-lingual; develop arrangements with persons or groups in the community to provide translation services or utilize pre-printed materials or audio-visual aids. Facilities should be cognizant of the existence of special population groups (Hispanic, etc.) within their service area and, at a minimum, meet the standards for these groups. Data factors for this criteria include the ability of staff to communicate on a multi-lingual basis either through translation or through the use of pre-printed materials or audio-visual aids.
CHC	Ill. Admin. Code tit. 89, § 140.461(d)(2)(H)	Federally qualified health centers must comply with federal and State laws and regulations governing the provision of adequate notice to persons who are unable to read or understand the English language.
MEN, MFA	Ill. Admin. Code tit. 89, §§ 146.215(l), 146.240(f)	Supportive living services programs must ensure that limited English speaking residents have meaningful and equal access to benefits and services. Steps to ensure access may include, but are not limited to: hiring bi-lingual staff; hiring staff interpreters; contracting for interpreter services; engaging community volunteers; and contracting with a telephone interpreter service. The SLF shall ensure that all SLF materials, including the resident contract, shall be in a language appropriate to the resident population.
OAA	Ill. Admin. Code tit. 89, § 210.50	For Department of Aging programs, "greatest social need" means the need caused by non-economic factors which include language barriers or cultural isolation including that caused by racial or ethnic status which restrict an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.
OAA	Ill. Admin. Code tit. 89, § 220.600(e)(7)	Case Coordination Units with the Department on Aging shall minimally arrange services to LEP applicants and/or clients.
OAA	Ill. Admin. Code tit. 89, § 230.250(d)(1)(A)	For services under the Older Americans Act, the area plan shall provide for information and referral services sufficient to ensure that all older persons within the planning and service area have reasonably convenient access to the service and in areas in which a significant number of older persons do not speak English as their principal language, the service provider shall provide information and referral services in the language spoken by the older person.
OAA	Ill. Admin. Code tit. 89, § 240.1570(a)(3)(D)	A Community Care Program (CCP) client may be allowed access to CCP adult day care services in a service area in which the client does not reside (outlying service area) if the client may be provided services more conveniently/appropriately by a CCP provider in an outlying service area if the special needs of the client (e.g., language-appropriate workers) can only be met by a CCP authorized provider in another service area.
LTC, TRA	Ill. Admin. Code tit. 89, § 270.115(c)	Each long term care facility shall display posters supplied by the Office of the Long Term Care Ombudsman and if a majority of residents speak a language other than English, then a majority of the posters shall be in that language if they are available from the Department.
CHI	Ill. Admin. Code tit. 89, § 325.40(d)	Whenever a physician recommends the administration of psychotropic medication to a child for whom the Department of Child and Family Services is legally responsible, the child shall be provided written information concerning the medication and its side effects in the child's primary language.



Illinois continued

Type	Provision(s)	Description
HEA	Ill. Admin. Code tit. 89, §§ 508.90(g), 510.10(b)(10), 510.40(b)	For Department of Human Services hearings, the Department shall appoint an interpreter upon request. An interpreter must be able to communicate with the person for whom the interpreter was requested and must take an oath or affirmation to make a true interpretation in an understandable manner and convey the statements of the person to the best of the interpreter's skill. DHS will assume the costs of the interpreter. A request should be made 10 days before the date of the hearing.
AGY	Ill. Admin. Code tit. 89, § 525.10(e)(2)	For programs under review by the Office of Rehabilitation Services for non-compliance with contract requirements, DHS shall provide temporary services up to the completion of the client's program including interpreters.
HHC, TRA	Ill. Admin. Code tit. 89, § 676.20(b)	For the home services program, at any time a non-English print version of any form or document, including the Service Plan, is used to meet the customer's needs and is placed in the case file, an English print copy must also be completed by the counselor or Case Manager and placed with the non-English print version in the case file.
HIV, XXX	Ill. Admin. Code tit. 89, §§ 686.940(d)(2), 686.1040(d)(2)	To participate in the DHS program to serve people with AIDS or with brain injuries providers shall agree to comply with Title VI of the Civil Rights Act of 1964 and any laws, regulations or orders, State or Federal, that prohibit discrimination on the basis of race, color, or inability to speak or comprehend the English language.
EIS	Ill. Admin. Code tit. 89, §§ 500.80(d)(2), 500.110(b)(1), 500.115(n), 500.135(a)(7), 500.155(a)(1)(A), (2)	For early intervention services for children, at the meeting to develop the Individualized Family Service Plan, the service coordinator shall ensure that the meeting is conducted in the parent's native language or mode of communication unless it is clearly not feasible to do so, or that an interpreter is present to translate what is discussed. The early intervention record must include primary language data. Service providers must provide services and communications to clients in a language or mode of communication understood by the client using interpreters if necessary. Written prior notice must fully inform parents in the parents' native language, unless it is not feasible to do so, of all procedures under the early intervention services. Consent for services means that the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication. "Native language" where used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child.
EIS	Ill. Admin. Code tit. 89, § 500. Appx. C	To provide family training and support services through the early intervention program, individuals who are bilingual may enroll to bill as an interpreter. Upon application for enrollment, the bilingual applicant must identify the languages for which he/she is applying to interpret and his/her proficiency in reading, writing or speaking the languages and submit 2 letters of professional reference from non-family members attesting to the applicant's competency in the specified language areas. Interpreters are not required to obtain a credential.
EIS	Ill. Admin. Code tit. 89, § 500.140(c)(6)	If parents request a hearing to resolve disputes under the early intervention services the letter requesting the appeal must include the primary language spoken by the parents.
EIS	Ill. Admin. Code tit. 89, § 500.165(c)	If a service provider seeks to change the early intervention services or the IFSP, it must provide notice in the native language of the parents, unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication; the parent understands the notice; and there is written evidence that the requirements of this subsection have been met. If a parent has no written language, the mode of communication must be that normally used by the parent (such as oral communication or other mode of communication as determined through consultation with the parent).



Type	Provision(s)	Description
HEA, PWD, TRA	Ill. Admin. Code tit. 89, §§ 853.70(b)(1)(D), 853.80(b)(7), (c)-(d)	In scheduling disability hearings, factors to consider when scheduling dates/times include the need for an interpreter and individuals have the right to an interpreter. The Department recognizes that the Social Security Administration district office generally determines whether Spanish language scheduling notices are required in a particular case. Spanish language scheduling notice will be sent to beneficiaries who meet one or more of the following criteria: the application shows the individual was born in Puerto Rico or a country where Spanish is the primary language; the individual has a Spanish surname; the individual lives in a known Spanish-speaking area as determined by the SSA district office; the SSA district office interview is conducted in Spanish or with the assistance of a translator; or the individual has difficulty with English during the interview but shows familiarity with Spanish. In the event one or more of the Spanish language criteria are met and the beneficiary does not wish to receive Spanish language notices, the beneficiary will be requested to sign a waiver form. The beneficiary will be informed that the decision regarding Spanish notices can be changed at any time by contacting the local SSA district office.
HEA, PWD	Ill. Admin. Code tit. 89, § 853.120	A beneficiary may request an interpreter or the Disability Hearing Division will determine the need for an interpreter through contact with the beneficiary, the beneficiary's representative or the SSA district office. An interpreter will be used in those situations where the beneficiary does not speak English well enough to communicate and understand the issues of the hearing. Interpreters must be able to translate technical medical technology and concepts. The beneficiary can provide his/her own interpreter or can request the Disability Hearing Division to provide an interpreter. If the beneficiary provides his/her own interpreter and the Supervising Hearing Officer determines that the interpreter is unqualified (e.g., a young child), the Disability Hearing Division will make arrangements to have another interpreter present. The Disability Hearing Division will inform the beneficiary that arrangements have been made to have an interpreter at the hearing and will advise the beneficiary that although it will not be necessary to bring his/her own interpreter, he/she can do so. The Disability Hearing Division will reimburse interpreters when: the interpreter requests payment for services; the need for an interpreter has been satisfied; and the interpreter is deemed qualified.
HEA, PWD, TRA	Ill. Admin. Code tit. 89, § 855.20(d)-(e)	Notices of disability hearing decisions will be provided in Spanish to claimants who request Spanish notices. If a claimant does not request a Spanish notice but meets one of the following criteria, then the claimant will be contacted by staff from the Social Security Administration district office to determine if the claimant wants Spanish language notices. The criteria are: the application shows the individual was born in Puerto Rico or a country where Spanish is the primary language; the individual has a Spanish surname; the individual lives in a known Spanish-speaking area; the interview is conducted in Spanish or with the assistance of a translator; the individual has difficulty with English during the interview but shows familiarity with Spanish. In the event one or more of the criteria are met and the claimant does not wish to receive Spanish language notices, the claimant will be requested to sign a waiver form. The claimant will be informed that the decision regarding Spanish notices can be changed at any time by contacting the local Social Security Administrative district office. Spanish language notices consist of a standardized Spanish text and a personalized English explanation of the decision. In cases where the Social Security Administration does not provide standardized Spanish text, the Spanish language notice will consist of English standardized text and a personalized English explanation with Spanish language appeal rights.
AGY, TRA	Ill. Admin. Code tit. 89, § 1200.10(d)(1)	Information, forms, and applications distributed by the Division of Specialized Care for Children are available in English and Spanish.

Indiana

Type	Provision(s)	Description
INT	Ind. Code Ann. § 16-46-11.1-1 through 1-6	Establishes Commission on Health Care Interpreters and Translators to determine the proper level of regulation or oversight the state should have over health care interpreters and health care translators; recommend the level and type of education necessary to perform the job of a health interpreter and a health care translator; and recommend standards that health care interpreters and health care translators should meet in order to practice in Indiana.
INS	Ind. Code Ann. § 27-1-26-4	A non-English language insurance policy that is issued for delivery in Indiana is in compliance if the insurer issuing the policy certifies that the policy if translated into English would comply with the states' minimum requirements for insurance policies.
INS, MCO	Ind. Code Ann. §§ 27-8-28-14(b)(3), 27-13-10-5(b)(3)	Insurers and health maintenance organizations shall make available to covered individuals a toll free telephone number through which a grievance may be filed. The toll free telephone number must accept grievances in the languages of the major population groups served by the insurer.
MCO	Ind. Code Ann. § 27-13-36-10	Each health maintenance organization shall demonstrate that it has developed an access plan to meet the needs of its enrollees, including enrollees from major population groups who speak a primary language other than English.
EIS, TRA	410 Ind. Admin. Code 3-3-2(a)	For newborn screening, hospitals and birthing centers shall provide each pregnant woman admitted for delivery with a information prior to collection of the blood specimen and if a woman is unable to read such material, it shall be translated or read to her in a language she understands.
MFA, LTC, HHC	460 Ind. Admin. Code 1-4-10(g)	For the Community and Home Options to Institutional Care for the Elderly and Disabled, interpreter services will be made available to assist non-English speaking person upon request. However, if the applicant or participant requires these services for participation in the agency review or administrative hearing, the applicant or participant, prior to the date of the review, shall discuss the arrangements with the case manager.
OAA, PWD	460 Ind. Admin. Code 1-11-5(a)	Area Agencies on Aging and Centers for Independent Living shall post notices about client rights in a language appropriate for the individuals residing in the facility or frequenting AAA sites.
OAA	460 Ind. Admin. Code 6-3-52(b)(1)	For supported living services and supports, "specialized medical equipment and supplies supports" includes interpreters.
EIS, CON	470 Ind. Admin. Code 3.1-1-7(1), 3.1-8-2(b)(4), 3.1-8-4(1), 3.1-9-1(d)(2), 3.1-13-1(a)	For early intervention services, "consent" includes that the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication. If an assessment of the family is carried out, the assessment must be administered in the native language of the parent. Tests and other evaluation materials and procedures are administered in the native language of the parent or other mode of communication used by the family unless it is clearly not feasible to do so. IFSP meetings shall be conducted in the native language of the family or other mode of communication used by the family unless it is clearly not feasible to do so. "Native language", where used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible for early intervention services.
EIS, TRA	470 Ind. Admin. Code 3.1-13-2(c)-(d)	Notices for changes to early intervention services must be provided in the native language of the parent unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the service coordinator shall take steps to ensure the following: the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication; the parent understands the notice; and there is written evidence that the requirements specified in this section have been met.

Indiana continued

Type	Provision(s)	Description
EIS	470 Ind. Admin. Code 3.1-13-7(a)(1)	Participating agencies in early intervention services shall provide a description of the extent that the notice is given in the native languages of the various population groups in the state.
INS, MCO	760 Ind. Admin. Code 1-59-3(4), 1-59-8(d)	An insurer and a health maintenance organization shall establish a toll free telephone number through which grievances and appeals may be filed and information about grievance procedures obtained and must accept grievances in English and the languages of the major population groups served by the health maintenance organization. For health maintenance organization grievances, "major population group" means a racial or ethnic group for whom English is not the primary language and whose members comprise at least ten percent (10%) of the health maintenance organization's enrollees.



Iowa

Type	Provision(s)	Description
AGY	Iowa Code § 135.12(1)-(2)	The Office of Multicultural Health is tasked to provide comprehensive management strategies to address culturally and linguistically appropriate services, including strategic goals, plans, policies, and procedures, and designating staff responsible for implementation and requiring and arranging for ongoing education and training for administrative, clinical, and other appropriate staff in culturally and linguistically competent health care and service delivery.
AGY, INT	Iowa Code § 216A.15(9)	The Division of Latino Affairs shall adopt rules to develop a mechanism to ensure the qualifications of Spanish language interpreters and maintain and provide a list of those deemed qualified to administrative, social service, and health agencies, as requested.
AGY	Iowa Code § 216A.155(1)	The Commission on the Status of Iowans of Asian and Pacific Islander heritage shall advise the governor and the general assembly on issues confronting Asian and Pacific Islander persons, including the unique problems of non-English-speaking immigrants and refugees.
MEN	Iowa Code § 225C.28A(1)	State programs for funding services and other support to persons with mental retardation, developmental disabilities, brain injury, or chronic mental illness shall seek to provide comprehensive evaluation and diagnosis adapted to the cultural background, primary language, and ethnic origin of the person.
WOM	Iowa Code § 234.25	For family planning services, in all cases where the recipient does not speak or read the English language, services shall not be given unless the interviews shall be conducted in, and all literature shall be written in, a language which the recipient understands.
PWD	Iowa Admin. Code r. 111-11.10(1), (3), (4)	For independent living rehabilitation services, applicants and eligible individuals have certain rights, including that language interpreters will be used as necessary.
AGY	Iowa Admin. Code r. 111-13.8(1)	When the Department for the Blind requests information from a client or any other person who are unable to communicate in English, the agency shall provide explanations of the request through methods they can understand.
AGY	Iowa Admin. Code r. 141-2.2(4)	If a person is incapable of submitting a written complaint or has difficulty communicating because of a language barrier, the ombudsman shall assist that person in completing a complaint or make accommodations to facilitate communication with that person.
XXX	Iowa Admin. Code r. 191-74.4(3)	For employers who provide referrals to employees to receive information concerning health care or health insurance, if an eligible employee cannot read or understand English, the employer shall offer assistance to the eligible employee in understanding the written referral.
OAA	Iowa Admin. Code r. 321-1.5	For the Department of Elder Affairs, "greatest social need" means the need caused by non-economic factors, which include language barriers, and cultural isolation including isolation caused by racial or ethnic status, that restrict an individual's ability to perform normal daily tasks or that threaten the elder's capacity to live independently.
OAA	Iowa Admin. Code r. 321-7.9(2)	In a planning and service area of the Area Agency on Aging in which 3% of the elder population does not speak English as the principal language, the service provider must provide information and assistance services in the language spoken by elders.
OAA	Iowa Admin. Code r. 321-10.5(2)(c)(15)	Agencies and organizations participating in the Senior Internship Program funded under Title V of the Older Americans Act, must ensure that recruitment efforts are targeted toward minority and limited English-speaking eligible individuals.
INT	Iowa Admin. Code r. 433-2.1-2.14	Develops a mechanism for establishing the qualifications for Spanish/English interpreters. Defines relevant terms for interpreter qualifications and training programs including certified or qualified interpreters, qualified general interpreter, qualified general interpreter training program, qualified specialized "QSITP" means a qualified specialized interpreter training program.



Iowa continued

Type	Provision(s)	Description
HEA	Iowa Admin. Code r. 441-7.6	For Department of Human Services hearings, persons not familiar with English shall be provided a translation into the language understood by them in written form or orally and are entitled to have an interpreter present during appeal hearings. In all cases when a person is illiterate or semiliterate, the person shall be advised of each right to the satisfaction of the person's understanding.
MEN	Iowa Admin. Code r. 441-22.4(3)(a)(6)(1)	For services for a person with mental illness, chronic mental illness, mental retardation, developmental disabilities or brain injury, service coordinators must assist in obtaining a comprehensive evaluation and diagnosis which is adapted to the cultural background, primary language, and ethnic origin of the person.
MEN	Iowa Admin. Code r. 441-24.4(8)(b)(1)	Providers of services to those with mental illness, chronic mental illness, mental retardation, developmental disabilities or brain injury must ensure staff take language barriers and cultural differences into consideration and make provisions to facilitate meaningful individual participation.
AGY, PWD	Iowa Admin. Code r. 441-25.13(1)(k)	The county management plan for disability services' policies and procedures manual shall designate the use of an application form, which shall be available in formats and languages appropriate to consumers' needs.
MED, STA, CON	Iowa Admin. Code r. 441-78.1(g), (h)	For Medicaid payment of sterilization, consent requires that an interpreter shall be provided when the individual does not understand the language used on the consent form or used by the person obtaining consent. The consent form shall be signed by the individual to be sterilized, the interpreter (when one was necessary), the physician, and the person who provided the required information.
HHC, WOM	Iowa Admin. Code r. 441-78.9(9)	Home health services may be provided for high-risk prenatal maternity patients. High risk may include socio-cultural or ethnic problems such as language barriers that lead the recipients to being unable to receive the care outside of the home.
EPS	Iowa Admin. Code r. 441-78.18(6)(b)	Information and coordination services provided through EPSDT targeted case management services shall utilize accepted methods for informing guardians or custodians cannot understand the English language.
CRD	Iowa Admin. Code r. 441-81.16(4)(b)(1)(7)	Nurses' aides' competency evaluation shall be in English, unless the prevailing language used in the facility where a nurse aide will be working is other than English.
MED, MCO, TRA	Iowa Admin. Code r. 441-86.13(6)(f), (14)	The third party administrator of the state's HAWK-I program shall notify managed care plans when the number of enrollees who speak the same non-English language equals or exceeds 10 percent of the number of enrollees in the plan. The third-party administrator shall develop and provide timely and adequate approval, denial, and cancellation notices that shall be available in English and Spanish.
MCO, TRA	Iowa Admin. Code r. 441-86.15(6)(c)(2)	All Medicaid managed care plan literature and brochures shall be available in English and any other language when enrollment in the plan by enrollees who speak the same non-English language equals or exceeds 10 percent of all enrollees in the plan and shall be made available to the third-party administrator for distribution.
MEN	Iowa Admin. Code r. 441- 88.71(249A)	The contractors within the Managed Health Care Providers Division under the Iowa Plan for Behavioral Health shall provide enhanced outreach to beneficiaries with special needs including non-English speaking persons.



Iowa continued

Type	Provision(s)	Description
RGT, TRA, MFA, LTC	Iowa Admin. Code r. 481-57.35(6)(b), (e); 481-58.39(6)(b), (e); 481-62.23(3)(b), (d); 481-63.33(6)(b), (e); 481-65.25(2)(b), (d)	Steps shall be taken to translate residents' rights and responsibilities for non-English speaking residents in residential care facilities; in nursing facilities; in residential care facilities for the mentally ill; in residential care facilities for the mentally retarded; and in intermediate care facilities for the mentally ill.
WOM	Iowa Admin. Code r. 641-76.4, 641-76.5(3)(e)	In the maternal and child health program, service providers should provide access to translation services. The definitions also include references to language access – "dental home" means a usual source of dental care where dental care services are provided in a primary care setting where care is culturally competent; "enabling services" means services that allow or provide for access to and the derivation of benefits from, the array of basic health care services and include activities such as translation.
PRO	Iowa Admin. Code r. 645-282.2(1)(b)	The licensed social worker rules of conduct require that if a client is not literate or has difficulty understanding the primary language used in the practice setting, a licensee shall attempt to ensure the client's comprehension. This may include providing the client with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

Kansas

Type	Provision(s)	Description
STA	Kan. Stat. Ann. § 65-6710(b)	Woman's Right to Know materials will be printed in English and Spanish and include information on adoption alternatives, description of fetal development at two-week intervals, and risks of abortion.
OAA	Kan. Admin. Regs. 26-1-1(o)	For the Department on Aging programs, "greatest social need" means the need for services caused by non-economic factors that restricts an individual's ability to perform normal daily tasks or that threaten the capacity to live independently. Non-economic factors shall include language barriers and cultural isolation including that caused by racial or ethnic status.
EIS	Kan. Admin. Regs. 28-4-569(f)(5)	For early intervention services, parents' rights in mediation include having the mediation proceedings conducted in their native language at a convenient time and place.
CRD	Kan. Admin. Regs. 28-39-168(e)(3), 28-39-169b(a)(5), 28-51-116(f)	For tests for nurse's aides, medication aides and home health aides, each person whose second language is English shall be allowed to use a bilingual dictionary while taking the state test. Limited English proficiency shall not constitute a disability with regard to accommodations. An extended testing period of up to two additional hours may be offered to persons with limited English proficiency.
CHC, MEN	Kan. Admin. Regs 30-60-15(a)(3)	Community mental health centers must make every reasonable effort to overcome any barriers that consumers may have to receiving services, including language or other communication barriers.



Kentucky

Type	Provision(s)	Description
HIV	Ky. Rev. Stat. Ann. § 214.650(1)(h)	The Cabinet for Health Services shall urge access to Spanish speaking interpreters to provide prevention, treatment, and service efforts in relation to HIV/AIDS.
MED	907 Ky. Admin. Regs 1:610(2)(6)	For Medicaid applications, interpreter services shall be provided for persons who do not speak English.
MED, MCO, TRA	907 Ky. Admin. Regs 1:705(17)(5)	For Medicaid managed care, managed care organizations and subcontractors must prepare and distribute marketing materials which factually represent the partnership and which shall be available in appropriate foreign languages if more than 10% of the members speak a particular language.
MED, MCO, MEN, CRD	907 Ky. Admin. Regs 1:710(14)(9)(k), (19)(3)(a)	For Medicaid managed behavioral health care initiative, a managed behavioral health organization (MBH) must, at least every 2 years credential and re-credential a behavioral health care provider who participates in the MBHO. The credentialing and re-credentialing process shall include information from the quality improvement program of an MBHO and, if applicable to the provider, the verification of cultural or linguistic capabilities. MBHOs must prepare and distribute health education and outreach materials which factually represent the MBHO and available in the appropriate foreign language if more than ten (10) percent of the members speak a particular language.
EIS, RGT	911 Ky. Admin. Regs 2:140(1)(7)(c)	For early intervention services, the primary service coordinator shall inform and assist the family of their rights and procedural safeguards by ensuring that all materials are given to the family in a format they can understand in their native language.
EIS	911 Ky. Admin. Regs 2:160(1)(2)(k)	For early intervention services, interpreters shall be used when necessary to assist the family in understanding the services and procedures and shall be reimbursed when the service is identified on the Individual Family Service Plan; the service coordinator has identified the vendor and established a link with the billing agent; and the vendor meets the qualifications generally accepted for that role in the community and meets all requirements of the agency who hires the interpreter for that role if an agency is involved.



Louisiana

Type	Provision(s)	Description
MEN, RGT	La. Rev. Stat. Ann. §§ 28:52(F), 28:53(l), 28:55(F)	Mental health patients admitted voluntarily or on an emergency basis must be informed of rights and responsibilities; appropriate provisions should be made to supply information to LEP persons.
MEN	La. Rev. Stat. Ann. § 28:454.9(B)	Every person involuntarily committed into any residential living option for people with developmental disabilities other than his home, shall be informed in writing at the time of admission of certain information. If the person is illiterate or does not read or understand English, appropriate provisions should be made to provide him with this information.
MEN	La. Rev. Stat. Ann. § 28:822(4)	For the Community and Family Support System for people with developmental disabilities, "communication services" means those necessary supports and services for a person with a disability to communicate, including interpreters.
PUB	La. Rev. Stat. Ann. § 40:31.22(C)	Persons admitted to a facility for treatment of active tuberculosis shall be informed of rights and responsibilities; appropriate provisions should be made to supply information to LEP persons.
STA	La. Rev. Stat. Ann. § 40:1299.35.6(B)(2)(a), (4)	Specified oral information and written materials about abortion and abortion alternatives must be provided to the patient at least 24 hours before the procedure is performed. If an interpreter is necessary to explain this information, the State of Louisiana shall bear the costs.
XXX	La. Rev. Stat. Ann. § 40:1299.73 (A)	Any person who is unable to communicate effectively in the English language, is authorized and encouraged to wear an identifying device.
CON	La. Rev. Stat. Ann. § 40:1299.131 (C)	For consent to dental treatment, where written consent is employed it shall also be conclusively presumed that the patient, or his representative, is able to communicate effectively in spoken or written English or in any other language in which the consent form is written and that the patient, or his representative, has understood the information disclosed in the written consent.
HIV	La. Rev. Stat. Ann. § 40:2018.2(D)(3)	In making grants for community-based AIDS prevention programs, the Department of Health and Hospitals will give priority to (among others) racial and ethnic minorities who are engaged in high risk behaviors, including persons whose primary language is not English.
AGY, WOM	La. Rev. Stat. Ann. § 46:447.2 (E)(1)	The Department of Health shall develop and implement a program for staff of prenatal service providers to improve cultural sensitivity and interpersonal skills, including training in providing assistance to women with low literacy skills or for whom English is a second language.
MEN, CHI	La. Ch.C. Art. 1430(A)-(B), 1450(A)-(B)	For commitment or voluntary admission of minors for mental health treatment, every minor patient admitted by emergency certificate shall be informed in writing of certain information at the time of his admission. If the minor is illiterate or does not read or understand English, appropriate provisions should be made to supply him this information.
OAA	La. Admin. Code art. 4:VII.112, 4:VII.1179(2), 4:VII.1305(A)(2)(c)	For elderly programs, "greatest social need" means -the need caused by non-economic factors, which including language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.
OAA	La. Admin. Code art. 4:VII.1125(15)	Where there are multi-lingual/cultural older persons in a planning and service area, the Area Agency on Aging shall assure that the staff of subcontractors includes multi-lingual/cultural personnel.



Louisiana continued

Type	Provision(s)	Description
OAA	La. Admin. Code art. 4:VII.1227(G)	In areas in which a significant number of older persons do not speak English as their principal language, service providers shall provide information and assistance services in the language spoken by the older persons.
PWD	La. Admin. Code art. 67:VII.1515(E)(4)	For independent living services, a copy of the Independent Living Plan shall be provided to the individual or, as appropriate, the individual's representative, in writing; and if appropriate, in the native language or mode of communication of the individual.



