

VIRGINIA'S MEDICAID PROGRAM



2022



LANGUAGE
& DISABILITY
ACCESS PLAN

Virginia Department of Medical Assistance Services



Table of Contents

1: Introduction	5
2: Our Commitment to the LEP and Disabled Community: Language and Disability Access Resources	6
3: Purpose	11
4: DMAS Language and Disability Access Plan Coordinator	12
5: Scope	13
5.1 Title VI of the Civil Rights Act of 1964.....	13
5.2 Americans with Disabilities Act (ADA), Title II	13
5.3 Section 1557 of the Patient Protection and Affordable Care Act, May 18, 2016.....	14
5.4 Executive Order 12250, Leadership and Coordination of Nondiscrimination Laws, issued November 2, 1980.....	14
5.5 Executive Order 13166, <i>Improving Access to Services For Persons with LEP</i> , issued August 11, 2000.....	14
6: Dissemination	14
7: Revisions	14
8: Four-Factor Analysis and DMAS Needs Assessment	15
9: DMAS Four Factor Analysis	17
9.1 Factor One: Demographics - LEP and Disabled Populations to be Served or Encountered – Identifying language trends.....	17
9.1.1 LEP Population	17
9.1.2 People with Disabilities.....	19
9.2 Factor Two: Frequency of Contact with LEP Individuals and Individuals with Disabilities	20
9.2.1 Phone Communications.....	20
9.2.2 Written Communications.....	22
9.2.3 Digital Communications.....	23
9.4 Factor Three: Nature and Importance of the Program, Activity, or Service	24
9.5 Factor Four: Resources Available and Costs	24
9.5.1 Verbal interpretations and Written Translations	24

9.5.2 Spanish Bilingual Staff.....	25
9.5.3 Auxiliary Aids.....	26
9.5.4 Accessible Webinars	26
10. Outreach and engagement to LEP Individuals and Individuals with Disabilities	27
11. DMAS Language and Disability Access Compliance Standards	29
11.1 Oral Interpretations	30
11.1.2 Phone Interpreting Services.....	30
11.1.3 On-site and virtual Interpreting Services.....	30
11.2 Written Translations	31
11.3 Auxiliary Aids and Accessibility Requirements	32
11.4 Notice Requirements	33
11.5 Grievance Policies and Procedures.....	33
12: Language Access Standards for Contractors, Sister Agencies, and Providers.....	34
13: Five Current Strategic Initiatives for Language and Disability Access Plan (5 year plan 2021-2026).....	35
13.1 Language and Disability Access Training	35
13.1.1 Objective	35
13.1.2 Implementation Strategy.....	35
13.1.3 Outcome Measures.....	36
13.1.4 Implementation Timeline	37
13.2 Accessibility, Quality Control and Technology.....	37
13.2.1 Objective	37
13.2.2 Implementation Strategy.....	37
13.2.3 Outcome Measures.....	37
13.2.4 Implementation Timeline	38
13.3 Plan Dissemination to Internal Staff and External Stakeholders.....	38
13.3.1 Objective	38
13.3.2 Implementation Strategy.....	38
13.3.3 Outcome Measures.....	39
13.3.4 Implementation Timeline	39
13.4 Monitoring Trends in the Need of Language Access	39

13.4.1 Objective	39
13.4.2 Implementation Strategy.....	40
13.4.3 Outcome Measures.....	40
13.4.4 Implementation Timeline	40
13.5 Stakeholder Consultation	41
13.5.1 Objective	41
13.5.2 Implementation Strategy.....	41
13.5.3 Outcome Measures.....	41
13.5.4 Implementation Timeline	41
14: Conclusion.....	42
Appendix A: Acts, Acronyms, and Definitions	43
Appendix B: Verbal Interpretation Services Available Through the MCO Plans	47
Appendix C: DMAS Policy and Procedure for Civil Rights COMPLAINTS	55
Appendix D: DMAS Non-Discrimination Statement	62
Appendix E: DMAS Language Taglines.....	63
Sources.....	65



The Virginia Department of Medical Assistance Services agency complies with all applicable Federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The mission statement of the Department of Medical Assistance Services is “to improve the health and well-being of Virginians through access to high quality health care coverage.” This Language and Disability Access Plan will ensure that the mission can be met for all Virginians, including those with limited English proficiency (LEP) and individuals with disabilities.

The two main overarching principles in the plan are:

- (1) that LEP individuals and individuals with disabilities be made aware that certain language assistance services and auxiliary aids are available free of charge***
and
(2) that the services and aids be provided in a timely manner.

Both of these factors must be met in order for DMAS to properly serve the LEP population and those members of the public with disabilities.

This Language and Disability Access Plan identifies the measures DMAS will take to ensure meaningful access to language and disability assistance services throughout the entire Medicaid process, including accessing information about the Medicaid program, completion of an application, obtaining medical services, and participation in the appeals process.



