



<b>ISSUE DATE</b>  August 11, 2017	<b>EFFECTIVE DATE</b>  August 11, 2017	<b>NUMBER</b>  99-17-11
<b>SUBJECT</b>  Limited English Proficiency Requirements		<b>BY</b>   Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: [http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this bulletin is to remind Medical Assistance (MA) providers of their responsibility to provide interpretation and translation services free of charge to all individuals who have Limited English Proficiency (LEP), vision limitations, and/or auditory limitations, and the federal guidelines that must be followed to accomplish this.

**SCOPE:**

This bulletin applies to all providers enrolled in the MA Program.

**BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) is committed to establishing and maintaining practices that ensure meaningful access to the Department’s services and benefits by persons with LEP, vision limitations, and/or auditory limitations, in accordance with federal rules, and ensuring that no person is denied access to services and benefits as the result of their inability or limited ability to communicate in the English language.

Section 601 of Title VI of the Civil Rights Act of 1964 (Title VI), 42 U.S.C. 2000d, prohibits any person from being excluded from participation in, denied benefits of, or subjected to discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance. Federal Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency,” issued August 11, 2000, requires recipients of federal financial assistance to ensure that their programs and activities take reasonable steps to provide meaningful access to

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at:  
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

services for individuals with LEP, and thus do not discriminate on the basis of Title VI's prohibition against national origin discrimination. Reasonable steps may include the provision of language assistance services, such as written translation and oral language assistance.

Title III of the Americans with Disabilities Act (ADA) of 1990 prohibits discrimination in public accommodations, such as pharmacies, professional offices of health care, hospitals, or other service establishments, against people with disabilities, including people with vision and/or auditory limitations. The ADA requires public accommodations to make reasonable modifications in policies, practices and procedures for individuals with physical or intellectual disabilities, which includes facilitating effective communication with individuals who have vision and/or auditory limitations by providing appropriate auxiliary aids and services, such as sign language interpreters and alternative formats.

On May 18, 2016, the Department of Health and Human Services' Office for Civil Rights (OCR) issued the final rule, "Nondiscrimination in Health Programs and Activities", which implements Section 1557 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148). Section 1557 does not preempt or replace other civil rights laws, but instead expands the LEP requirements for covered entities. The final rule defines covered entities as health programs or activities receiving federal financial assistance. Information about the final rule may be viewed at: <http://www.hhs.gov/civil-rights/for-individuals/section-1557>.

The MA Program, which receives federal financial participation, pays enrolled providers for Medicaid services. MA enrolled providers are considered covered entities due to their receipt of federal Medicaid funds. As such, MA providers must comply with the regulations and requirements related to services to individuals with LEP, vision limitations, and/or auditory limitations, including providing interpretation and translation services free of charge to MA beneficiaries.

## **PROCEDURES:**

To comply with the federal law, MA providers are reminded that they are:

- Required to post taglines in the top 15 non-English languages spoken by individuals in the Commonwealth (Attachment). The taglines must be posted in physical and online locations where they can be easily seen by members of the public to alert individuals with LEP to the availability of language assistance services.
- Required to include taglines in at least the top 15 non-English languages in the Commonwealth, in large-sized significant communications such as outreach publications or written notices.
- Required to include taglines in at least the top two non-English languages in the Commonwealth, Spanish and Russian, in small sized significant communications such as postcards.
- Required to provide appropriate auxiliary aids and services, such as alternative formats and sign language interpreters, free of charge where necessary for effective communication.

- Required to provide language assistance services, which may include translation services. Providers are not to use low-quality video remote interpreting services or rely on unqualified staff and/or translators when providing language assistance services.
- Required to post a notice of individuals' rights that includes information about communication assistance that is available for individuals with LEP.
- Required to make all programs and activities provided through electronic information technology accessible to individuals with disabilities, unless doing so would impose undue financial or administrative burdens or would result in a fundamental alteration in the nature of the covered entity's program or activity.

The Department has determined the top 15 written non-English languages among MA recipients in the Commonwealth to be:

Spanish	Nepali	Haitian Creole
Russian	Korean	Portuguese (Brazil)
Chinese (Simplified/Mandarin)	Cambodian (Khmer)	Bengali
Vietnamese	French	Albanian
Arabic	Burmese	Gujarati

Covered entities may add additional non-English language taglines to their written communications, if they wish, that better suit the particular LEP population in their immediate geographic area. However, the 15 languages mentioned above must be included. OCR has translated samples of taglines for use by covered entities into 64 languages, which may be viewed at: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>.