Maine

Type	Provision(s)	Description
HEA	Me. Rev. Stat. Ann. tit. 5, § 51	Presiding officer shall appoint qualified interpreter or use a professional telephone-based interpretation service when a non-English speaking person is the subject of a proceeding before an agency or a court. Payment by one state for the service is discretionary to the extent payment is not required by law.
MCO	Code Me. R. § 02-031-850(7)(a)(5)	A carrier's application for approval of a managed care plan, application for an HMO certificate of authority, or application for a Preferred Provider Arrangement registration shall include an Access Plan which must include a description of the carrier's strategy to identify and address language and literacy barriers to accessing needed services.
MED, FAM	Code Me. R. § 10-144-101, Provider Manual §§ 1.06-3 and other sections for specific healthcare providers	Health care providers must ensure that MaineCare members are able to communicate effectively regarding their medical needs; MaineCare will reimburse providers for interpreters required for non- and limited-English speaking members when necessary in conjunction with another covered service. Providers may select interpreters but are responsible for ensuring that interpreters protect patient confidentiality. Family members or friends used as interpreters cannot be paid.
MCO	Code Me. R. § 10-144-109(1.02-1)	For commercial health maintenance organizations, "accessibility" is the extent to which a member of an HMO can obtain available services at the time they are needed including to language and other barriers to obtaining the service.
LTC	Code Me. R. § 10-144-117(8.2.1.9)	Each consumer attending an adult day program shall have a comprehensive written assessment; if the provider does not use the Department approved assessment tool, the assessment shall include primary language.
MED, HIV	Code Me. R. § 10-148-101(4)(3)	Medicaid providers of case management services to persons with HIV diseases must make reasonable provision to assure that services are available in the client's native language.
OAA	Code Me. R. § 10-149-005	For the Office of Elder Services, "greatest social need" means the need caused by non-economic factors that include language barriers and cultural isolation including that caused by racial or ethnic status that restricts an individual's ability to do normal daily tasks or that threatens such individual's capacity to live independently.
MEN, RGT, TRA	Code Me. R. § 14-193-001(V)(C)(5), (VII)(F)(2)	At the time of admission or intake for mental health services, each recipient shall be given a summary of recipient rights written in plain language which must be available in foreign languages, if necessary. Regarding grievances, an employee of the mental health facility, agency or program shall inform each recipient of this right and the right to be assisted throughout the grievance procedure by a representative of his or her choice, in a manner designed to be comprehensible to the individual recipient. In instances in which the recipient does not understand English, this information shall be delivered by an interpreter.
MED	Code Me. R. § 14-193-006A	A Private Non-Medical Institution (PNMI) licensed as a Medicaid provider is permitted to provide interpreter services.
MEN	Code Me. R. § 14-197-010(VI)(C)(4)	Certification requirements for agencies seeking to provide community based targeted case management for adults with mental retardation and autism must have specific policies and procedures governing the availability and provision of interpretive services consistent with applicable law and regulation.
MEN, CHI	Code Me. R. § 14-472-001 (V)(B)(2), (C)(5)	All facilities providing inpatient psychiatric services and to all agencies, facilities or programs providing inpatient, residential or outpatient mental health services to children must notify patients of their rights and in cases where the recipient does not understand English, the notification of rights shall be conducted by an interpreter. At the time of admission or intake, each patient shall be given a summary of rights which must be made available in foreign languages, if necessary.



Maryland

Type	Provision(s)	Description
MEN	Md. Code Ann., Health §§ 10-631(c), 10-701(f)(1)	When an individual is being admitted as an inpatient for treatment of mental illness, individual must be informed of certain rights in English or, if the individual does not understand English, in the language or manner best calculated to inform the individual of the applicable provisions of the law.
AGY	Md. Code Ann., State Gov't § 10-1101-1105	Equal Access to Public Services for Individuals with Limited English Proficiency. This subtitle includes a number of provisions to ensure equal access based on the finding that the inability to speak, understand, or read the English language is a barrier that prevents access to public services provided by State departments, agencies, and programs, and that the public services available through these entities are essential to the welfare of Maryland residents. It is the policy of the State that State departments, agencies, and programs shall provide equal access to public services for individuals with limited English proficiency.
HEA	Md. Code Regs. 01.03.01.11(e)(2)	For health care claims arbitration, on written request of a party for an interpreter, the arbitration panel shall first determine the need for an interpreter and, if needed, the panel shall provide the interpreter. The cost of the interpreter is considered a cost of the proceedings. A request for an interpreter shall be made not less than 30 days in advance of the hearing date.
HEA, MEN	Md. Code Regs. 10.01.03.19	For Department of Mental Health and Hygiene hearings, if a party or witness cannot readily hear, speak, or understand the spoken English language, the hearing examiner may appoint a qualified interpreter to provide assistance during a hearing. Costs of an interpreter may be charged to the party on whose behalf the interpreter is obtained.
CHC	Md. Code Regs. 10.09.08.06(A)(11)(m)	Maryland Qualified Health Centers must assure access to language interpretation if a substantial portion of the population served is LEP.
CRD, HHC	Md. Code Regs. 10.09.20.03(A)(7)(a)	A personal care services provider must be able to speak, read, write, and follow directions in English unless the case monitoring agency, the participant, and the personal care provider uniformly agree to waive the English requirement.
OAA	Md. Code Regs. 10.09.44.06(E), 10.09.44.12(E)(2)(g)	For Programs of All-Inclusive Care for the Elderly (PACE), because the PACE provider is responsible for ensuring that recipients whose primary language is not English understand the benefits and restrictions associated with enrollment in PACE, the PACE provider shall give to such a recipient at the time of enrollment a notice that translation services are available; or list of primary care providers who speak foreign languages.
MED, MCO	Md. Code Regs. 10.09.64.06(K)(1), 10.09.66.01(A)(2), 10.09.62.01(B)(190)	For Medicaid managed care, the managed care plan must document access provisions to address the needs of enrollees who do not speak English and provide all documents in enrollee's native language for enrollees who are members of a substantial minority. "Substantial minority" means an ethnic or linguistic group that comprises 5 percent or more of the Medicaid population in the county to be served.
MED., MCO	Md. Code Regs. 10.09.64.03(T)	The Medicaid managed care plan shall submit copies of its Medicaid marketing plan with draft copies of all materials including appropriate foreign language versions required when English is not the native language of a substantial minority of the population to be served.
MED, MEN	Md. Code Regs. 10.09.70.05(A)(6)(d)	Based on information collected through consumer surveys, the Mental Hygiene Administration must evaluate data as to whether Medicaid waiver-eligible individuals, who are referred for specialty mental health services, experience demonstrated sensitivity to the waiver-eligible individual's and the individual's family's unique cultural, ethnic, or linguistic needs, if any.
OAA	Md. Code Regs. 10.09.76.01(B)(39)	For the Primary Adult Care program, "substantial minority" means an ethnic or linguistic group that comprises 3 percent or more of the PAC population in the area to be served.



Maryland continued

Type	Provision(s)	Description
OAA	Md. Code Regs. 10.09.76.07(C)(1)(c)	A Primary Adult Care managed care provider must provide all documents in enrollee's native language for enrollees who are members of a substantial minority.
HIV, CON	Md. Code Regs. 10.18.08.07(E), 10.18.09.04(B)	For voluntary HIV/AIDS testing, a health care provider administering the informed consent form shall read and explain the form, through an interpreter if necessary, to anyone who cannot read or understand the form's contents.
MEN	Md. Code Regs. 10.21.01.05(A)(2)	For involuntary commitment, if an individual is confined on observation status in an inpatient facility, staff at the inpatient facility shall inform the individual of the individual's status and rights and by explaining the information in English or in the language and terms that are appropriate to the individual's condition and ability to understand.
MEN	Md. Code Regs. 10.21.08.03(B)(1)(b)(iii)	Patients admitted to mental health facilities should be screened for hearing impairments and non-English speaking patients shall be tested in the language the patient is known to speak or is believed to comprehend.
PUB	Md. Code Regs. 10.59.01.03(J)(1)-(2)	For quarantined individuals, to the extent feasible, the health officer shall provide information assessing the language needs of the isolated or quarantined individual and translating both oral and written communications and documentation.



Massachusetts

Type	Provision(s)	Description
CHI, MEN	Mass. Gen. Laws Ann. ch. 71B, § 7	For children with special needs, no results of standardized or local tests may be used exclusively in the selection of children for referral, diagnosis, or evaluation. Such tests shall be approved by the department to insure that they are as free as possible from cultural and linguistic bias or, wherever necessary, separately evaluated with reference to the linguistic and cultural groups to which the child belongs.
HOS	Mass. Gen. Laws Ann. ch. 111, § 25J(a) – (e); ch. 123, § 23A(b)	Every acute care hospital shall provide competent interpreter services in connection with all emergency room services provided to every non-English speaker who is a patient or who seeks appropriate emergency care or treatment. Receipt of interpreter services shall not be deemed a “public benefit” under provisions restricting benefits on the basis of immigrant status. Any non-English speaker denied emergency health care services because interpreter services are unavailable may bring a civil action without exhausting administrative remedies.
AGY	Mass. Gen. Laws Ann. ch. 118E, § 56(b)(6)(vi)	The Medicaid Health Safety Net Office, in administering the Essential Community Provider Trust Fund to improve and enhance the ability of acute hospitals and community health centers to serve populations in need more efficiently and effectively, shall consider the cultural and linguistic challenges presented by the populations served by the provider.
AGY, PAY	Mass. Gen. Laws Ann. ch. 118G, § 7	In determining rates to be paid by governmental units to acute-care hospitals and any hospital or separate unit of a hospital that provides acute psychiatric services, the executive office shall include as an operating expense the reasonable cost of providing competent interpreter services.
AGY, PAY	Mass. Gen. Laws Ann. ch. 118G, § 11	All rates of payment to acute hospitals and non-acute hospitals under Medicaid shall be established by contract between the provider of such hospital services and the division of medical assistance and shall include reimbursement for the reasonable cost of providing competent interpreter services.
AGY, TRA	Mass. Gen. Laws Ann. ch. 118G, § 18B(k)	The Department shall promulgate a standard written notice form to be made available to health care providers in English and foreign languages regarding the criminal penalties for committing fraud in connection with receipt of uncompensated care pool services.
RGT, MEN, MFA	Mass. Gen. Laws Ann. ch. 123, § 23(e)	A notice of rights of persons receiving services from any program or facility operated by, licensed by or contracting with the Department of Mental Health (including state hospitals, community mental health centers, residential programs or inpatient facilities) must be in language understandable by such persons and translated for any such person who cannot read or understand English.
INS	Mass. Gen. Laws Ann. ch. 176O, §§ 6(a)(10), (b)(9), 15(k)	Health insurance carriers (including vision and dental carriers) must provide a statement detailing what translator and interpretation services are available to assist insureds; provided, that the commissioner shall determine in which languages other than English such statement shall be printed. And carriers shall provide insureds, upon request, interpreter and translation services related to administrative procedures.
AGY	Mass. Gen. Laws Ann. Spec. L. ch. 570, § 1(b)	The Boston Public Health Act in creating a new medical center, has as part of its mission serving both urban and suburban communities in a culturally and linguistically competent manner that strives to meet the current and changing health care needs of people of all races, languages, cultures and economic classes.
AGY, MEN	104 Mass. Code Regs. 27.03(15)	The Department shall conduct annual inspections of mental health facilities granted deemed status to determine their compliance with and interpreter services.
MEN, MFA	104 Mass. Code Regs. 27.12(5)(g)(7)(B)	Regarding use of restraints, a mental health facility medical director shall take steps to identify and implement strategies to facilitate release as soon as possible and/or eliminate the use of multiple episodes, such as assistance with communication, including interpreter services.



Massachusetts continued

Type	Provision(s)	Description
MEN, HOS, MFA, FAM	104 Mass. Code Regs. 27.18	Each Department of Mental Health-operated hospital, community mental health center with inpatient unit, psychiatric unit within a public health hospital, Department-licensed psychiatric hospital and Department-licensed psychiatric unit within a general hospital shall make interpreter services available 24 hours a day, seven days a week. A facility may use reasonable judgment as to whether to employ or contract for competent interpreter services. The facility shall not require, suggest, or encourage use of family members or friends as interpreters.
WOM	105 Mass. Code Regs. 127.021	As a condition of licensing, mammography facilities must provide information about patients' rights, the mammography examination, and breast self-examination to patients. The official commentary to this regulation states that facilities that serve linguistically diverse patients should use reasonable means to communicate the required information to patients who are not proficient in reading English.
INS	105 Mass. Code Regs. 128.510	Health insurance carriers shall provide insureds, upon request, interpreter and translation services related to a carrier's administrative procedures.
HOS	105 Mass. Code Regs. 130.020	Definitions for hospital licensure include "non English speaker" – a person who cannot speak or understand, or has difficulty speaking or understanding English, because the speaker primarily or only uses a spoken language other than English.
HOS	105 Mass. Code Regs. 130.343(E)	For hospital discharge planning for non-English speaking patients, the hospital shall provide translation assistance to assist the patient and/or as appropriate the family/patient representative in understanding the discharge plan.
EIS	105 Mass. Code Regs. 130.615(C), (E), (F)	Maternal-newborn service must make available health education materials and activities in languages identified through the hospital's language needs assessment and must have interpreter services available to ensure that families who speak these languages receive ongoing information about the condition and progress of the mother and infant. Culturally and linguistically appropriate nutritional consultation shall be available for mothers and infants.
EIS	105 Mass. Code Regs. 130.616(F)(6)(g)	Maternal-newborn service at hospitals licensed nursing staff must receive orientation and periodic in-service education related to the current best practices for maternal and newborn care including training or documented skill in family-centered care that is culturally and linguistically appropriate.
EIS, HOS, XXX	105 Mass. Code Regs. 130.629 (B)(1)(a-c)	Hospitals and birth centers shall include information on the importance of newborn hearing screening and follow-up in materials distributed to parents or guardians. The information will be readily available in the major languages identified through the hospital's language needs assessment. Translation of the information in lesser-used languages will be provided no later than discharge, but ideally prior to screening.
HOS	105 Mass. Code Regs. 130.1101-130.1108	Emergency Room Interpreter Law – to meet licensing standards, acute care hospitals will provide no-cost interpretation in connection with all emergency department services. Interpretation minimally available on an on-call basis 24 hours a day, seven days a week. Written procedures for timely and effective telephone communication with non-English speaking patients shall be established. Each acute care hospital shall develop written policies and procedures, that govern the provision of interpreter services and which include the qualifications for a coordinator of interpreter services. Hospitals should be discouraged from using family members and friends and are prohibited from using minor children.



Massachusetts continued

Type	Provision(s)	Description
HOS, TRA	105 Mass. Code Regs. 131.116	Acute hospitals shall translate certain notices into a language or languages other than English if such language or languages are spoken by at least 10% of the residents of the hospital's service area. Acute hospitals shall post said translated notices in the admitting areas, main lobbies, emergency rooms, outpatient departments, and in all major public areas on each floor of the hospital including but not limited to lounge areas, areas opposite points of access, and elevator areas and shall distribute copies of the translated individual notices through the admitting office and emergency room prior to or at the time of admission and copies of individual notices shall be made available in outpatient departments by leaving a sufficient number in waiting areas and in receiving areas.
HIV	105 Mass. Code Regs. 150.004, 150.001	Skilled nursing facilities for AIDS patients must provide access to sufficient bilingual services to meet the cultural and language needs of non-English speaking residents. Facilities must have a responsible person who has the ability to communicate orally and in writing in English and the primary language used by patients and residents of a facility.
PUB	105 Mass. Code Regs. 365.200(C)(5)	Case management for tuberculosis must include an assessment of whether there are factors which affect adherence with therapy including language barriers and cultural beliefs.
MEN, MFA	114.2 Mass. Code Regs. 4.02	Resident care facilities definitions include "responsible person" – a person 21 years of age or older who has the ability to communicate orally and in writing in English, or the primary language used by Residents of the facility, and who will make mature and accurate judgments regarding the care needs of the residents.
CHC	114.3 Mass. Code Regs. 4.02	For community health centers' rates, supportive services includes translation services.
HHC	114.3 Mass. Code Regs. 50.07(1)	Home health agency may apply for a change in rates due to costs associated with providing interpreter services.
HOS, CHC, TRA	114.6 Mass. Code Regs. 10.08(1)(c), 12.08(1)(e)	Hospitals and Community Health Centers must conspicuously post signs that inform patients of the availability of free care and other programs of public assistance to patients. All signs shall be translated into language(s) other than English if such language(s) is primarily spoken by 10 percent or more of the residents in the Hospital's or Community Health Center's service area.
AGY	115 Mass. Code Regs. 4.03(2)(c)	Requiring Department of Mental Retardation to write individual records in English, with second language translation (or availability of interpreter services) where necessary for the individual.
AGY	115 Mass. Code Regs. 6.22 (2)(a)	Department of Mental Retardation assessments and consultations shall reflect consideration of the individual's cultural, ethnic, and linguistic background.
RGT	115 Mass. Code Regs. 9.04(2)	All Department of Mental Retardation providers shall provide to all individuals served an initial and subsequent, annual training on when and how to file a complaint or obtain assistance including the use of alternative means of communication where the individual is unable to communicate without assistance or an interpreter.
AGY, MEN	115 Mass. Code Regs. 9.12(1)(a)	The Department of Mental Retardation Human Rights Committee shall use its best effort to see that an individual determined in his or her latest ISP to be unable to communicate without assistance or an interpreter, who is involved in a complaint is represented by an independent attorney or advocate, if necessary or appropriate, in order to ensure that his or her interests are adequately protected.
MED, CHC	130 Mass. Code Regs. 405.414	Division of Medical Assistance rule requiring Community Health Centers to employ at least one practitioner or translator conversant in the primary language of each substantial population (10 percent or more of the total member population) of non-English speaking members that regularly uses the CHC.



Massachusetts continued

Type	Provision(s)	Description
MED, STA, CON	1130 Mass. Code Regs. 405.429(A)(2)(d), 405.430(B), 410.432(A)(2)(d), 410.433(B), 415.410(A)(2)(d), 415.411(B), 421.439(A)(2)(d), 421.440(B), 423.417(A)(2)(d), 423.418(B), 433.457(A)(2)(d), 443.458(B), 485.407(A)(2)(d), 485.409(B)	For Medicaid payment of sterilization, the person who obtains consent (a physician, nurse, or counselor, for example) must provide an interpreter if the member does not understand the language used on the consent form or the language used by the person obtaining consent. The interpreter must sign the consent form.
MED, MEN	130 Mass. Code Regs. 411.414(C), (D), (F), 429.441(H)(2)(b)-(d)	For Medicaid payments of psychological testing or assessment of brain injury, unless clinically contraindicated due linguistic challenges, intelligence testing must include specific tests. Assessment of brain damage must consist of a battery of procedures in order to determine if a member is organically impaired.
HOS, MFA	130 Mass. Code Regs. 415.419(B)(2)(a), 435.417(D)(2)(a)	For general hospitals and chronic disease or rehabilitation hospitals, the discharge-planning department must maintain up- to-date lists of all licensed nursing facilities within a 25- mile minimum radius of the hospital including the availability of bilingual staff.
WOM	130 Mass. Code Regs. 421.416(B)(4)	Outreach programs for family planning services providers must include 1 of 6 factors, including disseminating information to groups and individuals in the target populations and, to the extent possible, in the native language and in the locality of the populations.
EIS	130 Mass. Code Regs. 440.414(C)	Early intervention program should be responsive to the needs of non-English populations within its service area.
MED	130 Mass. Code Regs. 501.009(I)	Division of Medical Assistance shall inform applicants and members of the availability of interpreter services. Unless the applicant chooses to provide his/her own interpreter services, the Division will provide either telephonic or other interpreter services.
MED, MCO	130 Mass. Code Regs. 508.002(C)(1)(d)	For assigning members to Medicaid managed care plans, the agency assigns a member only if the provider is able to communicate with the member directly or through an interpreter, unless there is no medical care available in the member's service area that meets this requirement.
MED, AGY	130 Mass. Code Regs. 515.001, 515.007(I)	The Medicaid agency will inform applicants and members of the availability of interpreter services. Unless the applicant or member chooses to provide his or her own interpreter services, Medicaid will provide either telephonic or other interpreter services whenever the applicant or member who is seeking assistance has limited English proficiency and requests interpreter services; or the agency determines such services are necessary. Under definitions, "interpreter" is a person who translates for an applicant or member who has limited English proficiency or a hearing impairment and "limited English proficiency" means an inadequate ability to communicate in the English language.



Massachusetts continued

Type	Provision(s)	Description
MED, HEA	130 Mass. Code Regs. 610.004, 610.016(B), 610.017, 610.084	For Medicaid fair hearings, "interpreter" is a person who translates for the appellant, when the appellant's primary language is not English. The interpreter is sworn to make an impartial and accurate translation of the events occurring at the hearing. When an interpreter also acts as the appellant's appeal representative, the appellant will supply a signed written statement to that effect in both English and, where applicable, in the appellant's primary language. The agency will provide telephonic or, at its option, other interpreter services for an appellant whose English proficiency is limited, unless such appellant provides his or her own interpreter or such appellant knowingly and voluntarily signs a waiver of such services. Copies of a hearing decision will be forwarded to the appellant, the appellant's appeal representative, and the appellant's interpreter (if requested).
MED, HEA	130 Mass. Code Regs. 610.065(A)(9)	A Medicaid hearing officer must inform appellants who are not fluent in English of the right to a full and accurate interpretation by their own interpreter, or by a Division-provided interpreter. The hearing officer shall conduct the bilingual hearing in accordance with the guidelines for conducting hearings through interpretation in the Hearing Officer Manual to enable non-English speaking appellants to understand and to participate in the entire hearing as fully as if the appellants were fluent in English. To achieve this end, all statements, including questions, answers, and comments, of the appellant, hearing officer, witnesses, and any other persons participating in the hearing, shall be fully translated without alteration of such statements, such as by changing from the first person to the third person.
INS, TRA	211 Mass. Code Regs. 52.13(3)(p)	Insurance carriers must deliver, upon enrollment, evidence of coverage which includes a statement detailing what translator and interpretation services are available to assist insureds, including that the carrier will provide, upon request, interpreter and translation services related to administrative procedures. The statement must appear in at least Arabic, Cambodian, Chinese, English, French, Greek, Haitian-Creole, Italian, Lao, Portuguese, Russian and Spanish.
CRD	251 Mass. Code Regs. 1.10(2)(b)	The Board of Registration for Psychologists has adopted as official guides the Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations published in 1990 by the American Psychological Association.
HHC	651 Mass. Code Regs. 3.01(2), 3.03(5)	For the home care program, definitions of "at risk" includes elders who are experiencing cultural or linguistic barriers to care; "elder at risk program" is the program providing services to persons age 60 and older who, because of language or cultural barriers, are unable to meet essential needs and can no longer remain safely in the community without assistance. Home care services includes translation/interpreting provided to clients in need of such assistance in order to receive services.
AGY	651 Mass. Code Regs. 15.06(1)(c)	The Prescription Drug Assistance Program shall publicize that assistance with the application process is available to applicants with limited English proficiency.



Michigan

Type	Provision(s)	Description
AGY	Mich. Comp. Laws § 18.305(2)(A)	The Commission on Spanish-speaking Affairs shall conduct studies and recommend solutions to the problems of Spanish-speaking people in areas including health.
MEN	Mich. Comp. Laws § 330.1100b(15)(a)	"Mental retardation" means a condition manifesting before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on a valid assessment that considers cultural and linguistic diversity, as well as differences in communication factors.
AGY	Mich. Comp. Laws § 330.1164(b)	The Department of Mental Health must recommend to the director treatment methods and programs that are sensitive and relevant to the unique linguistic, cultural, and ethnic characteristics of multicultural populations.
HIV, TRA	Mich. Comp. Laws § 333.5133	Patients receiving HIV tests must be given pamphlet describing the testing clear, non-technical English and Spanish.
AGY, WOM, TRA	Mich. Comp. Laws § 333.9161	The Department of Licensing and Regulation shall distribute a pamphlet with information about prenatal care and parenting in English, Spanish, and other needed languages.
STA	Mich. Comp. Laws § 333.17015	Women's Right to Know (abortion risks, options, and fetal development at two-week intervals) pamphlet must be printed in non-technical English, Arabic and Spanish. Required information provided orally must be provided in language designed to be understood by the patient.
AGY, RGT, HOS, MFA, LTC	Mich. Comp. Laws § 333.20194(1)-(2)	All health facilities (inc. ambulance operation, aircraft transport operation, non-transport pre-hospital life support operation, medical first response service, clinical laboratory, county medical care facility, freestanding surgical outpatient facility, health maintenance organization, home for the aged, hospital, a nursing home, hospice, hospice residence) except emergency medical facilities, must display a pamphlet outlining the procedure for filing a complaint against a health facility or agency and the procedure for filing a complaint against an individual employed by, under contract to, or granted privileges by the health facility or agency. The Department of Consumer and Industry Services shall develop the pamphlets in languages that are appropriate to the ethnic composition of the patient population where the pamphlet will be displayed.



Minnesota

Type	Provision(s)	Description
AGY	Minn. Stat. § 3.9226(3)(1)-(2)	The Governor's Council on Asian-Pacific Minnesotans shall advise the governor and the legislature on issues confronting Asian-Pacific people in this state, including the unique problems of non-English-speaking immigrants and refugees and advise any administrative and legislative changes necessary to ensure that Asian-Pacific people have access to benefits and services provided to people in this state.
AGY, TRA	Minn. Stat. § 15.441	Every state agency that is directly involved in furnishing information or rendering services to the public and that serves a substantial number of non-English-speaking people shall employ enough qualified bilingual persons in public contact positions, or enough interpreters to assist those in these positions, to ensure provision of information and services in the language spoken by a substantial number of non-English-speaking people. The Commissioner of Administration shall determine the application to each state agency, in consultation with the Council on Affairs of Chicano/Latino People, groups representing other non-English-speaking people, and the head of the agency. In determining what constitutes a substantial number of non-English-speaking people, the commissioner shall consider: the number of people served by the agency; the number of non-English-speaking people served by the agency; the frequency with which non-English-speaking people are served by the agency; and the extent to which information or services rendered by the agency affect legal rights, privileges, or duties. Every state agency that serves a substantial number of non-English-speaking people and that provides materials in English explaining services is encouraged to provide equivalent materials in any non-English language spoken by a substantial number of the people served by the agency. An agency should give highest priority to providing in a non-English language materials that notify people of legal rights, duties, or privileges they are entitled to, and the steps they must take to obtain or maintain those rights, duties, or privileges. When notice of the availability of material explaining services available is given, orally or in writing, it should be given in English and the non-English language into which any material has been translated. A state agency is encouraged to provide its local offices with written materials in the appropriate foreign language when: the local office or facility serves a substantial number of non-English-speaking people; written materials such as forms, applications, questionnaires, letters, or notices are used to ask or order a person to provide information or to give a person information; and the information asked for or given could affect the person's rights, duties, or privileges with regard to the agency's services or benefits. A state agency may not dismiss an employee or increase its complement to carry out the purposes of this section. A state agency need only implement this section by filling employee public contact positions made vacant by retirement or normal attrition. This section shall be implemented to the extent permissible under federal law, civil service laws governing state agencies, and collective bargaining agreements.
INS, TRA	Minn. Stat. § 62J.72(1)(e)	Disclosure statement by insurance companies describing reimbursement methods must be provided upon request in English, Spanish, Vietnamese, and Hmong, with reasonable efforts made to provide the information contained in the statement to other LEP enrollees.
MCO	Minn. Stat. § 62Q.03(5a)	Health plans must develop a separate risk adjustment system for state-run public programs, including medical assistance, general assistance medical care, and MinnesotaCare. The system must be developed in accordance with the general risk adjustment methodologies described in this section and must attempt to reflect the special needs related to cultural or language barriers.
AGY	Minn. Stat. § 62Q.19(1)(d)	The commissioner shall designate essential community providers. The criteria include a demonstrated ability to integrate applicable supportive and stabilizing services – including, at a minimum, cultural and linguistic services where appropriate – with medical care for uninsured persons and high-risk and special needs populations.



Minnesota continued

Type	Provision(s)	Description
INS	Minn. Stat. § 62Q.5(1)(a)(3), (1a)(c)(2), (2)(b)(2)	If enrollees are required to access services through selected primary care providers for coverage, the health plan company shall prepare a written plan that provides for continuity of care in the event of contract termination between the health plan company and any of the contracted primary care providers, specialists, or general hospital providers. The written plan must explain: the procedures by which enrollees will be transferred to other participating providers, when special medical needs, special risks, or other special circumstances, such as cultural or language barriers, require them to have a longer transition period or be transferred to nonparticipating providers. The health plan company shall prepare a written plan that provides a process for coverage determinations regarding continuity of care of up to 120 days for enrollees or new enrollees who request continuity of care with their former provider, if the enrollee: is receiving culturally appropriate services and the health plan company does not have a provider in its preferred provider network with special expertise in the delivery of those culturally appropriate services within 30 minutes or 30 miles; or does not speak English and the health plan company does not have a provider in its preferred provider network who can communicate with the enrollee, either directly or through an interpreter, within 30 minutes or 30 miles.
PUB	Minn. Stat. §§ 144.4805(3)(6)(v), 144.4809(3)(3)	In carrying out activities pursuant to the Tuberculosis Health Threat Act, in mandating treatment or isolation of a person with tuberculosis, the carrier or respondent has the right to the assistance of an interpreter in any proceedings and the notice of a proceeding must include notification of the right to an interpreter. If the commissioner petitions the court to enforce the health order, the notice of the preliminary hearing must contain the right of the carrier or respondent to the assistance of an interpreter.
RGT	Minn. Stat. § 144.651(4)	The Health Care Bill of Rights states that reasonable accommodations shall be made for those who speak a language other than English.
STA, TRA	Minn. Stat. §§ 145.4242-4249	Women's Right to Know Act: Information about adoption, fetal pain associated with abortion, the possible detrimental psychological effects of abortion, and fetal development at two-week intervals shall be published in English and in each language that is the primary language of 2 percent or more of the state's population and shall be available on the state's web site. Informed consent is provided only if certain information is provided. Even though this information may be provided by telephone, it does not preclude the provision of required information in a language understood by the patient through a translator.
XXX	Minn. Stat. § 145.852(1)	A person who is unable to communicate coherently or effectively in the English language is authorized and encouraged to wear an identifying device.
CHC	Minn. Stat. § 145.9268(3a)(a)(4)	Grants to community clinics may be awarded for activities that provide improvements for care delivery, such as increased translation and interpretation services.
MEN, XXX	Minn. Stat. §§ 146A.11, 148B.71(1)	Unlicensed complementary and alternative health care practitioners and unlicensed mental health practitioners shall use reasonable accommodations to provide each patient who speaks a language other than English with a health care client's bill of rights.
PRO	Minn. Stat. § 148D.230(1)(c), Minn. R. 8740.0320(4)(C)	A social worker must use clear and understandable language, including using an interpreter proficient in the client's primary language as necessary, to inform clients of the plan of services, risks related to the plan, limits to services, relevant costs, terms of payment, reasonable alternatives, the client's right to refuse or withdraw consent, and the time frame covered by the consent.



Minnesota continued

Type	Provision(s)	Description
PRO	Minn. Stat. §§ 245.462(17), 245.4871(26)	"Mental health practitioner", for the Department of Human Services, means a person providing services to persons with mental illness who is qualified in at least one of the following ways, including is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met.
AGY	Minn. Stat. Ann. § 256.01 (13), (16)	Mandating (1) pilot projects for language assistance for individuals applying for or receiving aid through county social service agencies; and (2) implementation of a procedure for public assistance applicants and recipients to identify a language preference other than English in order to receive information pertaining to the public assistance programs in that preferred language. (NOTE: Both of these pilot projects were for projects in the 1990's and may no longer be in existence.)
AGY, OAA	Minn. Stat. § 256.975(7)(a)	The Minnesota Board on Aging shall operate a statewide information and assistance service to aid older Minnesotans and their families in making informed choices about long-term care options and health care benefits. Language services to persons with limited English language skills may be made available.
MFA	Minn. Stat. §§ 256B.0623(4)(f)(5), 256B.0624(4)(b)(5)	Adult rehabilitative mental health services and adult mental health crisis response services providers must ensure that staff is capable of implementing culturally specific services that are culturally competent and appropriate as determined by the recipient's culture, beliefs, values, and language as identified in the individual treatment plan.
MED	Minn. Stat. § 256B.0625 (18a)(d)	Medicaid medically needy program covers oral language interpreter services when provided by an enrolled health care provider during the course of providing a direct, person-to-person covered health care service to an enrolled recipient with limited English proficiency.
MED, LTC	Minn. Stat. § 256B.0654(4)(a)(3)(iv)	Under the Medicaid private duty nursing rules, payment is allowed for extraordinary services that require specialized nursing skills and are provided by parents of minor children, spouses, and legal guardians who are providing private duty nursing care because of special language needs, the parent, spouse, or legal guardian is needed in order to provide adequate private duty nursing services to meet the medical needs of the recipient.
MED, CHI, MFA	Minn. Stat. § 256B.0943(5)(b)(1)	To be an eligible Medicaid provider of children's therapeutic services and supports, an entity must have administrative infrastructure written policies and procedures that include personnel procedures, including a process for recruiting, hiring, training, and retention of culturally and linguistically competent providers.
MCO, TRA	Minn. Stat. § 256B.69(27)	Managed care contracts must require plans to inform enrollees that upon request the enrollee can obtain a certificate of coverage in the following languages: Spanish, Hmong, Laotian, Russian, Somali, Vietnamese, or Cambodian. Upon request, the plan must provide the enrollee with a certificate of coverage in the specified language of preference.
MED	Minn. Stat. § 256L.03(3a)	Medicaid covers spoken language interpreter services that assist an enrollee in obtaining covered health care services.
PRO	Minn. R. 3100.5100(3)(B)(5)	Dental continuing education elective requirements for dentists, dental hygienists, or registered dental assistants include courses in dental practice management and communication which can include foreign language classes.



Minnesota continued

Type	Provision(s)	Description
XXX	Minn. R. 4688.0010(4), 4688.0020(F)(3), 4688.0040(3)(C), 4688.0160(E)	Applications for designation as an essential community provider must include at least one type of linguistic services: coordination with community linguistic services; coordination with certified interpreters; coordination with qualified translators; or professional and support staff who provide translation and interpretation services. "Linguistic services" means translation services and interpreter services that are appropriate to facilitate communication. An essential community provider's annual report must include the linguistic service options currently available to clients, if appropriate.
EPS	Minn. R. 9505.1736	A local agency must effectively inform an individual who cannot read or understand the English language, about the EPSDT program.
MEN, CON	Minn. R. 9525.2780(4)	To obtain informed consent regarding certain controlled treatment or substantial changes in treatment for individuals with mental illness, the information must be provided in a non-technical manner and in whatever form is necessary to communicate the information effectively, such as in the person's or the legal representative's native language if the person or the legal representative does not understand English or in sign language if that is the person's or the legal representative's preferred mode of communication, and in a manner that does not suggest coercion.



Mississippi

Type	Provision(s)	Description
EIS	Miss. Code Ann. § 41-87-13(1)(b)	Early intervention services providers must provide an explanation of the assessment and all service options in the family's native language, accommodating cultural differences.
MFA, HOS	12-000-043 Miss. Code R. § 2709.16(3), 12-000-044 Miss. Code R. § 110.14(3)	Minimum standards for psychiatric hospitals and residential care facilities requires that prior to the administration of a drug that has abuse potential, the patient and, when required by law, the patient's parent(s) or guardian are informed orally and in writing, and, if possible, in the patient's native language, of the benefits and hazards of the drug.
MCO, TRA	13-000-003 Miss. Code R. § 6.4(b)	Health maintenance organizations must maintain adequate staffing including appropriate foreign language interpreters and Member materials printed in each language spoken by five percent (5%) or more of the Members in each Service Area. A contractor's annual Diversity Report must show the racial and primary language composition of the Contractor's members by number and percent of total members.
MED, AGY	13-000-023 Miss. Code R. § 2002-04	Limited English Proficiency Plan for Medicaid includes information on forms, signage, interpreters, language line services, outreach, and other issues related to services for LEP individuals.
CRD	28-000-072 Miss. Code R. § 98-1	Physician credentialing application asks for foreign language fluency of the physician and the physician's staff.



Missouri

Type	Provision(s)	Description
MEN, RGT	Mo. Ann. Stat. § 632.325(11)	If Respondent is accepted for evaluation and treatment by psychiatric services through civil detention, he has the right to have an interpreter assist him at the facility or during a hearing or both, if he is hearing impaired or does not speak English.
MFA	Mo. Code Regs. Ann. tit. 9, § 10-7.030(3)(B)	For psychiatric facilities, services shall be appropriate to the individual's age and development and shall be responsive to the individual's cultural situation and any linguistic/communication needs.
MEN	Mo. Code Regs. Ann. tit. 9, § 30-4.195(C)(6), (L)(6)	Access Crisis Intervention programs must operate or arrange for a twenty-four (24)-hour telephone hotline and mobile response program. Each program shall have a written description of the hotline and mobile response systems' services are provided to persons who have a limited understanding of the English language.
MFA	Mo. Code Regs. Ann. tit. 9, § 40-4.095(4)(A)	For community residential homes not licensed by the Division of Aging and Psychiatric Homes, admissions forms must contain the individual's language spoken or used in natural home if not English.
MFA	Mo. Code Regs. Ann. tit. 9, §§ 40-9.095(4)(A), 40-10.095(4)(A)	For day programs for the mentally retarded and developmentally disabled, admissions forms must contain the individual's language spoken or used in natural home if not English. These forms must be kept for 7 years post discharge.
OAA	Mo. Code Regs. Ann. tit. 19, §§ 15-4.010(27), 15-4.050(1)(D); 15-7.005(29)	For the Older American Act, "greatest social need" includes need caused by non-economic factors, including language barriers, and cultural, isolation, including isolation caused by racial or ethnic status, which restrict the ability of an individual to perform normal daily tasks and/or threatens the capacity of the individual to live independently.
OAA	Mo. Code Regs. Ann. tit. 19, § 15-4.150(2)(B)	In seeking a waiver under the Older Americans Act, an area agency must have a public hearing and notice must be publicized through widely circulated newspapers and other public media at least twenty (20) calendar days before the date of the hearing in English and other languages as appropriate to the geographic area or to the target population to be served.
OAA	Mo. Code Regs. Ann. tit. 19, §§ 15-7.010(4)(A), 15-7.050(2)(G)	All service providers for older people or low income handicapped adults must have multilingual staff available when there are substantial numbers of non-English speaking service recipients. Service providers must develop a plan to provide services in the language spoken by the target population, if other than English.
EIS	Mo. Code Regs. Ann. tit. 19, § 40-9.020(6)	For newborn hearing screening, facilities shall provide each newborn's parent(s) with information about newborn hearing screening in English or other language or alternate method as appropriate. The department shall provide information to facilities in other languages upon request.
CRD, MCO	Mo. Code Regs. Ann. tit. 20, § 400-7.180, Exhibit A	The credentialing form for health maintenance organizations includes requests for information on the languages spoken (other than English) by health care providers and whether interpreters are available.



Montana

Type	Provision(s)	Description
MCO	Mont. Code Ann. § 33-36-201(6)(d)	An access plan for each managed care plan offered in the state must describe or contain the health carrier's efforts to address the needs of LEP persons.
MED, STA, CON	Mont. Admin. R. 37.86.104(5)(b)	For Medicaid reimbursement of physician services for sterilization, the informed consent form must be signed by the recipient to be sterilized, the person who obtained the consent, and the interpreter (if required) at least 30 days but not more than 180 days prior to the sterilization.
WOM	Mont. Admin. R. 37.86.3402(2)(f)(ix)	A pregnancy is considered high-risk for an LEP person so as to make that person eligible for case management services.
MCO	Mont. Admin. R. 37.108.207(1)(d), 37.108.236(1)(a)	Managed care plans' access plan must include the policy to address the needs of enrollees with limited English proficiency and/or illiteracy and those with diverse cultural and ethnic backgrounds to insure that these characteristics do not pose barriers to gaining access to services. The policy must, at a minimum, describe the plan's methods for providing interpreter services to allow effective communication regarding treatment, medical history and health education.



Nebraska

Type	Provision(s)	Description
EIS	Neb. Rev. Stat. §§ 43-2502.03, 43-2503(1), 43-2507(1)	For infants with disabilities, the Early Intervention Act is to promote the development of and planning for a statewide system of comprehensive, coordinated, family-centered, community-based, and culturally competent services and which include recognizing that outcomes for children in the early years are strengthened when programs and services display indicators of quality culturally responsive approaches.
INS	Neb. Rev. Stat. § 44-7105(2)(d)	A health carrier shall maintain an access plan for each managed care plan that describes the carrier's efforts to address the needs of LEP persons.
AGY, HIV	Neb. Rev. Stat. § 71-501.02(6)	The Department of Health and Human Services may operate a statewide AIDS program including, to the extent funds are available, services that are culturally and language specific upon request.
CRD, MFA, LTC	Neb. Rev. Stat. §§ 71-6039(1)(b), 71-6039.01(2), 175 Neb. Admin. Code §§ 12-006.04C7a(3), 12-002.08C, 17-006.03B2(3)	Nursing assistants, nursing aides, medication assistants, and paid dining assistants in nursing homes, hospice and intermediate care facilities for the mentally retarded must speak and understand the English language or a language understood by a substantial portion of the nursing home residents.
CRD, HHC	Neb. Rev. Stat. § 71-6603(4), 175 Neb. Admin. Code §§ 14-006.04G5(4), 16-006.09B5f(4)	Home health aides must be able to speak and understand the English language or the language of the home health agency patient and the home health agency staff member who acts as the home health aide's supervisor.
OAA	Neb. Rev. Stat. § 81-2211.02, 15 Neb. Admin. Code § 1-001.01R	Under the Community Aging Services Act, greatest social need shall mean the need caused by non-economic factors, including language barriers, and cultural isolation including that caused by racial or ethnic status, which restricts an individual's ability to perform normal daily tasks, which threatens such individual's capacity to live independently, or which interferes with the exercise of rights and privileges.
MFA, RGT	202 Neb. Admin. Code § 6-004.02A	Efforts must be made to have residents' rights and responsibilities translated into the appropriate language for LEP residents of facilities for the mentally retarded.
MEN, MFA	204 Neb. Admin. Code §§ 5-004.05E2, 004.07A2, 004.08A(3)-(4)	To certify mental health programs, the risks and benefits of every service for which consent is sought, and the right to refuse the service, must be explained in the consumer's native language, as is individually appropriate. An orientation to the program must be communicated in the person's native language, as is individually appropriate. The program shall have policies and procedures which expedite entry into services by all members of the population to be served and cultural and language issues.
XXX	402 Neb. Admin. Code §§ 2-003(2)(d), 2-007(1)(a), (6)	Health Service System Improvements grants are available for projects that focus on improving access to high quality health care services, such as racial and ethnic minorities. The goals of these projects are to improve patient outcomes by reducing access barriers, such as language and cultural, including developing innovative cultural competency programs and reducing language barriers. Grant criteria include the cultural barriers including that exist and whether persons from diverse cultures were involved in developing the proposal.



Nebraska continued

Type	Provision(s)	Description
EPS	469 Neb. Admin. Code § 5-002.01(3), 471 Neb. Admin. Code §§ 5-002.01, 5-003.01	Under EPSDT, special emphasis is to be placed on informing for first time eligibles, mothers and families with infants or adolescents, or those not participating for over two years, or other eligible children considered 'at risk' for health care and must be adapted to meet the needs of persons who are who cannot understand the English language.
LTC	471 Neb. Admin. Code § 12-004.09G	In conducting an evaluation of nursing home residents to determine whether an individual has mental illness and/or mental retardation/related condition, the evaluation must be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated.
MED, HHC	471 Neb. Admin. Code § 15-004.02A	In determining eligibility for Medicaid personal care services, the agency shall ask the client for certain information which may include determining if there is a need for language interpretation.
MED, STA, CON	471 Neb. Admin. Code § 18-004.06B(3)	Medicaid will only cover sterilization for clients whose primary language is other than English if they are provided with the required elements for informed consent in their primary language.
EIS	471 Neb. Admin. Code § 10-001, 10-003(j)	Early Intervention Act requires a culturally competent approach to early intervention for families with eligible infants and toddlers with disabilities. The meeting to develop the service plan must be conducted with accommodation for the native language or primary mode of communication of the family. The services coordinator should also ask the family if a cultural representative would be desired as part of the team by the family if the family is not of the dominant culture.
MED, MCO, EPS	482 Neb. Admin. Code §§ 3-001, 3-002(1), (3), 3-003(k)(5), 3-003.01, 3-005	Enrollment brokers for Medicaid managed care shall provide access to translation and interpreter services throughout the enrollment process and including outreach. All materials must be developed in a manner that ensures a thorough understanding by the client and that language barriers and cultural are appropriately addressed. The enrollment broker must explain the availability of interpreter services. and assist in the resolution of problems relating to the accessibility of health care delivery, including identifying language barriers. The broker's Helpline to explain EPSDT services must include language services.
MED, MCO, MEN	482 Neb. Admin. Code §§ 4-002.04(g), 4-003.01(4), (11), 5-002.05A(12), (18), (41)	A Medicaid medical/surgical plan and prepaid health plan providing mental health/substance abuse services must maintain a sufficient number, mix, and geographic distribution of providers that are skilled in areas such a cultural diversity and sensitivity and languages. It must also ensure primary care providers and specialists are equipped in appropriate technologies, e.g., language services, or are skilled in various languages and areas of cultural diversity/sensitivity, and/or the network is appropriately staffed to ensure an adequate selection for those clients who have special cultural requests. A primary care provider must ensure that appropriate technologies are utilized in the daily operations of the physician's office, including language services, to accommodate the client's special needs. The prepaid health plan must provide interpreter services (as specified in its contract).
EPS	482 Neb. Admin. Code § 7-001(12), (13)	Clients participating in the EPSDT program or receiving services from a medical/surgical plan or mental health/substance abuse plan have the right to have materials interpreted and have interpreters, if necessary, during medical appointments and in all discussions.

Nevada

Type	Provision(s)	Description
AGY	Nev. Rev. Stat. Ann. § 232.475	The Office of Minority Health must, whenever possible, incorporate the use of bilingual communication in its programs and activities.
MEN, MFA	Nev. Rev. Stat. Ann. § 433.482(6)	Each client admitted for evaluation, treatment or training to a facility for mental health issues has the right to have reasonable access to an interpreter if the client does not speak English.
STA, CON	Nev. Rev. Stat. Ann. § 442.253(3)	To obtain informed consent for an abortion, if the woman does not understand English, the form indicating consent must be written in a language understood by her, or the attending physician shall certify on the form that the information required to be given has been presented in such a manner as to be understandable by her. If an interpreter is used, the interpreter must be named and reference to this use must be made on the form for consent.
HOS, TRA	Nev. Rev. Stat. Ann. § 449.730(5)	Every hospital shall post in a conspicuous place in each public waiting room in the hospital a legible sign or notice in 14-point type or larger, which sign or notice must provide a brief description of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons and must be written in English and Spanish.
HOS	Nev. Admin. Code § 442.405(2)	Neonatal care facilities must have a policy for the use of interpreters to address the needs of patients and their families who do not speak English.
XXX	Nev. Admin. Code § 449.5405(6)-(7)	If a facility for the treatment of irreversible renal disease admits more than 8 patients who read the same language other than English, all required written information provided by the facility to any of those patients must be written in that other language. Alternatively, an interpreter may be used.



New Hampshire

Type	Provision(s)	Description
MEN, RGT	N.H. Rev. Stat. Ann. § 330-A:15	The Mental Health Client Bill of Rights requires reasonable accommodations for those clients who do not read or speak English.
HEA	N.H. Code Admin. R. Health 203.03(f)	For Department of Health and Human Services hearings, an appealing party shall identify, in the appeal, any known specific needs or circumstances that relate to appellant's ability to attend or participate in a hearing, including, but not limited to, the need for interpreters.
XXX	N.H. Code Admin. R. Health 201.01(ae), 303.04(c)(2), 304.05(ai)(4)(b)	Standards for review of an application for a certificate of need include that health care services shall be available and accessible to 100% of the applicant's medically underserved population during all hours of business operation. The application shall describe the assistance provided to persons for whom language is a barrier, including but not limited to: human interpreters; interpretive telephone service; and personal translation service. A report accompanying the application must include how the proposal maximizes the availability of services to the medically underserved population expressed in terms of the assistance provided to persons for whom language is a barrier; "Medically underserved" means a group of persons in the state or region(s) of the state that are identified as having difficulties in accessing health care services including, persons for whom language is a barrier.
EIS	N.H. Code Admin. R. Mental Health 203.03(g)-(h)	For resolving complaints for family centered early supports and services, the notice shall be written in language understandable to the general public and provided to the parents in their native language. If the native language or other mode of communication is not a written language, the commissioner or his or her designee shall take steps necessary to ensure that the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication; the parent understands the notice; and there is written evidence that the native language requirements set out in Part C of the IDEA have been met.
MEN, RGT, MFA	N.H. Code Admin. R. Mental Health 309.04(b)(4)(b), 310.04(b)(4)(b), 311.04(b)(4)(b)	The rights of persons receiving mental health services in the community or those receiving services for a developmental disability or acquired brain disorder or in a state mental health facility include the right to not be discriminated against in any manner because of race, color, or national origin, as provided in state and federal laws, including services which are accessible to persons of limited English proficiency.
HOS, MEN	N.H. Code Admin. R. Mental Health 405.11(d), 526.07(b)(3)	Hospitals or developmental services program designated as a receiving facility regarding mental health shall provide services such that language barriers are overcome.
MFA	N.H. Code Admin. R. Mental Health 507.07(d)(1)(f)	Day services for individuals with developmental disabilities shall maintain an administrative record of each patient that includes personal and identifying information, including primary language, if other than English.
MEN, MFA	N.H. Code Admin. R. Mental Health 510.11(h)	For family centered support services, all evaluations and assessments, notices of eligibility for services, individualized family support plans, notices of meetings, information regarding procedural safeguards, progress reports and consent forms shall be provided to the family in their native language unless it is unfeasible to do so. If the family's native language is not a written language, the provider shall take steps to ensure that the information is translated orally or by the mode of communication the family typically uses so that the information is meaningful and useful.
HHC	N.H. Code Admin. R. Health 601.20 (b)(2)(e)	Agencies providing personal care services must have a policies and procedures manual that includes written descriptions regarding the customer service system and the system for provision of consumer-directed personal care services, including foreign language interpreter capabilities.



New Jersey

Type	Provision(s)	Description
INS	N.J. Stat. Ann. § 17B:17-20(c)	Any non-English language health or life insurance policy delivered or issued for delivery in this State shall be deemed to be in compliance with this act if the insurer certifies that such policy is translated from an English language policy that does comply with this act.
EIS	N.J. Stat. Ann. § 26:1A-36.6(f)	Intervention services to support infants and toddlers with disabilities, those at risk for disability, and their families must respect autonomy, interdependence and decision-making in a way which reflects the unique racial, ethnic, cultural and social-economic experiences and background of a family.
AGY	N.J. Stat. Ann. § 26:2-162(j)	The Office of Minority Health shall work collaboratively with colleges of medicine and dentistry and other health care professional training programs to develop cultural and language competency courses that are designed to address the problem of racial and ethnicity disparities in health care access, utilization, treatment decisions, quality and outcomes.
AGY, TRA	N.J. Stat. Ann. § 26:2-168	Department of Health must disseminate informational brochure on breast cancer in English and Spanish.
HOS	N.J. Stat. Ann. § 26:2H-12.8(h)	Any person admitted to a general hospital has the right to expect that within its capacity, the hospital will make reasonable response to request for services, including the services of an interpreter if 10% or more of the population in the hospital's service area speaks that language.
AGY	N.J. Stat. Ann. § 26:2S-21(b)(4)	The Managed Health Care Consumer Assistance Program in the Department of Health and Senior Services shall maintain a toll-free telephone number for consumers to call for information and assistance. The number shall be available to assist non-English proficient individuals who are members of language groups that meet population thresholds established by the Department.
AGY, WOM, TRA	N.J. Stat. Ann. § 26:2W-3(b)(3)	The Commissioner of Health and Senior Services shall establish a breast cancer public awareness campaign and shall provide for the use of public service announcements and printed materials in both English and Spanish.
AGY	N.J. Stat. Ann. § 30:1-1.1(a)	Requiring the Department of Human Services to establish a comprehensive social services information hotline operating in Spanish and English.
MFA	N.J. Stat. Ann. § 30:4-27.11(a)	Patients admitted to psychiatric facilities have the right to have examinations and services provided through interpreters in their primary means of communication at the earliest possible time.
AGY, MEN	N.J. Stat. Ann. § 30:6D-36(b)	The Family Support System in the Division of Developmental Disabilities in the Department of Human Services shall include interpreter services.
INT	N.J. Stat. Ann. § 34:9A-7.2	The Commissioner of the Department of Labor and Industry shall provide for and establish a permanent staff of certified Spanish language interpreters and other personnel as necessary to aid and assist seasonal workers in interpreting language in connection with matters involving any Federal, State, county or local governmental agency and shall maintain a roster of certified Spanish language interpreters.
PRO	N.J. Stat. Ann. §§ 45:9-7.2; 45:9-7.3	Requires completion of cultural competency instruction as a condition of receiving a medical school diploma and for relicensure.
CRD	N.J. Stat. Ann. § 45:9-22.23(b)(4)	Information regarding any translating services that may be available at the physician's, podiatrist's or optometrist's office practice site or sites, as applicable, or languages other than English that are spoken by the physician, podiatrist or optometrist shall be included in the provider's profile.
HHC	N.J. Stat. Ann. § 45:11-24.2	A person may satisfy the examination requirement for certification as a homemaker-home health aide by passing an oral competency evaluation in English or Spanish.



New Jersey continued

Type	Provision(s)	Description
AGY, TRA	N.J. Stat. Ann. § 45:14-81(b)	The "New Jersey Prescription Drug Retail Price Registry" in the Division of Consumer Affairs in the Department of Law and Public Safety shall make available electronically on its website in English and Spanish the consumer drug information contained in the registry.
EIS, TRA	N.J. Admin. Code tit. 8, § 18-1.2(1)	The Notice and Acknowledgment for the newborn biological screening program are available on a website in English and Spanish.
HOS	N.J. Admin. Code tit. 8, § 33-4.10(a)(8)	For approval of certificate of need, hospital must show how the project will promote access for racial and ethnic minorities and must document effective communication between the staff of the proposed project and non-English speaking people.
HOS	N.J. Admin. Code tit. 8, § 33E-1.5(b)(8)	For approval of certificate of need for intensive cardiac care units, hospitals should (to the extent possible) have bilingual clinical personnel available who can overcome language barriers and know and understand cultural differences among patients.
LTC, OAA	N.J. Admin. Code tit. 8, § 36-5.16	To meet standards for licensure, assisted living residences, comprehensive personal care homes, assisted living programs and residential health care facilities shall demonstrate the ability to provide a way to communicate with any admitted, non-English speaking resident using available community or on-site resources.
MFA, RGT, TRA	N.J. Admin. Code tit. 8, §§ 39-9.6(e) and 42-6.3(d)(1)	For residential care facilities, written information about resident rights, advance directives, and procedures concerning implementation of rights shall be made available in any language that is spoken as a primary language by more than 10 percent of the population served by the facility as a condition for licensing.
LTC	N.J. Admin. Code tit. 8, § 39-13.3(b)	Long-term care facilities, as a condition for licensure, shall ensure that all staff, including staff members not fluent in English is able to communicate effectively with residents and families.
LTC	N.J. Admin. Code tit. 8, § 39-39.4(c)	Social workers in long-term care facilities will facilitate communication between staff and non-English speaking residents.
CRD	N.J. Admin. Code tit. 8, § 39-43.18(a)(3) and (7)	Fees may be charged by the testing agency for certification of nurse aides in long term care facilities for clinical skills and Spanish oral examination or Spanish oral examination only.
HHC, RGT, TRA	N.J. Admin. Code tit. 8, § 42-6.3(d)(1)	Statement of home health care resident rights to make decisions including the right to refuse medical care and to formulate an advance directive shall be issued by the Commissioner and shall be made available in any language which is spoken as the primary language by more than 10 percent of the population in the agency's service area.
HHC, MFA, RGT, TRA	N.J. Admin. Code tit. 8(a), § 42-13.1, N.J. Admin. Code tit. 8, §§ 42C-5.1(a), 43-4.16(d)	Home health facilities, hospice programs and residential health care facilities shall make patient rights available in any language that is spoken as the primary language by more than 10 percent of the population in the agency's service area as a condition for licensing.
MFA	N.J. Admin. Code tit. 8, § 43-4.17	To meet standards for licensure, residential health care facilities shall demonstrate the ability to provide a way to communicate with any admitted, non-English speaking resident using available community or on-site resources.
XXX	N.J. Admin. Code tit. 8, § 43A-6.5, 6.6, 12.6(a)	Ambulatory care facilities shall provide printed and/or written instructions and information for patients, with multilingual instructions as indicated and must provide interpretation services when necessary for patients who do not speak English. They must also develop surgical policies and procedures for the provision of written instructions to the patient with multilingual instructions if indicated.
XXX	N.J. Admin. Code tit. 8, § 43A-29.10(a)(5)	Printed and/or written instructions and information with multilingual instructions shall be provided for patients receiving lithotripsy services.