Providers who need assistance in accessing or providing for language assistance services may contact:

<b>Participation In:</b>	<b>Phone Number to call:</b>	<b>Website to access:</b>
MA Fee-for-Service	Bureau of Fee-for-Service Programs:  1-866-872-8969	For LEP: <a href="http://www.dhs.pa.gov/provider/healthcaremedicalassistance/limitedenglishproficiencyinterpreterservicesformedicalappointments/index.htm">http://www.dhs.pa.gov/provider/healthcaremedicalassistance/limitedenglishproficiencyinterpreterservicesformedicalappointments/index.htm</a>  For sign language interpreters: <a href="http://www.dhs.pa.gov/provider/providingsignlanguage servicestoconsumers/index.html">http://www.dhs.pa.gov/provider/providingsignlanguage servicestoconsumers/index.html</a>
MA Managed Care	Call the Special Needs Unit of their respective MCO. Providers should refer to their provider handbook for contact information on getting assistance.	Ask the Special Needs Unit for the appropriate website.  Pennsylvania Medicaid Managed Care Organization Directory: <a href="http://www.dhs.pa.gov/cs/groups/webcontent/documents/communication/s_002108.pdf">http://www.dhs.pa.gov/cs/groups/webcontent/documents/communication/s_002108.pdf</a>

**RESOURCES:**

OCR issued guidance that identified some strategies that providers can employ to comply with Title VI, which may be viewed at:

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>.

A Federal Interagency Website containing information on how to comply with the Civil Rights Act of 1964 and provide interpretation and translation services to persons who have LEP:

[www.lep.gov](http://www.lep.gov).

**ATTACHMENTS:**

Taglines Representing the Top Fifteen (15) Non-English Languages in Pennsylvania

## Taglines Representing the Top Fifteen (15) Non-English Languages in Pennsylvania

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call [phone number] (TTY: phone number).

### Spanish

ATENCIÓN: Si usted habla español, los servicios de ayuda de idioma, sin ningún costo, están disponibles para usted. Llamar al [phone number] (TTY: phone number).

### Russian

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам предлагаются бесплатные переводческие услуги. Позвоните по номеру [phone number] (телетайп: phone number).

### Chinese (Simplified/Mandarin)

注意: 如果您讲中文, 可向您免费提供语言协助服务。致电[phone number] (TTY: phone number)。

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi [phone number] (TTY: phone number).

### Arabic

إذالو هتطدث الأغبغ الأغبغ هت و جد خ ذم Z م س ع ا غ و ي م ع ض  
أك  
إتصراً على [phone number] \* الأصبغ عن غ د TTY :  
)phone number

### Nepali

ध्यान दिनुहोस् : तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईं निःशुल्क भाषा सहायता सेवा प्राप्त गर्न सक्नुहुन्छ । [phone number] (TTY: phone number) मा टेलिफोन गर्नुहोस् ।

### Korean

비고: 한국어를 사용하시고 언어 도움 서비스가 필요하시다면 무료로 이용하실 수 있습니다. [phone number]로 눌러주십시오 (TTY: phone number).

### Cambodian (Khmer)

ត្រូវចងចាំ៖ បើប្រើប្រាស់សេវាភាសាខ្មែរ យើងផ្តល់ជូនសេវាភាសាប្រយោជន៍ឥតគិតថ្លៃដល់ជនប្រើប្រាស់។  
សូមទូរស័ព្ទជំនួយបម្រុង [phone number] (TTY: phone number)។

### French

ATTENTION: si vous parlez Français, vous pouvez bénéficier gratuitement des services d'assistance linguistique. Appelez le [phone number] (ATS: phone number).

### Burmese

သတိ: သင်မြန်မာ(ဗမာ)စကားပြောပါက ဘာသာစကား အကူအညီ ကိုငွေကုန်ကျခံစရာမလိုဘဲ အခမဲ့ ရယူနိုင်ပါသည်။ [phone number] ကိုခေါ်ဆိုပါ (TTY: phone number).

### Haitian Creole

ATANSYON: Si you pale Kreyòl Ayisyen, gen sèvis èd nan lang ki disponib gratis pou ou. Rele nimewo [phone number] (TTY: phone number).

### Portuguese (Brazil)

ATENÇÃO: Caso você fale português do Brasil, você tem serviços assistenciais de idioma gratuitos à sua disposição. Ligue para [phone number] (TTY: phone number).

### Bengali

মনোযোগ দনি: আপন যদি বাঙালি ভাষায় কথা বলেন, ভাষা সহায়তা পরষিবোগুলি বিনামূল্যে আপনার জন্য উপলব্ধ রয়েছে। [phone number] এ ফোন করুন (TTY: phone number)।

### Albanian

VËMENDJE: Në qoftë se ju flisni shqip, shërbime për asistencën e gjuhës janë në dispozicionin tuaj, pa pagesë. Telefono [phone number] (TTY: phone number).

### Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો ભાષા સહાયતા સેવાઓ તમને વલના મૂલ્યે ઉપલબ્ધ છે. કોલ કરો [phone number] (TTY: phone number).