New Jersey continued

Type	Provision(s)	Description
MFA, RGT	N.J. Admin. Code tit. 8, § 43F-3.6, 3.10, 4.1(a)	As a condition for licensure, adult and pediatric day health services facilities will provide participant instruction and health education, including multilingual instructions as indicated and shall demonstrate the ability to provide a way to communicate with any admitted, non-English speaking resident using available community or on-site resources. Adult and pediatric day health service facilities must conspicuously post patients rights in English and the primary language(s) of the participants.
RGT	N.J. Admin. Code tit. 8, § 43G-4.1	New Jersey Patient Bill of Rights includes the right to receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health care personnel.
HOS, MFA	N.J. Admin. Code tit. 8, §§ 43G-5.2(a)(10), 43H-5.4(f)	As a condition for licensing, hospitals and rehabilitation hospitals shall make written statement of patient rights (including the right to refuse medical care and the right to formulate an advance directive) available in any language that is spoken as the primary language by more than 10 percent of the population of the hospital's service area.
HOS	N.J. Admin. Code tit. 8, § 43G-5.5(c)	As a condition of licensure, hospitals shall provide interpretation services when necessary for patients who do not speak English.
XXX	N.J. Admin. Code tit. 8, § 43G-36.6 (c)(19)	Satellite Emergency Departments shall have policies and procedures for maintaining a record of hospital employees, medical staff members, and volunteers who can speak languages other than English and can provide interpretive services to patients.
MFA	N.J. Admin. Code tit. 8, §§ 43H-6.1(a)(8), (14), 43H-17.2	Rehabilitation hospitals must provide interpreter services and patient instruction and health education with multilingual instructions if their patient population is non-English speaking. Patients in rehabilitation hospitals have the right to receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and health care personnel.
PUB	N.J. Admin. Code tit. 8, § 52-3.2(a)(7)(ii)	Public health services shall link people to needed personal health services and assure health care when it is otherwise unavailable, including provision of culturally and linguistically appropriate materials and staff to assure linkage to services for special populations.
PUB	N.J. Admin. Code tit. 8, § 52-6.2(b)	Each local health agency shall implement and evaluate culturally and linguistically appropriate population-based health education and health promotion activities that are developed in accordance with the Community Health Improvement Plan.
AGY	N.J. Admin. Code tit. 8, § 52-10.2(d)(4), (e)	The formal countywide or multi-countywide Community Health Assessment shall identify barriers to transportation, language, culture, and service delivery within the countywide or multi-countywide area that affect access to health services, especially for low income and minority populations. The results of the countywide or multi-countywide Community Health Assessment shall be published in a "County Health Status Indicators Report." The results shall be presented in a manner that is sensitive and appropriate to language and culture.
XXX	N.J. Admin. Code tit. 8, § 52-13.1	Culturally and linguistically appropriate materials and staff shall be accessible to assure linkage to preventative personal health services for special populations.
PUB	N.J. Admin. Code tit. 8, §§ 52-13.2(a)(6), 52-13.3(a)(2)	Each local health agency, through the Community Health Improvement Plan, shall assist the local public health system in assuring personal health care services and clinical preventive health services that are culturally and linguistically appropriate.



New Jersey continued

Type	Provision(s)	Description
PUB	N.J. Admin. Code tit. 8, § 57-5.4 (d)	If, in the judgment of his or her health care provider, a person with active tuberculosis or clinically suspected active tuberculosis is incapable of understanding in English any communication required by these rules, the health care provider or, at his or her direction, the case manager, shall notify the local health officer who shall arrange for such communication in a language understood by the person.
HIV, WOM	N.J. Admin. Code tit. 8, § 61-4.1(c)(1)	If a woman refuses to sign the form acknowledging that she has received the required information and indicated her preference regarding testing for HIV infection, the provider shall enter a note into the woman's medical record and shall describe the provider's efforts to address patient-specific needs and factors such as language barriers.
PUB	N.J. Admin. Code tit. 8, § 63, Appendix (5)	Syringe exchange program services will be provided in a manner that is culturally and linguistically appropriate.
LTC	N.J. Admin. Code tit. 8, § 85-2.6(h)(7)	Social workers in nursing home facilities shall work with the Activities and/or Volunteer Services Departments to obtain visitors for residents who have communication difficulties due to a language barrier.
RGT, LTC, HOS, AGY, TRA	N.J. Admin. Code tit. 10, § 8-2.1(d)	Regarding advance directives and do-not-resuscitate orders, the written statement regarding patients' rights to make these decisions shall be made available in any language in which it is translated and made available by the Department of Health and Senior Services and a translator or reader shall be provided as needed.
MFA, CHI	N.J. Admin. Code tit. 10, § 37B-1.2(3)	Psychiatric community residences for youth definition of "consent" means that a parent having legal responsibility for educational decision making or the adult pupil has been fully informed of all information relevant to the activity for which the consent is sought, in his or her native language.
MFA, CHI	N.J. Admin. Code tit. 10, § 37B-3.3(a), 3.4(a)	Psychiatric community residences for youth shall prepare a list of youth's rights and shall post it in a prominent location and explain rights to youth including by appropriate means to youth whose primary language is not English. The residence shall provide and explain to every parent, by appropriate means, to individuals whose primary language is not English, indicating that the residence is required to comply with all requirements of this chapter.
MEN	N.J. Admin. Code tit. 10, § 37D-2.3(a)(3)	Through careful attention to ethnic, racial, primary language, and other characteristics, providers of community mental health services shall assure that services are culturally sensitive, culturally competent and in a language sufficiently well understood by the client to assure comprehension.
MEN	N.J. Admin. Code tit. 10, §§ 37F-2.2(a)(1), 37I-5.2(a)(8), 37I-5.6(b)(2), 37I-5.6(e)(1)	The Partial Care Service initial contact (governing services for individuals with severe mental illness to achieve community integration) shall serve to orient and engage new consumers in a culturally and linguistically appropriate manner, and facilitate continuity of service and shall assure that services culturally and linguistically accessible to all eligible families.
AGY	N.J. Admin. Code tit. 10, § 46-1.1(g)	To the extent practicable, the Division of Developmental Disabilities shall provide written eligibility material in the individual's primary language and in alternate formats as needed.
AGY	N.J. Admin. Code tit. 10, § 46A-1.1(c)(3)	New Jersey Developmental Disabilities Council System of Family Support shall include interpreter services.
MED	N.J. Admin. Code tit. 10, § 46D-2.1(k)	Medicaid eligibility written material shall be provided in the individual's primary language as needed to the extent practicable and in accord with the guidance on language access provided by the U.S. Department of Health and Human Services.
MFA	N.J. Admin. Code tit. 10, § 47-7.1(e)(3)	The Individual Habilitation Plan for a developmentally disabled individual admitted to a facility assessment process shall be adapted to the cultural background, language, ethnic origin and means of communication used by the individual and the family.

New Jersey continued

Type	Provision(s)	Description
MED, STA, CON	N.J. Admin. Code tit. 10, §§ 52-2.13(d)(3), 54-5.41(d)(3), 66-2.15(a)(5)(i)(7)(iii)	For Medicaid sterilization procedures, informed consent requires use of an interpreter if the individual to be sterilized does not understand the language used on the "Consent Form" or the language used by the person obtaining consent.
WOM	N.J. Admin. Code tit. 10, §§ 52-3.6(d), 54-6.7(d), 66-3.6(d)	HealthStart maternity care providers shall arrange for language translation and/or interpretation services.
MFA	N.J. Admin. Code tit. 10, § 52A-4.7(a)(1)	The initial contact at an adult acute psychiatric hospital shall orient and engage a new beneficiary in a culturally and linguistically appropriate manner and facilitate continuity of service.
XXX, TRA	N.J. Admin. Code tit. 10, § 54-5.40(f)	At the time a recommendation for elective surgery is made, the first opinion physician or the patient's operating surgeon must give the patient a bilingual Medicaid Second Opinion program brochure which explains the program and the steps for obtaining a second opinion.
CHC	N.J. Admin. Code tit. 10, § 66-4, Appx. D (C)(1)(a)	Federally qualified health centers in staffing budget proposals must include language and cultural appropriateness of primary care physicians and other providers and clinical support staff for the new program or service.
MED	N.J. Admin. Code tit. 10, § 69-1.4(c)	Medicaid shall have information, applications and staff agency personnel available to assist non-English speaking applicants for AFDC-related Medicaid income maintenance. Minority program materials in languages other than Spanish may be prepared based on knowledge of the population served.
MED, AGY	N.J. Admin. Code tit. 10, §§ 69-2.15(a), 69-3.19(e), 69-6.2(d)(10)	Medicaid notice of approval, disapproval and pending status and other information to client shall include a sentence in Spanish cautioning the client that it relates to his or her eligibility for AFDC-related Medicaid and if he or she does not understand the notice he or she should contact the Country Board of Social Services.
MED, HEA	N.J. Admin. Code tit. 10, § 69-6.3(e)(4)	A state liaison has the responsibility for arranging an interpreter for non-English speaking clients for AFCD-related Medicaid hearings.
MEN, CHI	N.J. Admin. Code tit. 10, § 73-3.21(b)(3)	Each Care Management Organization shall be evaluated on cultural, ethnic, and linguistic competency.
MEN	N.J. Admin. Code tit. 10, § 73-3.23(b)(3) and (c)(2)	For case management services, bilingual ability (such as Spanish/English) is preferred in geographic areas with high concentrations of non-English speaking consumers when hiring supervisors and care managers.
MED	N.J. Admin. Code tit. 10, § 74-1.4	For Medicaid and SCHIP managed health care, "multilingual" means, at a minimum, English and Spanish plus any other language which is spoken by 200 enrollees or five percent or more of the enrolled Medicaid population in the contractor's plan, whichever is greater. "Prevalent language" means a language other than English that is spoken by a significant number or percentage of potential enrollees and enrollees in the State.
MED	N.J. Admin. Code tit. 10, § 74-8.4(a)(4)	For Medicaid/SCHIP individuals who do not speak English or Spanish and who have an established relationship with a physician who speaks their primary language, when there is no available primary care provider in any of the participating managed care plans who speaks the beneficiary's language, the individual may be exempted from enrollment in a contractor's plan.
AGY, MEN	N.J. Admin. Code tit. 10, § 77-4.5(c)	The agency providing behavioral assistance services for children/youth or young adults enrolled in the partnership for children shall inform each beneficiary, legal guardian, and primary caregiver, as applicable, of their rights and of the responsibilities of the agency in a language or format that is understood by the child/youth or young adult and his or her primary caregiver and legal guardian.



New Jersey continued

Type	Provision(s)	Description
AGY, MFA, LTC, HHC, HOS	N.J. Admin. Code tit. 10, § 90-1.7(f)	All recipients of Federal financial assistance, such any public or private individual in health or social services, must ensure that LEP persons are given meaningful opportunities to participate in their programs, services and benefits. Where language differences prevent meaningful access on the basis of national origin, the OCR Guidance requires that recipient agencies provide oral and written language assistance at no cost to the LEP person.
MFA, CHI	N.J. Admin. Code tit. 10, § 127-6.13(d)	Residential Child Care Facilities shall ensure that the consent form for the use of all types of restrictive behavior management practices the facility uses is either translated or an interpreter is available to explain it to non-English parents.
AGY, HHC	N.J. Admin. Code tit. 10, §§ 140-2.3(a)(3), 140-3.8 (b)(1)	Applicants or consumers who are unable to communicate in English or have a communication handicap may make arrangements with county designated agency for an alternative means for verifying their request for an exception to eligibility standards or their notification of a move to another county for personal assistance services.
MCO	N.J. Admin. Code tit. 10, § 11:24-2.2(c)(13)	For a certificate of authority, health maintenance organizations shall include a description of the methods used by the HMO to facilitate access to services for culturally and linguistically diverse members.
MCO	N.J. Admin. Code tit. 11, § 24A-4.2(a)(3)(iii), 24-9.1(d)(6)	Managed care plans shall disclose which participating providers have the capacity to communicate in languages other than English.
XXX	N.J. Admin. Code tit. 13, §§ 30-8.7(e)(5), 35-6.5(c)(6), 35-9.11(c)(4), 39A-3.3(c), 44C-8.1(c)(3), 44E-2.2(d)(1), 44F-8.2(d)(1)	To the extent that a dental record, treatment record, or acupuncture treatment record, physical therapy record, speech pathology record, chiropractic record or respiratory therapy record is prepared in a language other than English and unable to be read by a patient or subsequent treating health care professional, the preparer shall provide a typed or written transcription and/or translation at no additional cost to the patient.
CRD, HHC	N.J. Admin. Code tit. 13, § 37-14.11(h)	Upon application to the Board, an individual may satisfy the examination requirement for certification as a homemaker-home health aide by passing an oral competency evaluation in English or Spanish.

New Mexico

Type	Provision(s)	Description
PUB	N.M. Stat. Ann. § 12-10A-4	During a possible public health emergency, an enhanced public health advisory shall be broadly disseminated in English, Spanish and other appropriate languages to the impacted population.
MFA	N.M. Stat. Ann. §§ 32A-6-12(C); 32A-6A-20(C); 32A-6A-21(C)	Residential treatment or habilitation facilities shall ensure that each consent to admission document for children is clearly explained in the child's and parent's, guardian's or legal custodian's primary language, if that is their language of preference.
MCO	N.M. Stat. Ann. § 59A-57-4(B)(3)(e)	A managed health care plan shall insure that the plan, through provider selection, provider education, the provision of additional resources or other means, reasonably addresses the cultural and linguistic diversity of its enrollee population.
PWD, OAA	N.M. Code R. § 1.18.665.251 (C)	Records for applicants of the disabled and elderly services program may include a Spanish or English version of a client letter.
AGY, TRA	N.M. Code R. §§ 1.18.665.798, 1.18.665.826 (C), 1.18.665.827 (C), 1.18.665.828 (C), 1.18.665.829 (C), 1.18.665.830 (C), 1.18.665.836 (C), 1.18.665.842 (C), 1.18.665.862 (C), 1.18.665.870 (C), 1.18.665.915, 1.18.665.916, 1.18.665.922	Certain forms are available in Spanish including Children's Medical Services Renewal form, Appointment to apply letter for the medical management program, Authorization for Release of Information, Program Information or Contact, Zero Income Affidavit, Adult Cystic Fibrosis Program Information or Contract, Asthma Care Information or Contract Agreement, Child and Family History, "Lead Risk Questionnaire", Prenatal Consent Form, "Pediatric Consent Form", "Client Satisfaction Survey".
CHI, PWD	N.M. Code R. § 6.31.2.10(E)(1), (3), (6)	Procedural requirements for the assessment and evaluation of culturally and linguistically diverse children with disabilities – each public agency must ensure that tests and other evaluation materials used to assess children are selected, provided and administered so as not to be discriminatory on a racial or cultural basis and are provided and administered in the child's native language, unless it is clearly not feasible. Each public agency must consider information about a child's language proficiency in determining how to conduct the evaluation of the child to prevent misidentification. A child may not be determined to be a child with a disability if the determinant factor for that eligibility determination is limited English proficiency. Comparing academic achievement results with grade level peers in the public agency with similar cultural and linguistic backgrounds should guide this determination process and ensure that the child is exhibiting the characteristics of a disability and not merely language difference. Public agencies shall devote particular attention to the foregoing requirements in light of the state's cultural and linguistic diversity. Persons assessing culturally or linguistically diverse children shall consult appropriate professional standards to ensure that their evaluations are not discriminatory and should include appropriate references to such standards and concerns in their written reports.
AGY, CHI, PWD	N.M. Code R. § 6.31.2.13(E)	Each public agency providing services to children with disabilities must communicate with parents in understandable language, including the parent's native language unless it is clearly not feasible to do so, if necessary for understanding, in IEP meetings, in written notices and in obtaining consent where consent is required.
HOS, RGT	N.M. Code R. § 7.7.2.19(A)	A list of hospital patient rights and responsibilities shall be available in languages appropriate to the ethnic needs of the community.



New Mexico continued

Type	Provision(s)	Description
MFA, RGT	N.M. Code R. §§ 7.8.2.19(A)(6), 7.8.2.34(B)	Residential adult care facilities shall provide a written description of the legal rights of the residents translated into another language, if necessary.
RGT, TRA	N.M. Admin. Code R. § 7.11.2.26(A)(5), (C)	LEP patients have right to obtain assistance in interpretation. All patients' rights shall be posted in English and Spanish.
MEN	N.M. Code R. § 7.20.2.11(A)	All mental health providers shall provide effective services to people of all cultures, races and ethnic backgrounds and shall integrate and demonstrate methods for incorporating cultural competency into planning, policy, administration, training, research, service delivery, and quality improvement. At a minimum, this shall include the employment of appropriate multi-cultural and multi-lingual professionals or para-professional staff as indicated by the population being served.
MFA	N.M. Code R. § 7.20.2.22(B)(3)	Comprehensive behavioral health prevention standards for non-network providers require provider to establish and maintain language appropriate materials and documentation of the process used to select and recruit the target populations served.
CHI, MEN	N.M. Code R. § 7.20.11.18(C)	Child and Adolescent Mental Health Services Community Agencies, as a requirement for certification, shall provide culturally competent services and serve the needs of those clients who are bicultural and/or who are non-English speaking through the use of bilingual/bicultural professional and qualified paraprofessional personnel and translators to meet the clients' communication needs. The agency shall provide public information concerning its services to persons in the community who are non-English-speaking designed to encourage full participation of non-English speaking clients.
MFA, CHI	N.M. Code R. § 7.20.11.22(B)	As a certification requirement for child and adolescent mental health services, the agency shall provide materials in a form understandable to the client and client's legal guardian(s) with consideration of the client's/guardian's primary language.
MFA, CHI	N.M. Code R. § 7.20.11.29(B)(3)(e)	For child and adolescent mental health treatment foster care services a documented match assessment includes treatment foster family's ability to speak the primary language of the client. Treatment foster care shall consider the client's cultural needs in placement and treatment.
MFA	N.M. Code R. § 7.26.5.13(E)(4)	At the inter-disciplinary team meeting for individual with developmental disabilities living in the community, team members shall perform a functional assessment which may evaluate the use of an interpreter as a support.
MEN	N.M. Code R. § 7.26.6.7(H)(1)	Requirements for developmental disabilities community programs includes that a determination of developmental delay is not based on behavior related to cultural or language differences.
MEN	N.M. Code R. §§ 7.26.7.7(B), 7.26.7.11(B)(2)(a), 7.26.7.12(E), 7.26.7.19(C)	In transition planning for individuals with developmental disabilities, the parent/guardian shall be informed and involved, and planning includes making reasonable scheduling accommodations and providing interpreters as necessary.
EIS	N.M. Code R. § 7.30.8.7(I), (W)	Family Infant Toddler Early Intervention Services specifies that for "consent" to occur, the parent has been fully informed of all information relevant to the activity for which consent is sought in the parent's native language. "Native Language" means the language or mode of communication normally used by the parent(s) and/or family of an eligible child.
EIS	N.M. Code R. § 7.30.8.9(E)(3)	Early intervention providers may hire, with approval from the Family Infant Toddler Program, service coordinators who do not meet other qualifications but do meet cultural or linguistic needs of the population served.



New Mexico continued

Type	Provision(s)	Description
EIS	N.M. Code R. § 7.30.8.10(C)	Child identification for Family Infant Toddler Early Intervention Services shall be sensitive to issues related to culture, language, and modes of communication. Evaluations shall be administered in the child's native language unless it is clearly not feasible to do so. A determination of developmental delay shall not be based upon behavior related to cultural or language differences.
EIS	N.M. Code R. § 7.30.8.11 (2)(b)	Individualized service plans for Family Infant Toddler Early Intervention Services shall be conducted in the native language of the family unless it is clearly not feasible to do so.
EIS	N.M. Code R. § 7.30.8.14(E), (F)	Family Infant Toddler Early Intervention Services notice of identification, evaluation, or provision of appropriate services must be written in language understandable to the general public and provided in the native language or usual mode of communication of the parent(s), unless it is clearly not feasible to do so. If a parent(s)'s language is not a written language, documentation of the procedures used to provide prior notice shall be included in the child's record. The parent(s) shall be fully informed in their native language of all information relevant to the activity for which consent is sought.
AGY	N.M. Code R. § 8.100.130.8	An Income Support Specialist for the Income Support Division (ISD) will assist in document verification by explaining written information orally in the applicant's language or/and providing an interpreter as needed.
HEA	N.M. Code R. § 8.100.970.10(G)(2)	An interpreter shall be provided to explain the hearing procedure and interpret at program participation hearings for public assistance programs if the claimant speaks a language other than English and the project area in which claimant lives is required to provide bilingual staff or interpreters who speak the appropriate language.
MED, MCO, TRA	N.M. Code R. § 8.305.2.9(C)	The Medicaid managed care organization or the single statewide entity (MCO/SE) member handbook and the provider directory shall be available in formats other than English. If there is a prevalent population of 5% within the MCO/SE membership, as determined by the MCO/SE or Human Services Department, these materials shall be made available in the language of the identified prevalent population. Oral interpretation must be made available free of charge to members and to potential members, upon request, and be available in all non-English languages.
MED, MCO, TRA	N.M. Code R. § 8.305.5.13(A)(3)	When marketing to Medicaid members, MCO/SE shall make marketing materials available in the language of the prevalent population if there is a prevalent population of 5% in the MCO/SE membership that has limited English proficiency.
MED, MCO	N.M. Code R. § 8.305.8.12(A)(11)	The Medicaid quality management program description or work plan shall address activities aimed at addressing culture specific health beliefs and behaviors as well as risk conditions and shall respond to member and provider requests for culturally appropriate services. Culturally appropriate services may include language and translation services. The MCO/SE shall incorporate cultural competence into utilization management, quality improvement, and the planning for the course of treatment.
MED, MCO	N.M. Code R. § 8.305.8.15(B)(4)(c)	The Medicaid MCO/SE shall provide members and legal guardians with access to a toll-free hot line grievance management that shall allow communication with members whose primary language is not English.
MED, MCO	N.M. Code R. § 8.305.12.10(C)	The Medicaid MCO/SE shall have available reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate interpreter capability.
INS, TRA	N.M. Code R. § 8.306.2.9(C)(2)(c)(3)	Oral interpretation shall be made available free of charge to state insurance coverage (SCI) members and to potential members, upon request, and be available in non-English languages for populations that exceed a greater than 5% incidence within the managed care organization's (MCO's) membership.



New Mexico continued

Type	Provision(s)	Description
INS, MCO	N.M. Code R. § 8.306.5.14(A)(4)	When marketing to State Insurance Coverage members, if there is a population of greater than 5% in the Managed Care Organization (MCO) membership that has limited English proficiency, marketing materials shall be available in the language of that population.
INS, MCO	N.M. Code R. § 8.306.12.10(C)	The Managed Care Organization (MCO) for State Insurance Coverage shall have available reasonable assistance in completing forms and taking other procedural steps including providing interpreter services and toll-free numbers that have adequate interpreter capability.
HHC	N.M. Code R. §§ 8.314.2.13(B)(1)(j), 8.314.6.15(B)(6)	Homemaker support services for disabled and elderly home based care and long term care services include services that promote participants' independence such as translating/ interpreting.
MED, LTC	N.M. Code R. § 8.314.3.1(C)(2)	As part of the Medicaid Medically Fragile Home and Community-Based Services Waiver, private duty nursing care agencies must assure that all nurses delivering services are culturally sensitive to the needs and preferences of the individuals and their families. Based upon the client's individual language needs or preferences, nurses may be requested to communicate in a language other than English.
LTC	N.M. Code R. § 8.315.2.11(B)(1)(a)	The long term care services for the elderly program descriptions shall be written in a culturally competent format at a language level understandable by the participant (sixth grade). The format should be sensitive to the culture and language common to the service area.
HHS	N.M. Code R. § 8.315.4.11(A)(38)	For attendants providing consumer delegated personal care, written competency tests shall make special accommodations for attendants who speak/read/write a language other than English.
HHC	N.M. Code R. § 8.315.4.14(C)(3)	The personal care option services program includes translating/interpreting through qualified persons as a covered support service.
MED, CHI, TRA	N.M. Code R. § 8.320.6.13(G)	Medicaid covers the cost of certain administrative activities that directly support efforts to provide health-related services to Medicaid-eligible children and youth with special education and health care needs. These administrative activities include, assisting in obtaining translation services when necessary to receive health care services.
MED, STA	N.M. Code R. § 8.325.3.12(A)(6)(e)	For Medicaid covered sterilization procedures, providers must provide an interpreter if needed to ensure that the recipient understands the information furnished.
MED, WOM, PWD, CHI, MEN	N.M. Code R. §§ 8.326.3.10(C), 8.326.5.10(D), 8.326.6.10(C), 8.326.7.10(C)	Regarding qualifications of Medicaid case managers for pregnant women and their infants, traumatically brain injured adults, for children up to age three, and adult protective services, it can be important that they have language skills, cultural sensitivity and acquired knowledge and expertise unique to the geographic area.
AGY, LTC	N.M. Code R. § 8.354.2.11(G)(2)	If the claimant speaks a language other than English and the Health Services Department area in which claimant lives is required to provide bilingual staff or interpreters who speak the appropriate language, an interpreter must be provided to explain Medicaid preadmission screening and annual resident review (PASRR) and patient status hearings procedures and interpret at the hearing.
HEA	N.M. Code R. § 8.349.2.10(C)	The Coordinated Service Contractors (CSC) appeals and grievance process shall have available reasonable assistance in completing forms and taking other procedural steps including providing interpreter services and toll-free numbers that have adequate interpreter capability.
OAA	N.M. Code R. § 9.2.6.10(S)(1)	A designated Area Agency on Aging shall use outreach efforts that identify individuals eligible for assistance with special emphasis on older individuals with, among other factors, limited English-speaking ability.



New Mexico continued

Type	Provision(s)	Description
LTC	N.M. Code R. § 9.2.23.18	Long-term care facilities shall post a notice in a conspicuous place at the entrance to a room with a monitoring device that a monitoring device is in use. The notice shall be posted at the facility's expense in English and Spanish.
MCO, TRA	N.M. Code R. § 13.10.13.26(H)	If a negotiation by a health care insurer with an enrollee or subscriber leading up to the effectuation of a Managed Health Care Plan (MHCP) contract are conducted in a language other than English, the health care insurer shall supply to the enrollee or subscriber a written translation of the contract. The translation shall accurately reflect the substance of the contract and shall be in the language used to negotiate the contract. No translation of a MHCP contract form shall be approved by the superintendent unless the translation accurately reflects the substance of the MHCP contract form. The text of all advertisements by a health care insurer if printed or broadcast in a language other than English also shall be available in English and shall be provided to the superintendent upon request.
MCO	N.M. Code R. § 13.10.13.29	The Managed Health Care Plan (MHCP) must ensure that information and services are available in languages other than English and that services are provided in a manner that takes into account cultural aspects of the enrollee population. Each MHCP shall develop, implement, and maintain a plan that reasonably addresses the cultural and linguistic diversity of its enrollee population. MHCPs must submit to the superintendent for approval a plan of how the MHCP will address the cultural and linguistic diversity of its enrollee population. At a minimum, the plan shall address, including how the MHCP will identify the language needs of enrollees; measures to be taken to ensure access for LEP enrollees in both administrative and health care encounters with the plan and its providers; steps the MHCP will take to ensure availability of adequate interpretation services within its network, which shall include a description of specific contracts or other arrangements for interpretation; whether interpreting services are available to enrollees on a 24-hour basis for emergency care; whether linguistic and cultural needs is explicitly addressed in the MHCP's continuous quality improvement program; how the MHCP will conduct outreach to ensure that enrollees with particular cultural and linguistic needs are identified by the MHCP and made aware of the services available to them to address their needs; any guidelines or training regarding cultural and linguistic needs of enrollees that the MHCP will utilize with its own staff and providers within its network; and the extent to which the MHCP contracts with community clinics and other local providers that offer linguistic and culturally appropriate services to enrollees in their areas.
HEA	N.M. Code R. § 13.10.17.10(C)	Information about health insurance grievance procedures must be provided in accordance with cultural and linguistic diversity.
CRD	N.M. Code R. § 16.22.23.8(B)(17)	A psychologist or psychologist associate seeking authority to write prescriptions must document completion of a psychopharmacology training program that demonstrates that it integrates into the training: socio-cultural issues in psychopharmacological treatment, ethno-pharmacology, use of translators, the cultural context of compliance and noncompliance with prescribed medication, creating a culturally appropriate environment to meet patient care treatment and language needs, and working collaboratively with traditional healers.
XXX	N.M. Code R. § 16.63.16.8(C)(2)	Social workers should take steps to ensure clients' comprehension when clients have difficulty understanding the primary language used in the practice setting including providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.



New York

Type	Provision(s)	Description
PRO	N.Y. Educ. Law § 8214(4)	Test for licensure for acupuncture may be given (at the discretion of the department) in English and/or Chinese or other language but nothing requires the department to issue an exam in a language other than English.
AGY, MEN	N.Y. Mental Hyg. Law § 5.07(b)(2)(j)	The Commissioner of Mental Health shall include in the statewide comprehensive plan for services to persons with mental illness recommendations on the provision of state and local mental health services based on the development of best practices by programs promoting culturally and linguistically competent mental health services.
AGY, MEN	N.Y. Mental Hyg. Law § 7.07(f)	The Office of Mental Health shall establish, and provide technical and financial support to establish two programs promoting culturally and linguistically competent mental health services. The programs, in consultation with the office's multicultural advisory committee, shall investigate and report, to the commissioner on a biannual basis recommendations as to best practices for the delivery of culturally and linguistically competent mental health services to underserved populations affected by disparities due to cultural, linguistic and systemic barriers.
AGY, MEN	N.Y. Mental Hyg. Law §§ 7.09(h), 13.09(e)	Office of Mental Health and Office of Mental Retardation and Developmental Disabilities must promulgate rules that address the communications needs of non-English speaking persons and to require facilities to use reasonable means to accommodate language needs.
AGY, OAA	N.Y. Mental Hyg. Law § 7.41(b)(4)	Geriatric demonstration program shall include grants to providers of care to older adults with mental disabilities including programs more effective in recruitment and retention of bi-lingual, bi-cultural or culturally competent staff.
AGY, MEN	N.Y. Mental Hyg. Law § 41.47(f)(3), N.Y. Comp. Code R. & Regs. tit. 14, § 575.8(c)(3)	Prior to entering into contracts for the provision of community support services, the Office of Mental Health and local governmental units shall consider the current availability of services for mentally ill persons in the area, including the special needs of ethnic minorities and non-English speaking mentally ill persons.
HEA	N.Y. Mental Hyg. Law §§ 81.07(c), 81.09(c)	The order to show cause in a proceeding for an appointment of a guardian shall be written in a language other than English if necessary to inform the person alleged to be incapacitated of his or her rights. The evaluator at the hearing shall determine whether the alleged incapacitated person understands English or only another language, and explaining to the person alleged to be incapacitated, in a manner which the person can reasonably be expected to understand, the nature and possible consequences of the proceeding, the general powers and duties of a guardian, available resources, and the rights to which the person is entitled, including the right to counsel.
EIS	N.Y. Pub. Health Law §§ 2544(7), 2549(3)	In the early intervention program for infants and toddlers with disabilities, following completion of an evaluation of the child, the evaluator shall provide the parent with a summary of the full evaluation. To the extent practicable, the summary shall be provided in the native language of the parent. A parent requesting a hearing under this program must be provided a notice including specific information in the native language of such person whenever practicable and, if not, in a manner to ensure notice.
AGY, WOM	N.Y. Pub. Health Law § 2805-p(3)	The Commissioner of Public Health shall develop, prepare and produce or approved informational materials relating to emergency contraception for distribution to and use in all hospitals in the state, that are readily comprehensible and in such varieties and forms as deemed necessary to inform survivors in English and languages other than English.



New York continued

Type	Provision(s)	Description
AGY, HOS, PAY	N.Y. Pub. Health Law § 2807-c(k)	Subject to the availability of federal financial participation, the commissioner shall adjust inpatient rates of payment for non-public general hospitals located in a city with a population of more than one million persons to ensure meaningful access to the hospital's services and reasonable accommodation for all Medicaid patients who require language assistance. From July 1, 2007-December 31, 2007, \$38 million dollars shall be allocated proportionally to such hospitals based on fifty percent of each such hospital's reported general clinic Medicaid visits and fifty percent on each such hospital's reported Medicaid inpatient discharges, based on the hospital's 2004 institutional cost report compared to the total of all such general clinic visits reported by all such hospitals. From April 1, 2008-March 31, 2009, \$38 million dollars shall be allocated for to such hospitals in accordance with regulations promulgated by the commissioner and which shall provide that up to 30% percent of such funds shall be allocated proportionally, based on the number of foreign languages utilized by one or more percent of the residents in each hospital total service area population.
XXX	N.Y. Pub. Health Law § 2807-g	Health workforce retraining programs require remediation, including preparation in English for speakers or writers of other languages.
HOS, PAY	N.Y. Pub. Health Law § 2807-k (9.a)(e)	As a condition for receiving funds from the Indigent Care Pool, general hospitals shall ensure that application forms are printed in the "primary languages" of patients served by the general hospital. "Primary languages" includes any language that is either used to communicate during at least five percent of patient visits in a year by patients who cannot speak, read, write or understand the English language at the level of proficiency necessary for effective communication with health care providers; or spoken by non-English speaking individuals comprising more than one percent of the primary hospital service area population, as calculated using demographic information available from the United States Bureau of the Census, supplemented by data from school systems.
AGY, CRD	N.Y. Pub. Health Law § 2995-a(1)(o)	The Department of Health shall collect physician profiles, including whether any language services that may be available at the licensee's primary practice location.
AGY, MCO	N.Y. Pub. Health Law § 4403(5)(b)	When the Commissioner evaluates a renewal application for a health maintenance organization license, consideration should include the network's ability to provide culturally and linguistically competent care to meet the needs of the enrollee population.
MCO, HIV	N.Y. Pub. Health Law § 4403-c(14)(a)(6)	For health maintenance organizations seeking designation a comprehensive HIV special needs plan, the plan must have an annual quality assurance review that includes mechanisms to provide all information to enrollees in clear and coherent terms that are commonly used in a culturally and linguistically appropriate and understandable manner.
MFA	N.Y. Pub. Health Law § 4403-d(b)(9)	Those seeking to operate a mental health special needs plan must provide assurances that the applicant will implement procedures to communicate appropriately with non-English speaking enrollees or prospective enrollees in accordance with subdivision N.Y. Mental Hyg. Law §§ 7.09(h).
MCO	N.Y. Pub. Health Law § 4408(1)(p)	Each subscriber of a health maintenance organization must be provided a description of how the health maintenance organization addresses the needs of non-English speaking enrollees.
MCO	N.Y. Pub. Health Law § 4408-a(2)(c)	Each health maintenance organization shall assure that its grievance procedure is reasonably accessible to those who do not speak English.



New York continued

Type	Provision(s)	Description
MED, MCO, MEN, HIV	N.Y. Soc. Serv. Law § 364-j (3)(b)(iv), (4)(e)(iv), (4)(p), (22)(e); N.Y. Comp. Code R. & Regs. tit. 18, § 360-10.15(a)(3)	In managed care plans, Medicaid recipients shall not be required to participate in and may withdraw from a managed care plan if shown that the participant cannot be served by a managed care provider due to a language barrier. Local social services districts or enrollment organizations through their enrollment counselors shall provide participants with information in a culturally and linguistically appropriate and understandable manner, in light of the participant's language proficiency, sufficient to enable the participant to make an informed selection of a managed care provider. A managed care provider, comprehensive HIV special needs plan and mental health special needs plan shall implement procedures to communicate appropriately with participants who have difficulty communicating in English. And the demonstration program operating in Chemung County must provide adequate services to overcome language barriers for participants.
MED, MCO	N.Y. Soc. Serv. Law § 369-ee(3)(d)(iv)	Family health insurance plans participating in Family Health Plus program must implement procedures to communicate appropriately with participants who have difficulty communicating in English.
OAA	N.Y. Comp. Code R. & Regs. tit. 9, § 6651.2(l)(3)(d)(ii)	For programs receiving funding through the Older Americans Act, Community Services, or Expanded In-home Services for the Elderly, "vulnerable" means a deficit of social resources and/or environmental condition including language barriers.
OAA	N.Y. Comp. Code R. & Regs. tit. 9, § 6654.13(a)-(b)	Information referral and outreach of the Area Agency on Aging shall assure that elderly people have reasonably convenient access to a system of information and referral services to link them to appropriate resources. Any area agency serving an area where a substantial number of elderly people speak a language other than English as their principal language shall assure that outreach services are delivered by workers who are fluent in the language spoken by a predominant number of such elderly people; and designate an individual employed by the area agency on aging, or available to such area agency on a full-time basis. This person's responsibilities will include: taking appropriate action to assure that counseling assistance is made available to elderly individuals who are of limited English-speaking ability; and providing guidance to individuals engaged in the delivery of supportive services under the area plan to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
HHC, CRD	N.Y. Comp. Code R. & Regs. tit. 9, § 6654.17(h)	A personal care worker participating in the expanded in-home services for the elderly program (EISEP) shall be able to read, write, and speak in English and, where applicable, in the client's primary language.
HEA	N.Y. Comp. Code R. & Regs. tit. 9, §§ 9700.2(c), 9720.5(e)	If an applicant/participant of the elderly pharmaceutical coverage program seeks a determination after reconsideration, information must be provided regarding how to get an interpreter for those who do not speak English. In the fair hearing, an applicant/participant has the right to an interpreter, at no charge, if he/she does not speak English although the person must advise the department prior to the hearing if an interpreter will be needed.
EIS	N.Y. Comp. Code R. & Regs. tit. 10, § 69-4.8(a)(9)(v), (a)(14)(i)	Regarding an evaluation or screening for early intervention services, to the extent feasible and within the parent's preference and consent regarding disclosure to the interpreter, and within confidentiality requirements, the written and oral summary shall be provided in the dominant language or other mode of communication of the parent. Responsiveness to the cultural background of the family must be a primary consideration in all aspects of evaluation and assessment.



New York continued

Type	Provision(s)	Description
EIS	N.Y. Comp. Code R. & Regs. tit. 10, § 69-4.17(b)(1)(ii), (iii), (g)(7)(ii), (g)(8)(iii)	If there is a suggested change in early intervention services, a notice must be provided in the dominant language of the parents, unless it is clearly not feasible to do so. If the dominant language or other mode of communication of the parent is not a written language, the early intervention official shall take steps to ensure that: the notice is translated orally or by other means to the parent in the parent's dominant language or other mode of communication; the parent understands the notice; and there is written evidence that the requirements of this paragraph have been met. If a parent requests mediation, the parent shall simultaneously be sent a notice which shall include the need for interpretive services, if any. Upon receipt of a request for mediation, the community dispute resolution center shall contact the parent and early intervention official to discuss the need for interpretative services or alternative communication services, if any.
EIS	N.Y. Comp. Code R. & Regs. tit. 10, § 85.40(g)	In the Prenatal Care Assistance Program, health and childbirth education services shall be given to each pregnant woman based on an assessment of her individual needs and provided with appropriate educational materials, including video and written information, taking into account cultural and language factors including the ability of the pregnant woman to comprehend the information.
PAY	N.Y. Comp. Code R. & Regs. tit. 10, § 86-1.89(a)(10)-(11), (e)(7)(i)	For supplemental funding to medical training programs, additional financial consideration is available to those documenting cultural competence education if at least 80 percent of the total number of residents receive at least eight hours of cultural competence training in addition to any training that occurs in direct patient care. Cultural competence training means the training of residents to increase awareness and recognition of cultural differences and the impact such differences have on interactions between patients and medical professionals and must address attitudes towards cultural differences in people, provide knowledge of such cultural differences and strengthen or improve skills residents need to communicate and provide health care services in settings where cultural differences exist.
MCO, LTC	N.Y. Comp. Code R. & Regs. tit. 10, § 98-1.19(c)(4)	Managed Long Term Care Plans' marketing materials must include a description of how the MLTCP will meet the informational needs of eligible persons, including those who speak a language other than English as a first language and enable the person to make a voluntary and informed choice.
HOS, RGT	N.Y. Comp. Code R. & Regs. tit. 10, § 405.7(a)(7)	Under patients' rights, hospitals must provide skilled interpreters and translations of all significant forms to ensure effective communication with all persons receiving treatment regardless of language. Hospitals must designate a Language Assistance Coordinator and develop a Language Assistance Program. Interpreters and translations shall be regularly available for non-English speaking groups comprising more than one percent of a hospital's service area. Interpreters must be available in inpatient and outpatient settings within 20 minutes and in emergency rooms within 10 minutes of a request by the patient, the patient's family or representative, or a health care provider.
HOS, WOM	N.Y. Comp. Code R. & Regs. tit. 10, § 405.9(c)(1)(iii)	Hospitals must advise sexual assault survivors of the availability of services provided by a local rape crisis or victim assistance organization and, unless the patient declines such services, contacting the organization with information concerning the language spoken by the victim if other than English.
XXX, FAM	N.Y. Comp. Code R. & Regs. tit. 10, § 405.22(l)(ii)(d)	Regarding an adult live liver donation, non-English speaking candidates shall be provided with a non-family interpreter who understands their language and culture.
HOS	N.Y. Comp. Code R. & Regs. tit. 10, § 407.7	For primary care and critical access hospitals participating in a rural health network, requirements for skilled interpreters may be met through effective communication within the network including telephone, radio or electronic communications.



New York continued

Type	Provision(s)	Description
LTC	N.Y. Comp. Code R. & Regs. tit. 10, § 415.3(e)	In nursing homes, residents have the right adequate and appropriate medical care, and to be fully informed by a physician in a language or in a form that the resident can understand, using an interpreter when necessary, of his or her total health status.
CRD	N.Y. Comp. Code R. & Regs. tit. 10, § 415.26(d)(3)(c)(ii)	A nurses' aide training program must include methods of communication in overcoming the barriers of language and cultural-differences.
MCO	N.Y. Comp. Code R. & Regs. tit. 10, § 732-2.6(e)(10)	Preferred Provider Organization handbooks must include a description of how the PPO addresses the needs of non-English speaking claimants.
MEN	N.Y. Comp. Code R. & Regs. tit. 14, § 503.4(b)(2)(v)	Office of Mental Health hearing notices must include a statement that interpreter services shall be made available, at no charge, to non-English speaking persons or persons with hearing impairments.
AGY, CHI, MEN	N.Y. Comp. Code R. & Regs. tit. 14, § 507.7(c)(5)	A local government electing to participate in the expanded children's services program for children with serious emotional disturbance is responsible for accommodating the special needs of ethnic minorities and non-English speaking children and families.
MFA, FAM	N.Y. Comp. Code R. & Regs. tit. 14, § 527.4	No mental health facility may deny care and treatment to, or otherwise discriminate against, persons who are non-English speaking, deaf or hard-of-hearing. Each facility shall facilitate access to services by persons who are non-English speaking. In addressing the communication needs of persons who are non-English speaking, each facility shall take reasonable steps to ensure that the overall quality and level of services are equal to that made available to all other recipients; necessary steps are taken to provide information in appropriate languages; the timely availability of interpreters is provided, when necessary for effective communication; persons serving as interpreters are sufficiently competent to ensure effective communication. Such interpreters may include, but are not limited to, facility staff, community volunteers or contractors. In no event shall recipients be charged for the use of interpreter services. A recipient's family member or significant other may serve as an interpreter for the recipient if the recipient and family member/significant other agree to the arrangement, the arrangement is clinically appropriate, and the recipient has been informed of the option of using an alternative interpreter identified by the facility. Providers shall not predicate service delivery on the use of family members or significant others as interpreters. Plans of treatment or services developed for persons who are non-English speaking, or who, for any cause, are unable to read or write, shall identify any significant related impact on such persons' functioning and treatment, and identify associated recommendations for treatment, including any reasonable accommodations.
MEN	N.Y. Comp. Code R. & Regs. tit. 14, § 575.8(c)(3)	Prior to entering into contracts for the provision of community support services, the Office of Mental Health and the local governmental unit shall consider the current availability of services for seriously and chronically mentally ill individuals in the area, including the special needs of ethnic minorities and non-English speaking mentally ill individuals.
CHI	N.Y. Comp. Code R. & Regs. tit. 14, § 587.5(e)(2)(iii)	In a county with 3% or more of the projected population of children in New York State, the criteria for inclusion as a designated interim specialty clinic outpatient treatment program serving children includes all licensed clinic treatment programs primarily serving physically handicapped or non-English speaking children.
MFA	N.Y. Comp. Code R. & Regs. tit. 14, § 590.10(g)	If at least one percent of the general population of the catchment areas served by the comprehensive psychiatric emergency program has a primary language other than English, it shall ensure the availability of individuals who are fluent in that language.



New York continued

Type	Provision(s)	Description
MFA	N.Y. Comp. Code R. & Regs. tit. 14, § 595.6(i)	In residential homes for adults under the Department of Mental Health, the provider of service shall establish mechanisms to ensure provision of reasonable accommodations and services which are relevant to the cultural, language and ethnic backgrounds of residents.
MFA, HEA	N.Y. Comp. Code R. & Regs. tit. 14, § 602.2(c)(1)(iv)	The Office of Mental Health and Developmental Disabilities hearing procedures require provision of notice that interpreter services are available for non-English speaking witnesses or parties, at no charge, upon written request within a reasonable time prior to any scheduled hearing.
AGY, FAM	N.Y. Comp. Code R. & Regs. tit. 14, § 633.4(15)	No facility operated or owned by the Office of Mental Retardation and Developmental Disabilities shall deny care and treatment to or otherwise discriminate against non-English speaking people. Facilities shall facilitate access to services by non-English speaking persons by providing information in appropriate languages and providing competent interpreters free of charge. Discourages using family members as interpreters.
MFA	N.Y. Comp. Code R. & Regs. tit. 14, § 633.99(ag)	For individuals receiving services in facilities operated or certified by the Office of Mental Retardation and Developmental Disabilities, informed consent means information must be presented in a manner permitting a knowledgeable evaluation and decision to be made and must be presented in whatever language the party giving informed consent reads or understands most easily and clearly (e.g., English, Spanish, German).
AGY, MEN	N.Y. Comp. Code R. & Regs. tit. 14, § 671.6(b)(3)	The Office of Mental Retardation and Developmental Disabilities shall verify in both the service planning and service delivery aspects, that the provider of community residential habilitative services has respected the person's cultural and language needs and has attempted to ensure that the person's primary language or means of communication has been used to facilitate learning and understanding.
AGY, MEN	N.Y. Comp. Code R. & Regs. tit. 14, §§ 679.4(p), 679.1(d)	The Office of Mental Retardation and Development Disabilities shall verify that each clinic treatment facility (a facility that primarily services people with developmental disabilities) has made persons served at the facility aware of certain information in a person's primary language and/or in a manner that facilitates communication and understanding.
MFA	N.Y. Comp. Code R. & Regs. tit. 14, §§ 690.5(b)(2)(x)(c), 690.6(p), (q)	In day treatment facilities for individuals with developmental disabilities, each person admitted and his/her correspondent must informed orally and in writing in the correspondent's primary language prior to admission, of all services available, personal items provided by the facility, and the financial charges which may be incurred by him or her for these services. The Office of Mental Retardation and Developmental Disabilities must verify this occurred.
MED, MCO	N.Y. Comp. Code R. & Regs. tit. 18, § 360-10.8(f)	A Medicaid managed care plan (MCP) must demonstrate that recipients who are eligible to participate in an MCP will be fully informed of how an MCP provides services, and provide enough information, in a form which is reasonably understandable to persons of the varying cultural backgrounds represented in the Medicaid recipient population, to assure that such recipients can make informed choices of managed care providers and primary care providers.
MFA	N.Y. Comp. Code R. & Regs. tit. 18, §§ 487.4(q), 488.4(l), 490.4(s)	Admission standards for adult care facilities (adult homes, enriched housing facilities, residences for adults) require that if the applicant/resident is otherwise unable to comprehend English or printed matter, the operator shall arrange for conduct of the interview and transmission of the contents of the admission agreement, the statement of rights and responsibilities and facility information in a manner comprehensible to the applicant.



New York continued

Type	Provision(s)	Description
MFA	N.Y. Comp. Code R. & Regs. tit. 18, §§ 487.9(a)(13), 488.9(a)(10), 490.9(a)(11), 491.13(b)	In adult care facilities (including adult homes, enriched housing, shelters, residences for adults), employees who have direct contact with residents must be able to speak, read and write English, and speak the predominant language of residents.
MFA	N.Y. Comp. Code R. & Regs. tit. 18, § 489.3(b)(5)	The operator of a family-type home for adults must be able to speak, read and write English.
MED, STA, CON	N.Y. Comp. Code R. & Regs. tit. 18, § 505.13(e)(2)(C)	Medicaid payment for sterilization is only available when the patient provides informed consent which requires an interpreter be provided if the individual to be sterilized did not understand the language used on the consent form or the language used by the person obtaining consent.
HHC	N.Y. Comp. Code R. & Regs. tit. 18, § 505.14(f)(2)(ii)(c)(1)	In assigning personal care attendants, the agency providing services must consider the patient's cultural background and primary language.
AGY, CHI	N.Y. Comp. Code R. & Regs. tit. 18, § 508.4(d)	Each local social services district must ensure that procedures are in place in the district for informing persons who cannot understand the English language about the Child and Teen Health Plan services and benefits.
HEA	N.Y. Comp. Code R. & Regs. tit. 18, §§ 519.8(c), 519.2(c), 519.16	For hearings involving providers, a person has a right to an interpreter, at no charge, if the appellant does not speak English and cannot afford one (the appellant must advise the department prior to the hearing if an interpreter will be needed).



North Carolina

Type	Provision(s)	Description
MEN, TRA	N.C. Gen. Stat. § 115C-109.1	The parent handbook of procedural safeguards for the education of children with developmental disabilities shall be written in the native language of the parent unless it clearly is not feasible to do so.
AGY, TRA	N.C. Gen. Stat. § 115C-109.5 (b)	The local educational agency shall provide prompt written notice to parents whenever that agency proposes to initiate or change, or refuses to initiate or change the identification, evaluation, or educational placement of a child, or the provision of a free appropriate public education to a child with a disability. This prior written notice shall be in the native language of the parents, unless it clearly is not feasible to translate it.
OAA	10A N.C. Admin. Code 5A.0101(7)	For the Division of Aging, "minority individuals" includes persons who identify themselves as Spanish language speaking, and members of any additional limited-English-speaking groups designated by the Division.
HOS, RGT	10A N.C. Admin. Code 13B.3302(n)	Patient's Bill of Rights – a hospital patient who does not speak English shall have access, when possible, to an interpreter.
HOS, FAM	10A N.C. Admin. Code 13B.5503(e)(3)	Hospitals providing living organ donation transplant services must provide non-English speaking candidates with a non-family interpreter who understands the donor's language and culture.
OAA	10A N.C. Admin. Code 5C.0304(b)(4)	Notice of Area Agencies on Aging (AAA) public hearings must be posted in languages other than English when appropriate.
AGY	10A N.C. Admin. Code 21B.0203(c)(5)	Requiring the county department of social services to obtain or verify eligibility information when an applicant is unable to speak English.
MEN	10A N.C. Admin. Code 27G.0905(a)(2)	Area programs and contract agencies providing mental health, developmental disabilities, and substance abuse facilities and services should comply with the requirement of prior notice to parents of an eligible child in the parents' native language.
XXX	10A N.C. Admin. Code 39A.0102(7)	"Migrant Health Entry Point" means an entity designated by the North Carolina Farmworker Health Program to certify migrants for participation in the fee-for-service component of the Migrant Health Program. In designating Migrant Health Entry Points, the program shall consider, among other factors, the agency's ability to offer linguistically appropriate services.
AGY	10A N.C. Admin. Code 48B.0401(b)(6)	The local health department shall assure that information disseminated reflects the cultural and linguistic character of the local population as required by Title VI of the Civil Rights Act.
AGY	10A N.C. Admin. Code 48B.0801(b)(2)	The local health department shall take actions to include linguistically and culturally representative persons in planning and implementing programs intended to reach underserved population groups.
AGY	10A N.C. Admin. Code 48B.1201(b)(2)	The local health department shall have services that are accessible to persons with limited proficiency in the English language.
CRD	21 N.C. Admin. Code 63.0509(b)	A social worker may list foreign languages spoken in announcing availability for professional services.

North Dakota

Type	Provision(s)	Description
STA, TRA	N.D. Cent. Code § 14-02.1-02.1(1)	Abortion Control Act: The state department of health shall publish in English and every other language that the department determines is the primary language of a significant number of state residents materials on available adoption services and fetal development at two-week intervals.
XXX	N.D. Cent. Code § 23-28-02(1)	A person who is unable to communicate coherently or effectively in the English language is authorized and encouraged to wear an identifying device.
INT	N.D. Cent. Code § 43-52-01	In defining occupations and professions, "interpreter" means an individual who engages in the practice of interpreting; "interpreting" means the translating or transliterating of English concepts to any necessary specialized vocabulary used by a consumer or translating of a consumer's specialized vocabulary to English concepts and includes oral interpreting; "nationally recognized certification" means certification granted by a national organization that is based on a skills assessment of the applicant.
INT	N.D. Cent. Code § 43-52-03(1)-(5), (10)	ND Regulations regarding interpreters do not prevent or restrict nonresident interpreters from working in this state not more than nineteen days per year; an interpreter working at a religious activity; an interpreter working as a volunteer without compensation; an interpreter working in an emergency (an emergency is a situation in which the consumer decides that the length of time needed to obtain a licensed interpreter is likely to cause injury or loss to the consumer); the activities and services of an interpreter intern or student-in-training enrolled in a program of study in interpreting at an accredited institution of higher learning; interpreting under the supervision of a licensed interpreter as part of a supervised program; and identified as an interpreter intern or student-in-training; an individual who has successfully completed an accredited interpreter training program from interpreting without certification for a period of up to two years from the date of completion of the program if, during that period, the individual is mentored by a trained mentor who is either a certified interpreter or a deaf adult.
PWD	N.D. Cent. Code § 50-06.5-01(8)(d)	"Independent living services" services and assistance may include interpreter services.
XXX	N.D. Admin. Code 75.5-02-06.1-01(3)(b)	When clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers shall take steps to ensure clients' comprehension.



Ohio

Type	Provision(s)	Description
MFA	Ohio Admin. Code § 3701:16-13(F)(2)	Caregivers in community alternative homes shall demonstrate an ability to communicate in the predominant language of the residents.
CRD, LTC	Ohio Admin. Code §§ 3701:18-22(C and D), 3701:18-25(D)	For nurses aides, the competency evaluation and performance demonstration shall be given in English, except that if the individual is working in a long-term care facility in which the predominant language of the residents is other than English, the examination may be taken orally at that facility in the predominant language used in the facility. To take the examination or performance demonstration component of the test in a foreign language, there is an interpreter assistance fee of no more than \$50. per registrant, unless the facility provides an interpreter who agrees to follow testing protocol and signs all affidavits regarding security.
EIS	Ohio Admin. Code § 3701:8-09 (A)(1)	For the Early Start Program, "language" means the mode of communication normally used by the parent of child eligible under this procedure, such as native language.
MFA	Ohio Admin. Code § 3701:16-13(F)(2)	For community alternative homes caregivers shall demonstrate an ability to communicate in the predominant language of the residents.
XXX	Ohio Admin. Code § 4757:5-01 (B)(2)(b)	In instances when clients are unable to read or understand the consent to counseling document or have trouble understanding the primary language contained in the informed consent document, social workers shall take steps to ensure the client's comprehension including providing a detailed verbal explanation or arranging for a qualified interpreter or translator as needed.
MED	Ohio Admin. Code § 5101:1-2-01 (J)(3), 1-2-10(B)(1)(d)	During application and reapplication for Medicaid, an interpreter must be provided at no cost to LEP individuals.
MED	Ohio Admin. Code §§ 5101:1-38-01.2 (C)(3)(g)(v), 5101:1-38-01 (H)(5)	During face-to-face initial interview for Medicaid eligibility and during the redetermination process, an interpreter must be provided at no cost to LEP persons; the individual shall not be required to provide their own interpreter, unless they desire to do so.
MED	Ohio Admin. Code § 5101:1-38-01 (H)(5)	During the redetermination process, an interpreter must be provided at no charge to individuals with limited English proficiency.
MED, FAM	Ohio Admin. Code § 5101:1-38-01.2(D)(1)(g)	When applying to Medicaid, the individual is responsible to request interpreter and translator services when English is not the primary language but the individual shall not be required to provide his or her own interpreter or use a family member, unless he or she desires to do so.
MED	Ohio Admin. Code § 5101:1-38-02(B)(5)	Defines factors for "good cause" as circumstances that reasonably prevented an individual from cooperating with the administrative agency in the eligibility determination process and includes linguistic limitations of the individual.
EPS	Ohio Admin. Code § 5101:1-38-05(E)(4)(b), (M)(2)(f)	The County Department of Jobs and Family Services must have suitable procedures for informing consumers or caretakers who do not understand English of the EPSDT program, Healthcheck. It shall submit in writing a description of the process and structure of the management of the local Healthcheck program including the contact person and/or coordinator responsible for notifying LEP consumers.
HOS	Ohio Admin. Code § 5101:3-2-07.17(D)(3)	Posted notices required for hospitals receiving payment under the Hospital Care Assurance Program must be printed in English and other languages that are common to the population of the area serviced.
MED, STA, CON	Ohio Admin. Code § 5101:3-21-01 (A)(5), App. A.	For Medicaid, interpretation must be provided if person to be sterilized does not understand the language of the consent form or of the person who is obtaining the consent. The interpreter must sign a document stating that interpretation was provided.



Ohio continued

Type	Provision(s)	Description
MED, MCO	Ohio Admin. Code § 5101:3-26-01(Y)	"Oral translation services" for Medicaid managed health care plans (MCP) means services provided to LEP consumers to ensure that they receive MCP information translated into the primary language of the consumer.
MED, MCO	Ohio Admin. Code § 5101:3-26-02.1 (D)(9)(a)(v)	Membership termination from the Medicaid MCP for just cause includes if the primary care physician (PCP) selected by a member leaves the MCP's panel and was the only available and accessible PCP speaking the primary language of the member, and another PCP speaking the language is available and accessible in another MCP in the member's service area.
MED, MCO	Ohio Admin. Code § 5101:3-26-03.1(A)(6)(c)(ii)	Medicaid MCPs must provide a centralized twenty-four-hour toll-free call-in system with services available to assist LEP members in the primary language of the member.
MED, MCO	Ohio Admin. Code § 5101:3-26-05(D)(27)(b)	Medicaid managed care plans' subcontracts must include requirements that subcontractors identify and where indicated arrange (pursuant to the mutually agreed upon policies and procedures) for oral interpretation and oral translation services at no cost to the member.
MED, MCO	Ohio Admin. Code § 5101:3-26-05.1(A)(10)	Mutually agreed upon policies and procedures between the Managed Health Care Program (MCP) and provider that explain the provider's obligation to provide oral translation, oral interpretation, and sign language services to the MCP's members include: the provider's responsibility to identify those members who may require such assistance; the process the provider is to follow in arranging for such services to be provided; information that members will not be liable for the costs of such services; and specification of whether the MCP or the provider will be financially responsible for the costs of providing these services.
MED, MCO, TRA	Ohio Admin. Code § 5101:3-26-08(D)(2)(a), (6)(f)(2)	Written materials developed to promote membership selection in a Medicaid managed care program must be available in the prevalent non-English languages of eligible individuals in the service area.
MED, MCO	Ohio Admin. Code § 5101:3-26-08.2(A)(1)(b), (A)(2)(i), (B)(4)(y)(i)	Each Medicaid managed care program must "establish and operate a member services toll-free telephone number" to assist LEP members in their primary language. The telephone line must have services available to assist LEP individuals in accessing oral interpretation and oral translation services at no cost to the eligible individual or member. The member handbook must include how the member can request interpretation and translation services.
MED, MCO	Ohio Admin. Code § 5101:3-26-08.3 (A) (13-14)	All written member information provided by MCP must be available at no cost to the member and in the prevalent non-English languages of members in the MCP's service area. The MCP shall assure that that oral interpretation and oral translation services are available at no cost to members.
MED, MCO	Ohio Admin. Code § 5101:3-26-08.4(A)(4)(c)	The MCP grievance procedure shall provide an oral interpreter and oral translation services and access to the grievance system through a toll-free number with interpreter capability.
MED, MEN	Ohio Admin. Code § 5101:3-40-01 (F)(3), App. A.	The Medicaid Home and Community Based Services "individual options waiver program" benefit package includes interpreters. Interpreters are paid \$12./15 minutes.
MED, LTC	Ohio Admin. Code § 5101:3-56-02(E)(2)(c)(i)	Medicaid hospice services includes interpreters if the person is eligible for hospice as a participant of the Home and Community Based Services waiver program.
MED, MFA	Ohio Admin. Code § 5122:2-04(Q)(2)(a)	If the integrated behavioral healthcare system (IBHS), intensive and specialized services or forensic inpatient services grievant speaks a language other than standard English as a primary means of communication and requests assistance, any staff or the client rights advocate shall arrange for appropriate.



Ohio continued

Type	Provision(s)	Description
HOS, MEN	Ohio Admin. Code § 5122:14-10(E)(9)	Psychiatric hospitals shall provide qualified interpreters to patients and their families at no charge and shall do training of direct care staff and treatment team members in issues relating to barriers to traditional English communication.
HOS, MEN	Ohio Admin. Code § 5122:14-11(K)	Psychiatric hospitals must ensure that patient and family education incorporates interpreters.
MEN	Ohio Admin. Code § 5122:24-01(B)(3)	The Department of Mental Health certification requires that programs have the ability for persons served to enter, approach, communicate with, or make use of the services of an agency, including the need for bilingual staff.
MEN	Ohio Admin. Code § 5122:24-01(B)(3)	"Accessibility" means the ability for persons served to enter, approach, communicate with, or make use of the services of an agency, including but not limited to the need for bilingual staff, minority-specific programming, staffing patterns that reflect community demographics and adequacy of hours of operation.
MEN	Ohio Admin. Code § 5122:26-06(E)(1)	Mental health service agencies must have a written affirmative action plan including the hiring of culturally diverse staff at all levels of the agency who have the ability to address the need for culturally specific and relevant programming for ethnic minorities and others.
MEN	Ohio Admin. Code § 5122:26-07(E)(1), (2)	Mental health service agencies must ensure that mental health personnel are qualified by training or continuing education regarding cultural sensitivity and cultural competence sufficient to provide culturally relevant services to persons served of culturally diverse backgrounds. These qualifications include, but are not limited to knowledge of effects on persons of cultural and ethnic minority groups of psychiatric interventions, including psychotropic medications; and issues related to differential diagnosis of persons of cultural and ethnic minority groups.
MEN	Ohio Admin. Code § 5122:26-17(C)(4)(5), (D)(1)	Mental Health Services Agencies shall providing assistance, as appropriate according to the person's needs, at no additional cost to persons served, to persons requesting or receiving services, and their families or significant others, who speak a language other than English as a primary means of communication. Other assistance to be provided according to the needs of persons served include interpreters fluent in the first vernacular language of the person served, and with demonstrated ability and/or certification; services provided by a professional who is able to communicate in the same vernacular language as the person served; and referral to a service that provides interpreters. The Mental Health Services Agencies shall provide culturally sensitive and responsive treatment planning and service delivery. Minimum criteria for acceptability of services shall include, but not be limited to sensitivity to ethnic and cultural differences among people.
MEN	Ohio Admin. Code § 5122:29-22(C)(2)	Mental health services provided by agencies funded by community mental health boards shall ensure access and availability for persons whose primary means of communication is a language other than English.
MFA	Ohio Admin. Code § 5122:29-28(A)	Intensive home-based treatment services must be culturally, ethnically, racially, and linguistically appropriate, and respect and build on the strengths of the child and family's race, culture, and ethnicity.
EIS	Ohio Admin. Code § 5123:2-1-04(E)(2)(j)	Services and supports to infants and toddlers birth through age two with or at-risk for developmental delays or disabilities and their families shall be administered in the primary language of the child and family unless it is clearly not feasible to do so.
EIS	Ohio Admin. Code § 5123:2-1-09(E)(7)	At the time of application for family support services, the coordinator shall inform the family of their informal complaint resolution and due process rights in the native language of the family unless it is clearly not feasible.
HOS, MEN	Ohio Admin. Code § 5124:2-01(D)(4)	Hospitals and mental health clinic facilities must ensure that all non-English speaking patients meet with a client advocate who can explain their rights regarding involuntary commitment within 24 hours of admission.

Oklahoma

Type	Provision(s)	Description
INS	Okla. Stat. tit. 36, § 3644(B)	Any non-English language policy delivered or issued for delivery in this state shall be deemed to be in compliance with the Life, Accident and Health Insurance Policy Language Simplification Act if the insurer certifies that such policy is translated from an English language policy which does comply with the act.
AGY	Okla. Stat. tit. 63, § 1-560.1(2)(a)	Task Force to Eliminate Disparities shall investigate on issues related to disparities in health and health access among multicultural populations. Such issues may include the definition of health disparities, cultural competency of providers and severity of poverty among multicultural groups.
STA	Okla. Stat. tit. 63, § 1-738.2(A)(1)(e)	No abortion may be performed unless the patient is informed of certain information, and nothing may be construed to preclude the provision of the required information in a language understood by the woman through an interpreter.
STA	Okla. Stat. tit. 63, § 1-738.3(a), Okl. Stat. tit. 63 § 1-738.10(a)	Unborn Child Pain Awareness/Prevention Act requires publication of a specified statement in English and in each language which is the primary language of two percent (2%) or more of the population of the state.
AGY, OAA	Okla. Stat. tit. 63, § 1-879.2(5)	The Alzheimer's Research Advisory Council shall recommend specific innovation service delivery models that address the unique needs of multi-cultural populations, including but not limited to ethnic sensitive practices, and culturally relevant programming.
XXX	Okla. Stat. tit. 63, § 2553(A)	A person who is unable to communicate coherently or effectively in the English language is authorized and encouraged to wear an identifying device (to include, for example, the person's name, type of medical condition, physician's name and other medical information).
PUB	Okla. Stat. tit. 63, § 6701(C)	If the public health authority has reason to believe there are large numbers of people of the state who lack sufficient skills in English to understand information of a declared or terminated state of catastrophic health emergency, the authority shall make reasonable efforts to provide the information in the primary languages of those people as well as in English.
PUB	Okla. Admin. Code § 310:566-3-1(7)	Breast and Cervical Cancer Early Detection Program shall include the systematic design and delivery of clear and consistent messages about breast and cervical cancer and the benefits of early detection, using a variety of methods and strategies to reach priority populations. Outreach activities should work toward the removal of barriers to care including interpreter services.
RGT	Okla. Admin. Code § 310:667-3-3(3)	Establishes a patients' right to make informed decision about medical treatment; requires that information be presented in their own language if they do not speak English.
HOS, MFA	Okla. Admin. Code § 317:30-5-96.2	In in-patient psychiatric facilities, routine services includes interpreter services.
AGY	Okla. Admin. Code § 340:1-11-8(a), (b)	The Department of Human Services collects and maintains LEP data showing the extent to which these individuals are beneficiaries of and participants in its programs. The data should alert the Department to suspect situations where there is a relatively low rate of minorities participating or where these groups do not appear to be receiving equal benefits and services. The OCR administrator should use this data-to set investigative priorities.



Oklahoma continued

Type	Provision(s)	Description
AGY, TRA	Okla. Admin. Code § 340:1-11-10(a), (c)(1)	The Department provides, at no charge, interpreter services for DHS clients, applicants, and employees with limited English proficiency to overcome language barriers and provide equal access and equal opportunity to participate in DHS services and employment. Each county office or facility maintains a list of employees and members of the community available to provide interpreter services. The list designates the interpreter's name, contact number, and language. In areas where the client population served by a program is 5% or more non-English speaking, a formalized procedure for bilingual services and literature in the respective language must be provided.
AGY, RGT	Okla. Admin. Code § 340:2-3-55(c)(4)	The Department of Human Service' Client Bill of Rights poster should be posted in conspicuous view of the public in all department offices and facilities. Applicants and recipients of benefits and services administered by the Department have the right to have benefits and services explained in native language, if not able to understand English.
HEA	Okla. Admin. Code §§ 340:2-5-44(g)(3), 340:2-5-73(h)(2)	In fair hearings in which a party is assisted by an interpreter, an oath shall be administered by the hearing officer to the interpreter. (The form used for the oath consists of: "Do you solemnly swear (or affirm) that you will truthfully translate from English into (state the other language) the questions about to be asked, and from (state the other language) into English the answers about to be given in the case to the best of your ability.")
EPS	Okla. Admin. Code. §§ 340:70-9-5(a), 340:70-9-7(a), (b)	For mandatory outreach for Medicaid EPSDT program, special arrangements must be provided for those persons who do not read and/or understand English, including informing them of available services through face-to-face contact. When necessary, the social services specialist arranges for the assistance of a second-language translator.
OAA	Okla. Admin. Code §§ 340:105-10-38(a)(3), (c)(3)(D), 340:105-10-3	The Area Agency on Aging (AAA) shall target certain groups for special consideration including persons with limited English speaking ability. This includes including sources of minority and bilingual professionals in recruitment efforts for AAA staff positions, such as recruitment announcements in publications with large minority readership, or recruitment announcements at minority colleges and universities.
OAA	Okla. Admin. Code § 340:105-10-54(a)(3)	Supportive services include language services to assist older persons with limited English speaking ability to obtain services.
OAA	Okla. Admin. Code §§ 340:105-10-58(a)(5), 340:105-10-60(c)(3)	Under programs pursuant to the Older American Act (Title III), all individuals age 60 years of age and older are eligible to receive outreach services. Special targeting objectives are developed to reach individuals, including those with limited English speaking ability, and should include utilizing outreach workers who are fluent in the language of such individuals when a substantial number of such persons reside in the planning and service area.
HEA	Okla. Admin. Code § 450:15-7-14(6)	When conducting investigations, if the Office of Consumer Advocacy (Department of Mental Health and Substance Abuse) needs to interview a person who is non-English speaking, the Office shall arrange interpreter services by an independent and qualified interpreter.
MEN	Okla. Admin. Code §§ 450:17-21-3, 450:55-17-3(a)(8)	For community mental health services and staff of assertive community treatment programs, required annual staff in-service training must include cultural competence.
AGY	Okla. Admin. Code § 612:1-13-4(6)	The Department of Rehabilitation will, in areas where there are significant numbers of non-English speaking minorities, communicate its policy, including complaint rights, in the appropriate languages.
MEN, MFA	Okla. Admin. Code § 612:1-13-8	If the client population served by a program under the Department of Rehabilitation is 5% or more non-English speaking, a formalized procedure for bilingual services and literature in the respective language must be provided.
PWD	Okla. Admin. Code § 612:10-11-42(c)	Under the program providing independent living services for older individuals who are blind, interpreter services may be provided to individuals who do not speak English. The Department of Rehabilitation Services Commission determines the rate of pay for interpreter services.



Oregon

Type	Provision(s)	Description
AGY, INT	Or. Rev. Stat. § 409.615-.625	Creates the Oregon Council on Health Care Interpreters to educate and train health care interpreters and establish training, assessment, qualification and certification standards.
WOM, TRA	Or. Rev. Stat. § 435.205(3)	Any family planning materials and birth control information produced by the health department and offered in counties in which a significant segment of the population does not speak English shall be made available in the appropriate language for that segment of the population.
AGY	Or. Rev. Stat. § 442.035(2)(b)	The Oregon Health Policy Commission shall broadly represent the characteristics of the state, including linguistic and racial population.
AGY	Or. Rev. Stat. §§ 442.820(2)(a), 442.835, Notes § 4)(g)(D)	The Oregon Patient Safety Commission shall develop a patient safety reporting systems for adverse events, including the frequency and types of serious adverse events associated with language barriers or ethnicity.
INS	Or. Rev. Stat. § 743.804 (5)(o)	All insurers offering a health benefit plan must furnish to all enrollees either directly or, in the case of a group policy, to the employer or other policyholder for distribution to enrollees written general information including description of any assistance provided to non-English-speaking enrollees.
INS	Or. Rev. Stat. § 746.115	An insurer or licensee who advertises in a language other than English is not required to provide an insurance policy in any language other than English so long as the advertisement states clearly that the policy that is purchased is available only in English. Advertisements regarding an insurance policy in languages other than English may not be construed to modify the policy in the event of a dispute over the provisions of the policy.
MED, MEN	Or. Admin. R. 309-016-0005(18)	For Medicaid payment of rehabilitative mental health services, “culturally competent” means the capacity to provide services in an effective manner that is sensitive to the culture, race, ethnicity, language and other differences of an individual. Such services may include, but are not limited to, use of bilingual and bicultural staff, provision of services in culturally appropriate alternative settings, and use of bicultural paraprofessionals as intermediaries with professional staff.
MED, MEN	Or. Admin. R. 309-016-0088 (2)(d)	All community mental health plans receiving Medicaid payment for rehabilitative mental health services must have a Quality Assurance Committee that includes persons to assure culturally competent and nondiscriminatory services.
RGT, MEN	Or. Admin. R. 309-032-0555(1)	Consumer rights for those receiving adult mental health services include information and material in alternative format or language appropriate to the consumers' need, upon request.
MFA	Or. Admin. R. 309-032-1290	For intensive community based treatment and support services, providers must provide written information in the non-English languages of the clients served.
INT	Or. Admin. R. 333-002-0000-0230	Establishes standards for registry, enrollment, qualification and certification of health care interpreters.
MED, FAM	Or. Admin. R. 333-004-0060(4)	Providers in the Medicaid family planning extension program must ensure that all services, support and other assistance are provided in a manner that is responsive to language of the individuals who are receiving services. The provider should employ bilingual-bicultural staff, personnel or volunteers skilled or certified in the provision of medical and clinical interpretation during all clinic encounters for clients with limited English proficiencies or who otherwise need this level of assistance. All persons providing interpretation services must adhere to confidentiality guidelines. The provider must assure the competency of language assistance provided to limited English proficiency clients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services, unless requested by the client. All print, electronic and audiovisual materials should be appropriate in terms of the client's language and literacy level. A client's need for alternate formats must be accommodated.



Oregon continued

Type	Provision(s)	Description
XXX	Or. Admin. R. 333-005-0020(1)(d)	Healthcare facilities seeking to participate in the program that waives physician visa fees must, among other requirements, post a sliding fee schedule in the primary language(s) of the population being served.
XXX	Or. Admin. R. 333-700-0090	Licensing requirements of renal dialysis centers requires all consent forms in the medical record document that the information was provided in such a way that acknowledges the patient's individual language and special needs.
MED, MFA	Or. Admin. R. 410-010-0080(9)	For Medicaid residential programs, if there is a barrier to treatment (Including cultural or language), the program shall provide: individuals capable of assisting the program to minimize barriers; or referral to an agency capable of providing the necessary services.
MED, MCO	Or. Admin. R. 410-141-0220(1)(b)(A), (7)(a-c)	Medicaid prepaid health plans (PHPs) must develop an access plan that identifies populations in need of interpreter services. Plans must also have written policies to communicate with and provide care to Medicaid recipients where no adult communicates in English and provide or ensure the provision of qualified interpreter services for medical, mental health, or dental visits, including home health. Interpreters shall be linguistically appropriate, be capable of communicating in English and the primary language of the LEP individual, be able to translate clinical information effectively, and shall be culturally appropriate, i.e., demonstrating both awareness for and sensitivity to cultural differences.
MED, MCO	Or. Admin. R. 410-141-0261(2)(a), 0262(2)(a), 0263(2)	PHPs must provide Medicaid members with any reasonable assistance to file a complaint or appeal including providing interpreter services and toll free phone numbers that have adequate interpreter capabilities. Notices of action must comply with the language requirements in federal Medicaid managed care regulations.
MED, MCO	Or. Admin. R. 410-141-0300(3)(b)(l)	Information in the Medicaid PHP member handbook must include information on how to access interpreter services.
MED, MCO	Or. Admin. R. 410-141-0320(2)(w)	Medicaid PHP members have the right to receive interpreter services as defined in OAR 410-141-0220.
MED, MCO, TRA	Or. Admin. R. 410-141-0280(2)	PHPs must also make culturally sensitive materials available to potential recipients in the primary language of substantial populations.
MED, MCO	Or. Admin. R. 410-141-0760(13)	Primary Care Managers (PCMs) with the Oregon Health Plan are to have a plan to access interpreters for each substantial population of non-English speaking PCM members (35 same-language, non-English speaking households enrolled with the PCM).
CHC	Or. Admin. R. 410-147-0020(5)	Federally qualified health centers (FQHCs) and rural health clinics (RHCs) cannot bill oral interpreter services as a stand-alone service since they are professional services included in a clinic's all-inclusive PPS encounter rate. Clinics must report this service as an allowed administrative program cost on a cost statement for calculating a clinic's PPS encounter rate.
CHC	Or. Admin. R. 410-147-0080(7)	For FQHCs and RHCs, PHPs are responsible to ensure the provision of oral interpreter services for covered medical, mental health or dental care visits, for their enrolled Medicaid members who are non-English speaking.
CHC	Or. Admin. R. 410-147-0500(5)(b)	For FQHCs and RHCs shall report the costs of enabling services, including oral interpreter services on a clinic's cost statement for calculating a clinic's prospective payment system encounter rate.



Oregon continued

Type	Provision(s)	Description
OAA	Or. Admin. R. 411-045-0040(2), (3)(b), 411-045-0070(1), (2)	The Program of All-inclusive Care for the Elderly (PACE) will provide informational and marketing materials that are culturally sensitive and are in the appropriate languages for each substantial population of non-English speaking PACE applicants and participants. PACE programs will provide or ensure the provision of qualified interpreter services for covered medical, mental health or dental care visits, including home health visits and after hours emergency calls for non-English speaking participants. And PACE programs must ensure all staff in contact with program participants are fully informed of program policies, including the provision of language interpreter services including providers who have bilingual capacity.
OAA	Or. Admin. R. 411-045-0080 (3)(b)(B), (E)	PACE programs must have written policies including the standards for the provision of interpretive services after office hours and written procedures and trained staff to communicate with hearing impaired PACE participants via TDD/TTY or Relay Service, and with limited English proficient PACE participants.
OAA	Or. Admin. R. 411-045-0110(4)(v)	PACE participants have the right to receive interpreter services.
CHI, MEN	Or. Admin. R. 411-300-0130(1)(b)(E), 0150(8)(e), (15)(i)	For children's intensive in-home services, a care coordinator must translate the child's service plan upon request. If the parent of child's primary language is not English, cost of interpretation/translation services related to CIIS, will not be considered part of the child's maximum monthly budget. If the parent or child's primary language is not English, the services of a translator or interpreter may be authorized only to allow the child or parents to communicate with providers of CIIS services.
CHI, MEN	Or. Admin. R. 411-305-0040 (1)(c), 411-330-0040(1)(f)	For services to children with developmental disabilities and in-home support services for adults with developmental disabilities, the community developmental disabilities program must make information required available using language appropriate for effective communication according to each family's needs and abilities.
MFA, CHI	Or. Admin. R. 411-325-0300(4), 411-325-0320(2)	Patients in programs providing residential treatment for adults and children with developmental disabilities have the right to information, including about grievance and appeal procedures, that uses language appropriate to the individual's needs and abilities.
MEN	Or. Admin. R. 411-340-0060 (2)(b), 411-340-0110(1)(h)	For support services provided to adults with developmental disabilities, support services brokerages and provider organizations must present information about grievance processes using language, format, and methods of communication appropriate to the individual's needs and abilities.
INS, MCO	Or. Admin. R. 836-053-1190(5)	An insurer offering managed health insurance or preferred provider organization insurance must submit an annual summary of information including whether the insurer's provider directory and updates to the directory disclose which providers are fluent in languages other than English and, if so, what languages are available.

Pennsylvania

Type	Provision(s)	Description
AGY	35 Pa. Cons. Stat. Ann. § 449.8(c)(1)(iii)	The Health Care Cost Containment Council shall undertake a study of the number and characteristics of the medically indigent population, including by racial or linguistic characteristics, and the changes in these characteristics including the needs and problems of indigent persons who are members of racial or linguistic minorities.
MCE, RGT, TRA	35 Pa. Cons. Stat. Ann. § 449.36(c)	Health care practitioners who treat non-English speaking Medicare beneficiaries must post translated signs of patients' rights supplied by Pennsylvania's Bureau of Professional and Occupational Affairs.
MCO	40 Pa. Cons. Stat. Ann. § 991.2136(a)(5)	Managed care plans must provide a description of how it addresses the needs of non-English-speaking enrollees.
AGY	40 Pa. Cons. Stat. Ann. § 991.2312(a)	The Insurance Department, in consultation with appropriate Commonwealth agencies, shall coordinate the development of an outreach plan to inform potential contractors, providers and enrollees regarding eligibility and available benefits. The plan shall include provisions for reaching special populations, including nonwhite and non-English-speaking children.
MFA	6 Pa. Code § 11.9(b)	Adult daily living centers shall post in a prominent place in the center the list of client rights in English and other predominant language of the community.
MFA	6 Pa. Code § 11.19(b)(1)	Adult daily living center operators shall develop and implement civil rights policies and procedures including nondiscrimination in the provision of services, admissions, placements, facility usage, referrals and communications with clients who are non-English speaking.
MFA	6 Pa. Code § 11.193(1)(iii)	Adult daily living centers' client records must include the language or means of communication spoken or understood by the client and the primary language used in the client's natural home, if other than English.
OAA	6 Pa. Code § 35.3	For Area Agency on Aging advisory councils, "greatest social need" includes the need caused by non-economic factors which include language barriers and cultural or social isolation including that caused by racial or ethnic status.
MCO	28 Pa. Code § 9.702(a)(5)	As part of a managed care plan's complaint and grievance process, a plan shall have a toll-free telephone number for an enrollee to use to obtain information regarding the filing and status of a complaint or grievance and make reasonable accommodations to enable non-English speaking enrollees to secure the information.
MCO	28 Pa. Code § 9.705(b)	Managed care plans shall make staff available to record an oral grievance for an enrollee who is unable by reason of disability or language barrier to file a grievance in writing.
HOS, TRA	28 Pa. Code § 101.165	When it is substantiated that the regular patient population of the hospital contains a foreign language speaking population for whom the language barrier constitutes a service disadvantage, the hospital should have a roster of bilingual personnel or volunteers, or both, and post bilingual signs and have other printed materials, such as hospital handbooks, medical care instructions and follow-up care, readily available.
HOS	28 Pa. Code § 103.22(b)(14)	In both general and special hospitals, patients who do not speak English should have access, where possible, to an interpreter.
XXX	28 Pa. Code § 119.5(e)	For outpatient services, where there are language barriers between patients using the services and the personnel providing those services, it is desirable to provide interpreters or make other arrangements to facilitate effective communication between the patients and the hospital staff.
LTC	28 Pa. Code § 201.29(n)	Nursing homes must make arrangements to communicate patients' rights to non-English speaking patients.



Pennsylvania continued

Type	Provision(s)	Description
XXX	28 Pa. Code § 553.12(b)(13)	Ambulatory surgery patients who do not speak English shall have access to an interpreter where possible.
INS	31 Pa. Code § 59.13	Each insurer shall assure that the notice relating to notice of cancellation or refusal to renew shall be given to each policyholder affected. In the event the insurer, or its agent, knows or has reason to believe that any policyholder will be unable to read such notice, the insurer shall assure that the notice is communicated to the policyholder by an appropriate foreign language equivalent or oral communication in a language understood by the policyholder.
MED, STA, CON	55 Pa. Code §§ 1126.55(b)(5), (c)(3), 1141.55(b)(5), (c)(3), 1163.60(b)(5), (c)(3), 1221.55(b)(5), (c)(3)	For Medicaid, an individual can only give informed consent for sterilization, and payment may only be provided, if the individual was offered a language interpreter, if necessary and another witness or the interpreter signs the consent form.
MED, WOM	55 Pa. Code § 1140.41(12)	Providers that contract with Medicaid's Healthy Beginnings Plus program must ensure use of qualified interpreters for each non-English speaking patient.
LTC, HEA	55 Pa. Code Part III, Ch 1181, Appendix N(1)(B)(1)	For nursing homes fair hearings, the form of notice used by providers must be written in clear language designed to effectively communicate with residents and shall be available in English as well as in any other language required for effective communication with the person(s) to be notified.
OAA	55 Pa. Code § 2050.33(5)	For services through the Adult Services Block Grant, Providers shall make appropriate arrangements, including but not limited to the use of interpreters if necessary, to communicate with non-English speaking applicants and clients.
CHI, MFA	55 Pa. Code § 3800.31(b)	For child residential and day treatment facilities, each child and parent and, if applicable, the child's guardian or custodian, shall be informed of the child's rights, the right to lodge grievances, and applicable consent to treatment protections relating to consent to treatment, in an easily understood manner, and in the primary language or mode of communication of the child, the child's parent and, if applicable, the child's guardian or custodian.
CHI, MFA	55 Pa. Code § 3800.243(1)(iv)	Child residential and day treatment facilities client record must include the language or means of communication spoken and understood by the child and the primary language used by the child's family, if other than English.
EIS	55 Pa. Code § 4226.5	Definitions of early intervention services includes "native language" which is the language or mode of communication normally used by the parent of a child. If the parent is deaf or blind, or has no written language, the mode of communication is that normally used by the parent (such as sign language, Braille or oral communication).
AGY, MEN	55 Pa. Code § 4226.62(1), (2)	Each county mental health/mental retardation program shall adopt nondiscriminatory procedures for the evaluation and assessment of children and families that ensure, at a minimum, that tests and other evaluation materials and procedures are administered in the native language of the parent, unless it is clearly not feasible to do so; and assessment and evaluation procedures and materials are selected and administered so as not to be racially or culturally discriminatory.
MEN	55 Pa. Code § 4226.72(d)(2)	Individualized family serve plan meetings shall be conducted in the native language of the parent, unless it is clearly not feasible to do so.
EIS	55 Pa. Code § 4226.92(a)(1)	For early intervention services, the parent shall be fully informed of all information relevant to the activity for which consent is sought, in the parent's native language.



Pennsylvania continued

Type	Provision(s)	Description
EIS	55 Pa. Code § 4226.95(c)(2), (d)	Notices regarding early intervention services shall be provided in the native language of the parent, unless it is clearly not feasible to do so. If the native language of the parent is not a written language, the county mental health/mental retardation program shall take steps to ensure that the notice is translated orally or by other means to the parent in the parent's native language, the parent understands the notice, and written evidence that the requirements of this subsection have been met is maintained in the child's record.
MFA	55 Pa. Code §§ 6400.34(b)(1), 6500.34(b)(1)	Community homes for individuals with mental retardation and family living homes shall develop and implement civil rights policies and procedures including nondiscrimination in the provision of services, admissions, placement, use of the home, referrals and communication with non-English speaking and nonverbal individuals.
MFA	55 Pa. Code §§ 6400.213(1)(iii), 6500.182(1)(iii)	For community homes for individuals with mental retardation and family living homes, client records must include the language or means of communication spoken or understood by the individual and the primary language used in the individual's natural home, if other than English.



Rhode Island

Type	Provision(s)	Description
CRD	R.I. Gen. Laws § 5-37-9.2 (a)(6)(viii)	As a part of physician licensing and profiling, the identification of any language translating services that may be available at the physician's primary practice location; subject to the limitation, that a statement is included in the profile indicating that these services may be temporary and that the physician's office should first be contacted to confirm the present availability of language translation shall be reported to the board.
CRD	R.I. Gen. Laws § 5-37.2-10(4)	An applicant for examination for a license to practice acupuncture or any branch of acupuncture, shall pay any fees required by the department for an investigation of the applicant or for the services of a translator, if required, to enable the applicant to take the examination.
STA, CON	R.I. Gen. Laws § 23-4.7-5(c)	Informed Consent for Abortion: In cases where the woman does not understand English, either the consent form shall be written in a language understood by her, or the person informing her shall certify on the consent form that in his or her opinion, the information required to be given has been given in a manner as to be understandable by her; if an interpreter is used, the interpreter shall be named and reference to that use shall be made on the consent form.
HOS, HHC, LTC, MFA	R.I. Gen. Laws § 23-17-2(6), (11), (15)	For health care facilities (institutional health service provider, facility or institution including hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, rehabilitation and convalescent home, health maintenance organizations, emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization) "non-English speaker" means a person who cannot speak or understand, or has difficulty in speaking or understanding, the English language, because he/she uses only or primarily a spoken language other than English. "Qualified interpreter" means a person who, through experience and/or training, is able to translate a particular foreign language into English.
HOS	R.I. Gen. Laws § 23-17-52	As a condition of licensure, hospitals shall provide the department of health's concern line number to all patients and staff through posted notices in conspicuous places throughout the hospital. The notices shall be written in English and in, at minimum, the three (3) most common foreign languages used by the patients served by each hospital as determined by the hospital.
HOS, INT	R.I. Gen. Laws § 23-17-54	Hospitals, as a condition of initial and continuing licensure, must provide a qualified interpreter, if an appropriate bilingual clinician is not available, for all services provided to every non-English speaker who seeks treatment and is not accompanied by a qualified interpreter; persons under age sixteen are not qualified interpreters. A notice will be posted to that effect in English and, minimally, the three most other common languages, as determined by the hospital.
LTC	R.I. Gen. Laws § 23-17.5-18(3)	Nursing homes serving non-English speaking patients must attempt to find interpreters to allow patients to exercise their rights.
AGY	R.I. Gen. Laws § 23-66-5(b)	Comprehensive health risk assessments by the state department of health and department of environmental management shall give notice of comment period in English and other appropriate languages specific to the assessment area.
RGT	R.I. Gen. Laws § 23-74-14(a)	Unlicensed health care client bill of rights: Reasonable accommodations shall be made for those clients who do not read or speak English to inform them of the unlicensed health care client bill of rights.
MED, WOM	R.I. Gen. Laws § 42-12.3-3(e)	The Department of Human Services shall provide enhanced services, as appropriate, to pregnant women eligible for Medicaid, including interpreter services.
MEN	R.I. Gen. Laws § 42-72.7-6(4)	The coordinated, individualized, appropriate child and family driven system of care pilot program services are to be culturally and ethnically competent and service effectiveness is to be assessed considering cultural and ethnic competence.



Rhode Island continued

Type	Provision(s)	Description
HOS, HHC, LTC, MFA	01-040-002 R.I. Code R. §§ 4.06; 4.07; 4.08; (definition of "health care facility – R.I. Gen. Laws § 23-17-2(6))	All private licensed health care facilities (institutional health service provider, facility or institution including hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, rehabilitation and convalescent home, health maintenance organizations, emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization) in the state must comply with the following Services and Admission Standards: Outreach - Have an effective and ongoing means of communicating, advertising and outreach to the non-English speaking persons who reside in the facility's geographical service area. Written Information - Have all written pertinent information, such as notices, patient instructions; translated and printed in a variety of languages for the non-English reading persons who reside in the area that the health care facility services. Interpreters - Have an effective and ongoing means of interpreting and verbally communicating with non-English speaking persons who reside in the facility's geographical service area. This may be accomplished by the availability of a bilingual person, or a formal agreement with an agency who provides interpreter services.
MEN, CHI	03-000-034 R.I. Code R. (C-D)	As a condition for certification, Mental Health Emergency Service Interventions for Children, Youth and Families shall be culturally and linguistically competent. Linguistic competency includes: interpretation services available within the 120 minute time period for emergency services and translated materials/forms for persons who do not speak or read English in the communities served by the emergency services program.
MFA	09-000-001 R.I. Code R. §§ 901, 1506.3 14-000-011 R.I. Code R. § 28.1.3 14-000-027 R.I. Code R. § 2.5	As a condition for licensing, all Adult Day Service programs shall be culturally and linguistically responsive and respectful. A warning of the use of latex gloves in the Adult Day Service Program facility, School Health Programs, and licensed health care facilities shall be posted in English, Spanish, and other languages, as appropriate, to the language needs of the individuals served by the program.
OAA	09-000-005 R.I. Code R. §§ II(C)(8-9), VI(B)(4)	Certification of Case Management Agencies in the Department of Elderly Affairs must demonstrate the capacity to communicate (orally and in writing) and work effectively with non-English speakers within its service area. The agency must distribute and explain the consumer bill of rights to all consumers (or their representatives, families) staff, and volunteers in the appropriate language.
HEA	14-000-001 R.I. Code R. § 12.10(v)	If an interpreter is used to assist a witness giving testimony before the Department of Health and Access to Public Records in administrative proceedings, the interpreter's understanding is the final word of the witness. The interpreter shall be considered an expert for purposes of translation.



Rhode Island continued

Type	Provision(s)	Description
HOS, HHC, LTC, MFA, INT	14-090-007 R.I. Code R. §§ 13.9, 15.8, 20.0-20.3, 27.7, (definition of "health care facility – R.I. Gen. Laws § 23-17-2(6))	A health care facility (institutional health service provider, facility or institution including hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, rehabilitation and convalescent home, health maintenance organizations, emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization) shall require designated interpreters and bilingual clinicians, to include fluency in languages other than English, if any, and staff position of such person on the photo identification badge. Hospitals shall provide required notices in English and, at a minimum, the three most common languages used by patients and staff served by each hospital as determined by such hospital. Every hospital shall, as a condition of initial or continued licensure, provide a qualified interpreter, if an appropriate bilingual clinician is not available to interpret, in connection with all services provided to every non-English speaker who is a patient or seeks appropriate care and treatment and is not accompanied or represented by an appropriate qualified interpreter who has attained at least sixteen (16) years of age. Each hospital shall develop, establish and maintain a formal plan for the provision of language interpretation with respect to the provision of hospital services in all licensed settings. Each hospital shall establish criteria for the qualification of interpreters. In addition to fluency in a language other than English, interpreters shall have demonstrated competency in the following topics, at a minimum: (i) the appropriate role of a medical interpreter; (ii) the confidentiality of health care information; (iii) the ethical issues involved in serving as a medical interpreter; (iv) common medical terminology; and (v), relevant hospital policies and procedures. Each hospital shall review and document the qualifications of and designate individuals as interpreters in specific languages. Each hospital shall establish criteria for the qualification of bilingual clinicians. In addition to being bilingual, clinicians shall have knowledge of the following topics: (i) the appropriate role of a medical interpreter; (ii) the ethical issues involved in serving as a medical interpreter; (iii) common medical terminology; and (iv) relevant hospital policies and procedures. Each hospital, for the purposes of providing interpretive services, shall review and document the qualifications of and designate clinicians as bilingual in specific languages. Each hospital may also contract with appropriate off-site interpreter service providers for the provision of qualified interpreter services provided that hospital has received the prior written approval of such arrangements from the state agency. Each hospital shall post a multi-lingual notice in conspicuous places setting forth the requirements above in English and include, at minimum, three (3) most common foreign languages used by the hospital as determined by the hospital. Further, medical records shall document the primary language of the patient; shall document any hospital provision of interpretive services by bilingual clinicians, qualified interpreters, or qualified sign language interpreters; and shall document the inability to provide interpretive services by bilingual clinicians, qualified interpreters, or qualified sign language interpreters as required by the patient.
LTC	14-090-013 R.I. Code R. § 12.13	A nursing home care and homecare facility shall require all persons, including students, who examine, observe, or treat a patient or resident of the facility to wear a photo identification badge which includes fluency in languages other than English, if any.
LTC, RGT	14-090-023 R.I. Code R. § 19.24 (c)	Nursing home residents' rights shall devolve for residents who are found to exhibit a communication barrier. If however, the communication barrier is one of speaking a language other than English, then an attempt shall be made to find an interpreter to allow the resident to knowingly exercise his or her rights.
HOS, TRA	14-090-028 R.I. Code R. § 11.3 (h)	Hospitals shall post public "Notice of Hospital Financial-Aid" in Emergency Departments, admission areas, outpatient care areas and on the hospital's website and shall make this notice available in other languages in accordance with the applicable "Standards for Culturally and Linguistically Appropriate Services in Health Care".



Rhode Island continued

Type	Provision(s)	Description
CRD	14-140-031 R.I. Code R. § 7.7.2 (e)	For licensing, physicians shall supply to the board the identification of any language translation services that may be available at the physician's primary practice location.
EPS, RGT	15-020-006 R.I. Code R. § 348.90(1)	Patients' rights and protections in EPSDT include the Department "making every effort" to provide multilingual services to all people who do not speak English.
MED, STA, CON	15-020-007 R.I. Code R. § 11 (B)(6)	For Medicaid payment of sterilization, an interpreter must be provided if the consent form is not written in the language of the individual to be sterilized or the person obtaining consent does not speak the language of the individual. If an interpreter is used, the "Interpreter's Statement" must be completed.
AGY	15-050-002 031 R.I. Code R. §§ 105.4, 110.4.4, 115.6, 115.25	The Office of Rehabilitation Services shall provide interpreter services and shall communicate policies and procedures to each individual in that individual's native language or through the appropriate mode of communication.
MEN	18-020-002 R.I. Code R. § 1.7	For purposes of a service planning meeting and during any informal appeals meetings, the Division of Retardation and Developmental Disabilities will ensure all communication be in the native language of the person who is developmentally disabled; guarantee the presence of an interpreter or communication aids, as necessary; and should occur in the medium in which the person communicates.
MFA	18-040-001 R.I. Code R. §§ 8.8 – 8.83	Licensing of Behavioral Healthcare Organizations requires incorporation of cultural competence and provision of interpreters to address the communication needs of persons served.

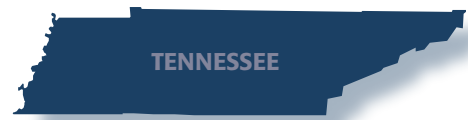


South Carolina

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

South Dakota

Type	Provision(s)	Description
INT	S.D. Codified Laws § 1-36A-12	The Department of Human Services may establish qualifications for interpreters serving in medical settings.
MFA	S.D. Codified Laws § 27A-12-3.6	A person in a mental health facility has the right to be provided with a reasonable explanation, in terms and language appropriate to such person's condition and ability to understand, of the treatment plan.
AGY, TRA	S.D. Codified Laws § 34-23A-10.3	The health department shall publish, in culturally sensitive languages, information about fetal development and organizations to assist in pregnancy.
EIS	S.D. Admin. R. 24:14:11:04	Early intervention screening instruments must be culturally sensitive and administered in the native language or mode of communication of the family unless it is clearly not feasible to do so.
EIS	S.D. Admin. R. 4:14:12:04 (1), (2) and 24:14:13:03(5)	Tests and other early intervention evaluation materials and procedures for children and their families must be administered in the native language of the parents or other mode of communication unless it is clearly not feasible to do so. Any assessment and evaluation procedures and materials that are used must be selected and administered so as not to be culturally discriminatory. Individual family service plan meetings must be conducted in settings and at times that are convenient to families and in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.
EIS	S.D. Admin. R. 24:14:14:01.01(1)	For early intervention programs, consent means that the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication.
EIS	S.D. Admin. R. 24:14:14:04	Prior notice must be given to the parents of a child eligible for early intervention services in written language understandable to the general public and provided in the native language of the parents unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the service coordinator shall ensure that notice is translated orally or by other means to the parent in the parent's native language or other mode of communication.
EIS	S.D. Admin. R. 24:14:15:03	Early intervention services contractors may provide notification of rights by any means that is likely to inform the parents of their rights and that will effectively notify parents of children who have a primary or home language other than English.
OAA	S.D. Admin. R. 67:40:01:15	An individual is eligible to receive service through the office of adult services and aging if, along with other criteria, the individual is at least 60 years old and has a language barrier, or is isolated culturally to such an extent that it restricts the individual's ability to perform normal daily tasks or threatens the individual's capacity to live independently.



Tennessee

Type	Provision(s)	Description
HOS, MFA	Tenn. Code Ann. § 33-4-105(a)	Upon admission of a person with mental illness, serious emotional disturbance, or developmental disability to a hospital, developmental center, or other residential service, the chief officer shall provide the person a written statement outlining in simple, non-technical language all release procedures and all other rights. The chief officer shall have the service recipient informed in language understood by the service recipient, including the service recipient's native language if appropriate.
MEN	Tenn. Code Ann. § 33-5-105(1)	Assessing eligibility for service and support under developmental disabilities services must take into account cultural and linguistic diversity as well as differences in communication and behavioral factors.
CRD	Tenn. Code Ann. § 63-51-105(a)(14)	Each board regulating a provider shall and provide information to the department of health including the identification of any translating services that may be available at the licensee's primary practice location.
AGY	Tenn. Code Ann. § 68-1-2203(2)	The Office of Minority Health shall recommend methods and programs that are sensitive and relevant to the unique linguistic, cultural and ethnic characteristics of minority populations.
EIS, CON	Tenn. Comp. R. & Regs. 0520-1-10-.01 (27), (36)	"Informed Consent" for early intervention programs means the parent has been fully informed of all information relevant to the activity for which the consent is sought in the parent's native language. "Native Language" means the language normally used by the individual, or, in case of a child, the language normally used by the parents of the child except in all direct contact with a child (including evaluation), the language normally used by the child in the home or learning environment.
EIS	Tenn. Comp. R. & Regs. 0520-1-10-.02 (9)(b)2.(viii)(III), (9)(c)(1)(i), (9)(f)(1)(iv), (v)	Multidisciplinary evaluation and tests for early intervention programs and services shall include the family's culture and language, to the greatest extent possible (if English is not the family's native language, interpreters shall be provided, when necessary, to ensure the family's ability to fully participate as a team member).
EIS, TRA	Tenn. Comp. R. & Regs. 0520-1-10-.03	Prior written notice for early intervention programs shall be provided in the native language of the parent or the mode of communication used by the parents, unless it is clearly not feasible to do so or/and be communicated orally (when necessary) in the native language or other mode of communication used by the parent(s), so that the parent(s) understands the content of the notice.
HEA	Tenn. Comp. R. & Regs. 0940-1-6-.05 (1)(b)(ii)	In assessing an individual's competency to make decisions, an examiner must adjust communication to allow for cultural and linguistic differences between the service recipient and examiner.
CRD	Tenn. Comp. R. & Regs. 1000-1-.14 (a)(6), 1000-2-.14(a)(5)	The Registered Nurse shall, as part of the standards for nursing competency, seek resources for patients/clients with cultural or language barriers.
HOS, HHC, LTC, MFA	Tenn. Comp. R. & Regs. § 1200-8-16-.02(8), (16) (definition of health care facility in Tenn. Code Ann. § 68-11-201(16), 204(a)(1))	Licensed health care facilities (defined as a hospital, recuperation center, nursing home, home for the aged, residential HIV supportive living facility, assisted-care living facilities, home care organization, alcohol and drug prevention and treatment facility, residential hospice, birthing center, prescribed child care center, renal dialysis clinic, outpatient diagnostic center, or ambulatory surgical treatment center but not a government institution) must provide services in a non-discriminatory manner in compliance with Title VI and Section 504. Each facility shall include in their operational policies and procedures manuals a procedure for effective communication with LEP patients for the purpose of giving notice concerning benefits, services, waiver of rights, and consent to treatment, including emergency treatment.



Tennessee continued

Type	Provision(s)	Description
MED	Tenn. Comp. R. & Regs. 1200-13-13-.02 (6)(a)(1)(iii), (6)(a)(2)(iv), (7)(b)(3), (7)(b)(4), (7)(c)(4)	LEP Medicaid enrollees will have the opportunity to request interpretation assistance for responding to the certain requests and notices. A “good cause” extension after date of termination is available for certain enrollees, including those with limited English proficiency. LEP enrollees will have the opportunity to request translation assistance for their appeal.
EPS	Tenn. Comp. R. & Regs. 1200-13-13-.04(6)(b)(3), (5)(b)(3)	Medicaid contractors shall use effective methods (developed through collaboration with agencies which have established procedures for working with such individuals) to inform Medicaid individuals who cannot understand English about the availability of EPSDT Services.
MED	Tenn. Comp. R. & Regs. 1200-13-14-.02 7)(h)(6), (8)(c), (9)(b)(3), 1200-13-14-.03 (1)(k)(6)	“Good cause” reasons for not completing the Medical Eligibility Determination packet within 45 days include if the enrollee asked for help because s/he does not speak English and neither the Medicaid agency nor the Department of Health Services gave the help that the enrollee needed. Assistance will also be provided for LEP enrollees who request assistance during the Medicaid renewal process and request for information forms.



Texas

Type	Provision(s)	Description
PAY	Tex. Hum. Res. Code Ann. § 32.068 (expires September 1, 2009)	Authorizes Language Interpreter Services Pilot Programs, to be established in five hospital districts across the state to provide Medicaid recipients with oral and written language services in accordance with federal law and Centers for Medicare & Medicaid Services publications.
AGY	Tex. Gov't Code Ann. § 531.0213(d)(1)	Health and Human Services Commission will operate a statewide toll-free assistance number that includes assistance for persons who speak Spanish.
XXX	1 Tex. Admin. Code § 354.1415(b)(11)(C), (b)(14)	Disease management vendors who contract with the Health & Human Services Commission must provide educational materials in a language that may be understood by each individual client; provide a 24 hour-a-day, seven day-a-week, culturally sensitive, toll-free nurse consultation service to respond to eligible clients and/or caregivers' questions; and have English and Spanish speaking nurses, with other languages available through a translation or interpretation services, which should be available on-line and not require an additional phone call by the client.
HOS, TRA	1 Tex. Admin. Code § 355.8065(c)(3)	Disproportionate share hospitals must prominently post notices of right to charity care in English and Spanish.
EPS	25 Tex. Admin. Code § 33.14(a)	Families must be informed of EPSDT services using procedures suitable for persons who cannot understand English.
MFA, TRA	25 Tex. Admin. Code §§ 404.161(f), 404.162(d)	Mental health facilities must provide all handbooks and the Patient, Teen and Children's Bill of Rights brochures in English and Spanish, and any other language used by a significant percentage of the service area's population.
MED, TRA	Tex. Health & Safety Code Ann. § 62.103(c)	Applications for Child Health Plan shall, to the extent possible, be made available in languages other than English.
HOS, MFA, RGT, TRA	Tex. Health & Safety Code Ann. §§ 161.132(e), 161.135(h), 321.002(h); 25 Tex. Admin. Code §§ 133.42(e), 133.43(a), 133.47(c)(2)	Hospitals and facilities that offer mental health, crisis stabilization, rehabilitation and alcohol and chemical dependency services must post notice of patient rights, patient abuse reporting responsibilities, and right to be free from retaliation for reporting violations of law, in English and a second language representative of the demographic makeup of the community served by the facility.
AGY, MEN, TRA	Tex. Health & Safety Code Ann. § 161.136(a)	State health care regulatory agencies are empowered to require mental health services providers to furnish patients with brochures in English and in a second language summarizing laws prohibiting sexual exploitation of patients.
STA	Tex. Health & Safety Code Ann. § 245.023(d)	Abortion facility shall provide the toll-free number from which people can obtain in English or Spanish information regarding the facility's license and inspection history.

Utah

Type	Provision(s)	Description
AGY, TRA	Utah Code Ann. § 26-7-2(3)(f)	The Center for Multicultural Health shall develop and increase the capacity of the center to ensure the delivery of qualified timely culturally appropriate translation services across all department programs; and provide, where appropriate, linguistically competent translation and communication services for limited English proficiency individuals.
AGY	Utah Code Ann. § 26-18-304(3)	The Department shall award grants to increase access to healthcare and must consider whether the applicant demonstrates the ability and expertise to serve traditionally medically underserved populations including persons of limited English-speaking ability.
MED, PAY	Utah Admin. Code r. 414-1-6(2)(k)	In Medicaid, interpreter services are available to both categorically and medically needy enrollees.
MED	Utah Admin. Code r. 414-100-3(5)(j)	Interpretive services provided by contracting entities competent to provide medical translation services for people with LEP are available to eligible adults enrolled in the Medicaid Primary Care Network.
MED	Utah Admin. Code r. 414-200-3(3)(w)	Interpretive services, if they are provided by entities under contract with the Department of Health to provide medical translation services for people with LEP, are available to Non-Traditional Medicaid Health Plan enrollees.
MFA, MEN	Utah Admin. Code r. 501-2-9(J), 501-2-14(A)-(J)	Human service programs that contract with the state shall provide interpreters for consumers or refer consumers to appropriate resources as necessary to communicate with consumers whose primary language is not English.



Vermont

Type	Provision(s)	Description
HOS, RGT	Vt. Stat. Ann. tit. 18, § 1852(a)(15)	Patient bill of rights gives hospital patients who do not understand English a right to an interpreter if the language barrier presents a continuing problem to patient's understanding of the care and treatment being provided.
MEN, RGT	Vt. Stat. Ann. tit. 18, § 8728(a)(5), (b)(3)	Every family and person with a developmental disability who receives services has the right to communicate in his or her primary language and primary mode of communication.
AGY	Vt. Stat. Ann. tit. 18, § 9719(a)	The commissioner shall provide, but without the obligation to adopt a rule, optional forms for advance directives for individuals with limited English proficiency.
CRD	Vt. Stat. Ann. tit. 26, § 1368(a)(16)	The Department of Health shall collect information to create individual profiles on all health care professionals licensed, certified, or registered by the department including the identification of any translating services that may be available at the health care professional's primary practice location.
LTC, RGT	Vt. Stat. Ann. tit. 33, § 7301(2)(A), 13-110-005 Vt. Code R. § 3.5(b)	Nursing homes must make reasonable accommodations to communicate patients' rights to non-English speaking residents.
MEN	13-151-001 Vt. Code R. § 4.09(1)(e)	Individuals and families who receive developmental disabilities services/supports have the right to communicate in his or her primary language and primary mode of communication.



Virginia

Type	Provision(s)	Description
AGY, TRA	Va. Code Ann. § 18.2-76(D)	Department of Health shall publish in English and in each language that is the primary language of 2 percent of more of the population of the state and display at every local health department information about adoption alternatives, description of fetal development at two-week increments, and risks of abortion.
MFA	Va. Code Ann. §§ 37.2-802(B), 37.2-804(B), 37.2-1002(B)(9)	In any mental health, mental retardation, or substance abuse services proceeding pursuant for admissions and dispositions, emergency custody and voluntary or involuntary civil admissions in which a non-English-speaking person is alleged to have mental retardation or mental illness or is a witness in such proceeding, an interpreter for the person shall be appointed by the district court judge or special justice, or a magistrate, before whom the proceeding is pending. Failure to appoint an interpreter when an interpreter is not reasonably available or when the person's level of English fluency cannot be determined shall not be a basis to dismiss the petition or void the order entered at the proceeding. The compensation for the interpreter shall be fixed by the court in accordance with the guidelines set by the Judicial Council of Virginia and shall be paid out of the state treasury. Petition for the appointment of a guardian, a conservator, or both, shall to the extent known as of the date of filing, include the native language of the respondent and any necessary alternative mode of communication.
PUB, CHI	12 Va. Admin. Code § 30-10-50(A)(3)	With respect to any population of vaccine-eligible children a substantial portion of whose parents are LEP, the state will identify program-registered providers who are able to communicate with vaccine-eligible population in the appropriate language and cultural context.
XXX	12 Va. Admin. Code § 5-20-80(A)(6)-(7), 22 Va. Admin. Code § 40-890-70(B)(6)	No human research shall be conducted or authorized by the institution or agency unless a research review committee has reviewed and approved the proposed human research project giving consideration to whether the voluntary informed consent is to be obtained by methods that are adequate and appropriate to the individual's language of greatest fluency and whether the written consent form is adequate and appropriate in both content and wording for the particular research and for the particular participants of the research relative to their language of greatest fluency.
INS	12 Va. Admin. Code § 5-408-260	The Managed Care Health Insurance Plan licensee shall incorporate strategies into its access procedures to facilitate utilization of health care services by covered persons with language or cultural barriers.
MED, TRA	12 Va. Admin. Code § 30-50-210(A)7.c.(2)	The preferred drug list through the Medicaid fee-for-service program shall include computer and website access to multilingual material.
MED, LTC	12 Va. Admin. Code § 30-130-200	Evaluations performed under Preadmission Screening and Annual Resident Review (PASARR) and PASARR notices must be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated.
MEN	12 Va. Admin. Code § 35-105-660(C)(4)	Individualized services plan (ISP) for mental health services shall include a communication plan for individuals with communication barriers, including language barriers.
CRD	18 Va. Admin. Code § 60-20-260(A)(10)	Profile of information for oral and maxillofacial surgeons shall include whether there is access to translating services for non-English speaking patients at the primary practice setting and which, if any, foreign languages are spoken in the practice.
CRD	18 Va. Admin. Code § 85-20-280(A)(9)	Profile of information for doctor of medicine, osteopathic medicine, or podiatry shall include whether there is access to translating services for non-English speaking patients at the primary and secondary practice settings and which, if any, foreign languages are spoken in the practice.



Virginia continued

Type	Provision(s)	Description
PWD	22 Va. Admin. Code § 5-20-20	Department of the Aging definition of "greatest social need" means the need caused by non-economic factors which include language barriers and cultural isolation, including that caused by racial or ethnic status, which restricts an individual's ability to perform normal daily tasks or which threatens such individual's capacity to live independently.
PWD	22 Va. Admin. Code § 30-30-80(B)(5)	Independent Living Services Program funds may be used to provide interpreter services.
PWD	22 Va. Admin. Code § 30-30-120(A)(4)	Independent Living Services Programs must ensure that persons who are unable to communicate in English or who rely on alternative modes of communication must be provided an explanation of service provider policies and procedures affecting personal information through methods that can be adequately understood by them.
PWD	22 Va. Admin. Code § 30-30-160(D)	Centers for independent living (CIL), to the maximum extent feasible, must make available personnel able to communicate in the native languages of individuals with significant disabilities whose English proficiency is limited.



Washington

Type	Provision(s)	Description
XXX	Wash. Rev. Code § 1.20.100	It shall be the policy of the state of Washington to welcome and encourage the presence of diverse cultures and the use of diverse languages in business, government, and private affairs in this state.
MFA	Wash. Rev. Code § 70.128.120(4)	Managers of adult family home providers and managers must have literacy in the English language, however, a person not literate in the English language may assure that there is a person on staff and available who is able to communicate or make provisions for communicating with the resident in his or her primary language and capable of understanding and speaking English well enough to be able to respond appropriately to emergency situations and be able to read and understand resident care plans.
CHI, MEN	Wash. Rev. Code § 71.36.030(6)(b)	Children's mental health services delivery plans shall address the needs of children of color through services to children of color that are culturally relevant and acceptable, as well as linguistically accessible.
AGY, HEA, TRA	Wash. Rev. Code § 74.04.025	The Department of Social and Health Services and the Office of Administrative Hearings shall insure that bilingual services are provided to non-English speaking recipients and applicants. DSHS shall employ bilingual staff if the number of applicants and recipients sharing the same language equals or exceeds 50 percent of the average caseload of a full-time caseworker. DSHS shall ensure bilingual services to supplement staff. Initial client contact materials must inform clients in their primary language of the availability of services. Notices to clients must contain written communications in their primary language informing them of how to obtain assistance. DSHS must ensure that sufficient resources are available to allow patients to respond to notices in a timely fashion. Basic informational pamphlets must be translated into Spanish, Vietnamese, Cambodian, Laotian, Chinese, and other primary languages as determined by DSHS.
PWD	Wash. Rev. Code § 74.18.045(3)	The Department of Services for the Blind may expand the type and scope of materials available on the telephonic reading service to meet the local, regional, or foreign language needs of blind or visually impaired residents.
PWD	Wash. Rev. Code § 74.18.127(2)(e)	The Department of Services for the Blind must provide an explanation of department policies and procedures affecting personal information at intake or on request to each individual in that individual's native language.
PWD	Wash. Rev. Code § 74.41.030(1)	Family caregiver long-term care information and support services" means providing long-term care information and support services to unpaid family and other unpaid caregivers of adults with functional disabilities, including translating and interpreter services.
MCO	Wash. Admin. Code 182-08-198(g)(6)	Enrollees may not change their health plan if their physician stops participation with the enrollee's health plan unless the Public Employees Benefits Board (PEBB) appeals manager determines that a continuity of care issue exists, using criteria including language barriers.
CHC	Wash. Admin. Code 182-20-160(8)	Community health clinics must establish policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served and provide sufficient staff with the ability to communicate with the individuals.
HEA	Wash. Admin. Code 246-10-121, 246-11-200	When the program or the adjudicative clerk office is notified or otherwise made aware that a limited-English-speaking person is a party in an adjudicative proceeding, all notices concerning the hearing, including notices of hearing, continuance, and dismissal, shall either be in the primary language of the party or shall include a notice in the primary language of the party which describes the significance of the notice and how the party may receive assistance in understanding and, if necessary, responding to the notice.



Washington continued

Type	Provision(s)	Description
HEA	Wash. Admin. Code 246-10-122, 246-10-123(3), 246-10-203(1)(f), 246-11-210, 246-11-220(3), 246-11-270(1)(f)	A "limited-English-speaking person" means a person who because of a non-English-speaking cultural background cannot readily speak or understand the English language. If a limited-English-speaking person is involved in an adjudicative proceeding and a need for an interpreter is made known to the adjudicative clerk office, the presiding officer shall appoint an interpreter who is acceptable to the parties or, if the parties are unable to agree on an interpreter, the presiding officer shall select and appoint an interpreter. Before beginning to interpret, an interpreter shall take an oath or make affirmation that: a true interpretation shall be made; and the interpreter shall repeat the statements of the impaired person to the presiding officer, in the English language, to the best of the interpreter's skill and judgment. When an interpreter is used in a proceeding: the interpreter shall translate all statements made by other participants in the proceeding; the presiding officer shall ensure sufficient extra time is provided to permit translation; and the presiding officer shall ensure that the interpreter translates the entire proceeding to the hearing impaired person or limited-English-speaking person to the extent that the person has the same opportunity to understand the statements made as would a person not requiring an interpreter. An interpreter appointed under this section shall be entitled to a reasonable fee for services, including waiting time and reimbursement for actual necessary travel expenses. The program shall pay the interpreter fee and expenses incurred for interpreters for license holders, applicants, or recipients of benefits. The party on whose behalf a witness requiring an interpreter appears shall pay for interpreter services for that witness.
PUB, HIV	Wash. Admin. Code 246-100-203 (e)(iii)(A), (f)(i)	State board of health requirements for detainment of individuals demonstrating behaviors that present an imminent danger to public health (BPID) include sufficient access to services and programs directed toward cessation of BPID and providing linguistically and culturally appropriate ongoing AIDS education and counseling. Board of health standards for an individualized counseling and education plan for a detainee must include consideration of detainee's culture and language.
HIV	Wash. Admin. Code 246-100-207(1)(b)	For HIV testing, unless the person has been previously tested and declines receipt of information, a person should be explicitly provided verbal or written information that is culturally and linguistically appropriate to the individual being tested regarding HIV.
HIV	Wash. Admin. Code 246-100-208(5)(b)(ii)	Health care providers, persons, and organizations providing AIDS counseling must maintain a nonjudgmental environment during counseling which is culturally, linguistically, and developmentally appropriate to the individual being counseled.
LTC	Wash. Admin. Code 246-310-136(1)(c)	In the course of reviewing and making decisions on applications for construction or establishment of nursing home beds for ethnic minorities, the department shall consider the relative degree to which the long-term care needs of an ethnic minority are not otherwise being met, including consideration of the legislature's finding that certain ethnic minorities have special cultural and language needs not generally met by existing nursing homes which are intended to serve the general population.
HOS, MFA	Wash. Admin. Code 246-322-010(48)(f), 246-324-010(42)(f)	For psychiatric hospitals, "special services" means clinical and rehabilitative activities or programs including language translation.
HOS, TRA	Wash. Admin. Code 246-453-020(2), (5), 246-453-010(16)	Hospitals providing charity care must prominently display within public areas, provide in writing, and explain to the person in any language spoken by more than 10 percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking patients a notice that charges for qualified patients may be waived or reduced. Hospitals must take into account any language barriers that may hinder the responsible party's capability of complying with the application procedures for purposes of determining the person's qualification for charity care sponsorship.



Washington continued

Type	Provision(s)	Description
HEA	Wash. Admin. Code 284-02-070(1)(c)	Hearings in the Office of Insurance Commissioner shall make accommodation for persons needing assistance where English is not their primary language.
INS	Wash. Admin. Code 284-43-210(4)	All health carriers shall file with the State commissioner an access plan that includes a description of the health carrier's efforts to address the needs of covered LEP persons and persons with diverse cultural background.
INS	Wash. Admin. Code 284-43-615(2)(b)	Health carriers and health plans must ensure that the grievance process is accessible to enrollees who are limited-English speakers.
HEA	Wash. Admin. Code 388-02-0125	Definitions for Department of Health and Social Services' (DSHS) hearings: "limited English proficient (LEP)" includes limited English speaking persons or other persons unable to communicate in spoken English; "limited English-speaking (LES) person" means a person who, because of non-English speaking cultural background cannot readily speak or understand the English language; "qualified interpreter" includes qualified interpreters for a limited English-speaking person; "qualified interpreter for a limited English-speaking person" means a person who is readily able to interpret or translate spoken and written English communications to and from a limited English speaking person. If an interpreter is court certified, the interpreter is considered qualified.
HEA	Wash. Admin. Code 388-02-0130	If DSHS is notified that a person is a limited English speaking person, all hearing notices, decisions and orders must be written in your primary language; or include a statement in your primary language that indicates the importance of the notice; and tells the person how to get help in understanding the notice and responding to it.
HEA	Wash. Admin. Code 388-02-0135	DSHS must provide a qualified interpreter to assist any person who has limited English proficiency; and is a party or witness in a hearing. DSHS may hire or contract with persons to interpret at hearings. Relatives of any party and DSHS employees may not be used as interpreters. The hearing judge must determine, at the beginning of the hearing, if an interpreter can accurately interpret all communication for the person requesting the service. To do so, the hearing judge considers the interpreter's: ability to meet the needs of the hearing impaired person or limited English speaking person; education, certification and experience; understanding of the basic vocabulary and procedures involved in the hearing; and ability to be impartial. The parties or their representatives may question the interpreter's qualifications and ability to be impartial. If at any time before or during the hearing the interpreter does not provide accurate and effective communication, the hearing judge must provide another interpreter.
HEA	Wash. Admin. Code 388-02-0140	LEP individuals may waive interpreter services if the request is made in writing or through a qualified interpreter on the record; the hearing judge determines the waiver has been knowingly and voluntarily made. The individual may withdraw your waiver at any time before or during the hearing.
HEA	Wash. Admin. Code 388-02-0145	For DSHS hearings, interpreters must: use the interpretive mode that the parties, the interpreter and the hearing judge consider the most accurate and effective; interpret statements made by the parties and the hearing judge; not disclose information about the hearing without the written consent of the parties; and not comment on the hearing or give legal advice. The hearing judge must allow enough time for all interpretations to be made and understood.
HEA	Wash. Admin. Code 388-02-0150	When an interpreter is used at a hearing, the hearing judge must explain that the decision is written in English but that a party using an interpreter may contact the interpreter for an oral translation of the decision at no cost. Interpreters must provide a telephone number where they can be reached. This number must be attached to any decision or order mailed to the parties. DSHS must mail a copy of a decision or order to the interpreter for use in oral translation.



Washington continued

Type	Provision(s)	Description
HEA	Wash. Admin. Code 388-02-0255(1)(b), (d)	Hearing notices must include information that if the individual or any witnesses are LEP, DSHS will provide an interpreter at no cost and how to indicate any special needs, including the need for an interpreter.
HEA	Wash. Admin. Code 388-02-0360(2)(a)	In all DSHS cases a party requesting a change in how a hearing is held or the way a witness appears (in-person or by telephone) must show good cause. A party must also show good cause which may include that a party does not speak or understand English well.
HEA	Wash. Admin. Code 388-02-0460(3)	In DSHS hearings, witnesses may request interpreters at no cost.
INT	Wash. Admin. Code 388-03-010 through 03-176	The provisions establish the rules for certification of Department of Social and Health Services' interpreters/translators, including qualifications and the code of conduct for interpreters/translators and procedures for administering certification examinations.
OAA, HHC	Wash. Admin. Code 388-71-0515(1)	For home and community services and programs, an individual provider or home care agency provider must understand the client's plan of care that is signed by the client or legal representative and social worker/case manager, and translated or interpreted, as necessary, for the client and the provider.
MED	Wash. Admin. Code 388-71-0726(2)	For adult day health transportation services paid for by Medicaid, in referring the client to a day health center, the case manager may consider documentation of language barriers as an exception to the rules regarding placement.
MFA	Wash. Admin. Code 388-76-655(4)	For adult family homes, providers must ensure that the provider, entity representative, resident manager and all caregivers are able to communicate or make provisions for communicating with the resident in his or her primary language.
MFA, RGT, TRA	Wash. Admin. Code 388-76-690(1)	For adult family homes, the provider or resident manager shall provide or ensure that the resident, at the time of admission, has received the department's current booklet on health care rights, in the language appropriate for the resident, if available from the department.
MED, LTC, RGT	Wash. Admin. Code 388-97-043(c)	For Medicare/Medicaid certified skilled nursing facilities or nursing homes, regarding transfer or discharge, the home must inform the resident in writing, in a language and manner the resident can understand, of appeal rights.
LTC, CON	Wash. Admin. Code 388-97-060(2), 388-97-065(3)(c)	In nursing homes, the informed consent process and information on advance directives must include information in words and language that the resident, or if applicable the resident's surrogate decision maker, understands.
LTC, PWD	Wash. Admin. Code 388-97-260(5)(c)	In nursing homes, for the pre-admission screening and resident review (PASRR), facilities must inform the resident, in writing in a language and manner the resident can understand of certain rights.
LTC	Wash. Admin. Code 388-106-1300(12)	For long term care services, individuals have the right to interpreter services provided free of charge if the individual cannot speak or understand English well.
AGY	Wash. Admin. Code 388-271-0010	DSHS provides limited English proficient (LEP) services to applicants/recipients who are limited in the ability to read, write and/or speak English. These services provide a way for DSHS to communicate with the individual even though limited in ability to communicate in English. LEP services are provided in the individual's primary language by authorized bilingual workers or by contracted interpreters and translators. The primary language is the language indicated on the individual's application or eligibility review as the language the individual wishes to communicate in with the department. LEP services include interpreter (verbal) services in person and/or over the telephone; and translation of department forms, letters and other printed materials.



Washington continued

Type	Provision(s)	Description
AGY	Wash. Admin. Code 388-271-0020	If a DSHS applicant/recipient has trouble speaking and/or understanding English, and a bilingual worker is not available to assist, DSHS will get a qualified interpreter in the primary language to help the individual communicate verbally. A qualified interpreter is someone who is fluent in English and the person's primary language and is trained on the Interpreter Code of Professional Conduct. Interpreter services are provided in-person or over the telephone. DSHS pays for the interpreter. If a DSHS worker feels that they are not able to communicate with an individual well enough to provide adequate services, the worker may request the services of an interpreter even if the individual did not ask for help. DSHS will provide interpreter services in a timely manner so that DSHS can process your case within the processing timeframes.
AGY, TRA	Wash. Admin. Code 388-271-0030	DSHS provides fully translated written communication in applicant/recipients' primary language. This includes, but is not limited to: DSHS pamphlets, brochures and other informational material that describe department services and client rights and responsibilities; DSHS forms, including applications and individual responsibility plans, that DSHS asks individuals to complete and/or sign; and certain DSHS letters. DSHS pays for the written translation. DSHS will provide translated documents in a timely manner so that DSHS can process cases within the processing timeframes.
AGY, RGT	Wash. Admin. Code 388-472-0005(1)(k)	DSHS applicants/recipients have the right to have interpreter or translator services given at no cost and without delay.
MED, PAY	Wash. Admin. Code 388-502-0010(3)(d)(ii)	For DSHS medical programs, contractors of interpreter agencies are eligible providers and thus eligible for reimbursement for services provided.
MED, TRA	Wash. Admin. Code 388-502-0160(3)(b), 388-538-095(5)(b)	Health care providers may only bill Medicaid clients if the client is not enrolled in medical assistance managed care, and the client and provider sign an agreement regarding payment for the service. The agreement must be translated or interpreted into the client's primary language and signed before the service is rendered.
MED	Wash. Admin. Code 388-523-0110(2)(b), 388-523-0120(5)(b)	For obtaining an extension of Medicaid despite failing to report income and child care costs, circumstances may prevent a family from meeting the reporting requirements and allow the family to remain eligible for the medical extension when "good cause" exists, including lack of understanding the reporting requirement due to a language barrier.
CON	Wash. Admin. Code 388-531-0050	In defining physician-related services, "informed consent" means that an individual consents to a procedure after the provider who obtained a properly completed consent form has communicated effectively using, as needed, language interpretation.
MED, EIS	Wash. Admin. Code 388-533-0370(c)(i)(H)	Eligibility for Medicaid infant case management includes parents unable to access resources due to language or cultural barrier.
MED, MCO	Wash. Admin. Code 388-538-110(f)(ii)	For Medicaid managed care, a managed care organization's notice of action must be in the enrollee's primary language and be easily understood as required by federal Medicaid managed care regulations.
MED, MCO	Wash. Admin. Code 388-538-111(c)(i)	For primary care case management services, enrollees filing grievances are entitled to any reasonable assistance in taking procedural steps for grievances such as interpreter services.
MED, MCO	Wash. Admin. Code 388-538-130(2)(c)(v), (5)(d)	An exemption to requirements for managed care enrollment exist for a client/enrollee who speaks limited English and the client or enrollee can communicate with a provider who communicates in the client's or enrollee's language and is not available through the MCO and the MCO does not have a provider available who can communicate in the client's language and an interpreter is not available. Notices from DSHS regarding its determination of a client's/enrollee's request requires translation into the client's or enrollee's primary language when the client or enrollee has limited English proficiency.



Washington continued

Type	Provision(s)	Description
MED	Wash. Admin. Code 388-546-5000	The definitions for Medicaid non-emergency transportation services includes availability of an escort who is a person authorized by the broker to be transported with a client to a medical service and may be authorized depending on the client's communication or translation requirements, or cultural issues.
MED, HOS	Wash. Admin. Code 388-550-1050	In defining Medicaid hospital services, "informed consent" means that an individual consents to a procedure after the provider who obtained a properly completed consent form has communicated effectively using any language interpretation necessary.
MEN	Wash. Admin. Code 388-823-0215	Evidence of a qualifying "full scale intelligence quotient" to meet the definition of substantial limitations for the condition of mental retardation is a FSIQ derived from a Leiter international performance scale-revised (Leiter-R) if the English is not the individual's primary language.
MEN	Wash. Admin. Code 388-825-246(3)(e)	To qualify for funding under the community services grants from the Department of developmental disabilities family support program to promote community oriented projects that benefit families, a project must address the diverse needs of Native Americans, communities of color and limited or non-English speaking groups.
MEN	Wash. Admin. Code 388-825-370(1)	An individual or home care agency employed to provide respite care, attendant care, personal care, companion home services, or alternative living services must understand the client's individual service plan or plan of care that is signed by the client or legal representative and social worker/case manager, and translated or interpreted, as necessary, for the client and the provider.
MEN, MFA	Wash. Admin. Code 388-865-0221 (2)	Regional support networks related to community mental health and involuntary treatment programs must publish and disseminate brochures and other materials or methods for describing services and hours of operation that are appropriate for all individuals, including those who may be limited-English proficient.
MEN	Wash. Admin. Code 388-865-0255(1)	Regional support networks must develop a process for reviewing consumer complaints and grievances that must be culturally and linguistically competent.
MEN, MCO	Wash. Admin. Code 388-865-0320(6)(c)	Prepaid mental health plans must provide utilization management of the community mental health rehabilitation services including methods to ensure that services are individualized to meet the needs for all Medicaid consumers served, including consumers of different cultures and languages.
MEN, MCO	Wash. Admin. Code 388-865-0330(1)(d)	Prepaid mental health plans must develop marketing/education plans that include information on access to mental health services for diverse populations, including other languages than English.
MED, MCO	Wash. Admin. Code 388-865-0335(4)(d)	Prepaid mental health plans may provide services to Medicaid recipients through alternative means if currently contracted authorized providers are not able to provide those services when the Medicaid service recipient has received a choice of providers and has made an informed decision to request medically necessary services through a provider outside the prepaid inpatient health plan provider network that has cultural or linguistic expertise or both needed to meet medical necessity that are not sufficient within the provider network.
MEN	Wash. Admin. Code 388-865-0410(1), (3)(c)	Community support service providers must document that consumers, prospective consumers, or legally responsible others are informed of consumer rights at admission to community support services in a manner that is understandable to the individual. Consumer rights must be translated to the most commonly used languages in the service area. The provider must develop a statement of consumer rights that incorporates the following statement or a variation approved by the mental health division: "You have the right to the services of a certified language or sign language interpreter."
MEN	Wash. Admin. Code 388-865-0415(3), (5)	Community support service providers must assure that services are timely, appropriate and sensitive to the culture and language of the consumer and provide access to telecommunication devices or services and certified interpreters for and limited English proficient consumers.



Washington continued

Type	Provision(s)	Description
MEN	Wash. Admin. Code 388-865-0425(1)	Community support service providers must develop an individual service plan collaboratively with the consumer and other people identified by the consumer within thirty days of starting community support services which should be in language and terminology that is understandable to consumers and their family.
MEN	Wash. Admin. Code 388-865-0452(4)(b)	Community mental health service providers of emergency crisis intervention services must provide interpretive services to enable staff to communicate with limited English speakers.
MFA	Wash. Admin. Code 388-865-0566(4)	For providers of inpatient involuntary commitment services, the provider must ensure that consumers who are receiving inpatient services involuntarily are informed of the following rights orally and provided with a copy in the primary language spoken/used/understood by the person including the right to have access to a qualified language interpreter in the primary language understood by the client.



West Virginia

Type	Provision(s)	Description
STA, TRA	W. Va. Code § 16-21-3(a)	Women's Right to Know Act: Information about adoption, the possible detrimental psychological effects of abortion, and fetal development at two-week intervals shall be published in English and in each language that is the primary language of two percent or more of the state's population (as determined by the most recent decennial census performed by the U.S. census bureau) and shall be available on the state's website.
MFA	W. Va. Code § 27-5-1(b)(1)	In any proceedings before any court for involuntary commitment to a mental health facility, the court shall appoint an interpreter for any individual who speaks a foreign language.
LTC	W. Va. Code § 64-13-4(4.5.c)	As a condition for licensure, nursing homes shall reasonably accommodate residents with a primary language other than English to inform residents of their rights.
CRD	W. Va. Code § 64-89A-2	Forms for the uniform credentialing of health care practitioners will ask if the practitioner speaks any other languages other than English.
OAA	W. Va. Code § 76-3-2, Attachment	Each area agency on aging (AAA) shall provide assurances that they will use outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, with special emphasis on older individuals with limited English speaking ability. In addition, the required state plan must provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are LEP, the State will require the AAA to utilize in the delivery of outreach services workers who are fluent in the language spoken by a predominant number of such LEP older individuals; and to designate an individual employed by the AAA, or available to the AAA on a full-time basis, whose responsibilities will include: taking such action as may be appropriate to assure that counseling assistance is made available to LEP older individuals to assist them in participating in programs and receiving assistance under this Act; and providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.



Wisconsin

Type	Provision(s)	Description
AGY, OAA	Wis. Stat. Ann. § 46.82(3)(a)(7)	The Department of Social Services shall work to ensure that programs and services for older individuals are available to non-English speaking persons, and to racial and ethnic minorities.
AGY, PUB	Wis. Stat. Ann. § 250.042(3)(b)	The Department of Health, when acting as the public health authority during a state of emergency related to public health, shall provide information specified by all available and reasonable means calculated to inform the general public, including reasonable efforts to provide the information in the primary languages of individuals who do not understand English.
STA, TRA	Wis. Stat. Ann. § 253.10(3)(d)	Written information about abortion alternatives and fetal development must be provided to patients in English, Spanish and languages spoken by a significant number of state residents.
INS	Wis. Stat. Ann. § 609.22(8)	If a significant number of enrollees of the defined network plan customarily use languages other than English, the plan shall provide access to translation services fluent in those languages to the greatest extent possible.
AGY, MEN	Wis. Admin. Code HFS § 36.07(5)(h)	The Department of Health and Family Services shall ensure that a consumer's cultural heritage and primary language are considered as primary factors when developing the comprehensive community services for persons with mental disorders comprehensive plan and that activities and services are accessible in a language in which the consumer is fluent.
EIS	Wis. Admin. Code HFS § 90.08(7)(d)(1)	Early intervention diagnostic testing for children from birth to age three shall be administered or provided in the child's or family's primary language or other mode of communication. When this is clearly not possible, the circumstances preventing it shall be documented in the child's early intervention record.
EIS	Wis. Admin. Code HFS § 90.10(7)(b)(3)	To ensure that parents fully understand and are active participants in the Individualized Family Service Plan (IFSP) process for early intervention from birth to age three for children with developmental disabilities, all meetings shall be conducted with someone who can interpret if the family's native language is different from the language, unless this is not feasible.
EIS	Wis. Admin. Code HFS § 90.12(1)(c)	Written notice provided to parents of children from birth to age three with developmental disabilities shall be provided in the language normally used by the parent unless this is clearly not feasible. If the parent's proficiency in English is limited or if the language or other mode of communication normally used by the parent is not written, the county agency or service provider shall take steps to ensure that the notice is translated orally or by other means into the language the parent normally uses or other mode of communication.
MED	Wis. Admin. Code HFS § 102.01(4)	In administering state Medicaid program, agencies that serve substantial non-English speaking or limited-English speaking populations must take whatever steps are necessary to communicate with them in their primary language.
MED, STA, CON	Wis. Admin. Code, HFS § 107.06(3)(d)(3)	For Medicaid payment, if the individual to be sterilized does not understand the language used on the consent form or the language used by the person obtaining consent, an interpreter shall be provided.
CRD	Wis. Admin. Code, HFS § 129.08 (2)(b)(2)	Written and oral examinations competency evaluations shall be given in English, except that if a nurse's assistant, home health aide or hospice aide will be working in a provider setting in which the predominant language is other than English, the examination for that person may be given in the predominant language used in the facility.
INS	Wis. Admin. Code Ins. § 9.21(e)(4)	Defined network plans, preferred provider plans and limited service health organizations shall provide access to translation services for the purpose of providing information concerning benefits, to the greatest extent possible, if a significant number of enrollees of the plan customarily use languages other than English.

Wyoming

Type	Provision(s)	Description
CRD	Wyo. Code R. § 024-058-005 (4)(b)	A Speech-Language Pathology Assistant may serve as an interpreter when working with LEP clients and may assist the Licensee during test administration.
EIS	Wyo. Code R. §§ 048-083-001 (6)(w), 048-083-005(6)(b)(ii)	"Native Language", when used with reference to a person of limited English speaking ability, means the language normally used by that person, or in the case of an infant or toddler, the language normally used by the parent(s) of the infant or toddler.

Endnotes

- 1 Special thanks to Doreena Wong, Staff Attorney, and NHeLP legal interns George Benton, Sarah Dobra, Dennis Hsieh, and Sarah Pfau for their assistance with the state law research. This information is current as of August, 2007.
- 2 42 U.S.C. § 2000d. For information on federal requirements, see National Health Law Program, *Federal Laws and Policies to Ensure Access to Health Care Services for People with Limited English Proficiency* (Dec. 9, 2004), at <http://www.healthlaw.org/library/item.72079>.
- 3 See 42 U.S.C. 291c(e), 42 C.F.R. 124.603.
- 4 U.S. Dep't of Health and Human Services, Office for Civil Rights, *Fact Sheet: Your Rights under the Community Service Assurance Provision of the Hill-Burton Act*, at <http://www.hhs.gov/ocr/hburton.pdf> (15 August 2007).
- 5 See 42 U.S.C. § 1395dd, 42 C.F.R. § 489.24.
- 6 See Jane Perkins, Mara Youdelman, and Doreena Wong, *Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities* Appendix D (2d Ed., Aug. 2003) (published by The California Endowment and available from the National Health Law Program, Los Angeles, CA); Jane Perkins, *Summary of State Law Requirements Addressing Language Needs in Health Care* (Dec. 2005).
- 7 Connecticut, Montana, North Dakota and South Dakota do not have such laws.
- 8 Alaska, Arkansas, California, Colorado, Delaware, Idaho, Iowa, Massachusetts, Montana, Nebraska, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, Wisconsin.
- 9 Alabama, Colorado, Delaware, Hawaii, Iowa, Minnesota, Nebraska, Ohio, Oklahoma, Rhode Island, Tennessee, and Texas.
- 10 Alabama, Alaska, Arkansas, California, Colorado, Florida, Illinois, Louisiana, Maine, Massachusetts, Minnesota, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island and Washington.
- 11 Oklahoma has initiated certification without state law.
- 12 *E.g.* New Jersey, North Dakota, and South Dakota.



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