1: INTRODUCTION

The Virginia Department of Medical Assistance Services (DMAS or the Agency) has prepared this Language and Disability Access Plan (the Plan), which defines the actions that will be taken and monitored on an ongoing basis by DMAS to ensure meaningful access to all of the Agency’s programs, services, and activities for LEP individuals and individuals with disabilities. DMAS is the single state agency responsible for the administration of Virginia’s Medicaid program under Title XIX of the Social Security Act¹ and the Family Access to Medical Insurance Security (FAMIS) program, which is the State Children’s Health Insurance Program (CHIP) under Title XXI. Medicaid and CHIP are administered at the federal level by the United States Department of Health & Human Services (HHS), whose goal is to protect the health of all Americans and provide essential human services.²

The DMAS mission statement is “to improve the health and well-being of Virginians through access to high quality health care coverage,” and, accordingly the Agency provides health

insurance to eligible adults, children, pregnant women, elderly adults, and individuals with disabilities.

2: OUR COMMITMENT TO THE LEP AND DISABLED COMMUNITY: LANGUAGE AND DISABILITY ACCESS RESOURCES

DMAS is committed to providing language access services and reasonable accommodations to Medicaid applicants and members with disabilities and those with LEP. This includes the availability of language assistance services and auxiliary aids throughout the entire Medicaid process, including accessing information about the Medicaid program, completion of an application, obtaining medical services, and the appeals process.

DMAS will make every effort to ensure individuals who need services will receive them from qualified interpreters, translators, and auxiliary aids suppliers in order to access in a meaningful way programs and services that they qualify for, in accordance with federal and state laws, as well as Executive Order 13166, Improving Access to Services for Persons with LEP, issued August 11, 2000.³ Meaningful access is defined as language assistance and auxiliary aids services that result in accurate, timely, and effective communication with the LEP individual and individuals with disabilities.

The following is a list of DMAS' guaranteed language and disability access services:

- An Agency-wide written language and disability access plan with written standard policies and procedures.
- Timely⁴ and qualified language access services for LEP individuals and auxiliary aids for individuals with disabilities, all provided at no cost.
- An in-house Coordinator to manage language services.
- A record of the LEP member's preferred written and spoken language during Medicaid enrollment and ongoing case management captured in the Virginia Case Management System (VaCMS).
- Brochures, flyers, and vital documents available for translation upon request
- LEP individuals are informed about their right to free language services at any point of contact with DMAS:
 - Language taglines included with vital member communications, web pages, and the DMAS reception area.

- Language Access Posters and “Point to Your Language”⁵ cards available at the DMAS Reception area.
- DMAS and DMAS subcontractors’ websites and digital applications largely available in Spanish and in other languages.
- DMAS and DMAS subcontractor’s call centers equipped to:
 - Assist callers who are deaf or hard of hearing
 - Assist LEP individuals with language access services
- Verbal interpreting services available to members and providers through all six Managed Care Organizations (MCO). See **Appendix B**.

Contact information for DMAS and DMAS main subcontractors

DMAS:

Agency/Contractor	Contact Number	TDD/TTY Number	Website
Department of Medical Assistance Services (DMAS) General Information	804-786-7933	TDD: 1-800-343-0634	http://www.DMAS.Virginia.gov

DMAS main subcontractors:

Agency/Contractor	Contact Number	TDD/TTY Number	Website
Cover Virginia Information about Virginia’s Medicaid and FAMIS programs for children, pregnant women and adults. Information about health insurance options available through the Federal Marketplace. Apply for Medicaid online, telephonically, by paper. Cover VA includes a search function to search for application assisters.	833-5CALLVA	TDD: TDD: 1-888-221-1590	www.CoverVA.org www.CubreVirginia.org

Agency/Contractor	Contact Number	TDD/TTY Number	Website
Medallion 4.0 Information related to Medallion Managed Care Organization	1-800-643-2273	TTY: 1-800-817-6608	www.virginiamanagedcare.com
Commonwealth Coordinated Care Plus (CCC+) Information related to CCC+ Managed Care Organization	1-844-374-9159	TTY: 1-800-817-6608	www.cccplusva.com
ModivCare Solutions LLC (ModivCare) Medicaid transportation	800-486-7647	TTY: 711	www.ModivCare.com
Keystone Peer Review Organization (KEPRO) Service Authorization (fee-for-service members)	888-827-2884 or 804-622-8900	TTY: 711	www.dmas.virginia.gov/#/serviceauth
Aetna Better Health of Virginia	800-385-4104	TTY: 711	https://www.aetnabetterhealth.com/virginia
United Healthcare Community Plan	* Virginia Medicaid CCC: 1-866-622-7982 * Virginia TANF/Medicaid Expansion: 1-844-752-9434 * Virginia FAMIS: 1-844-752-9434	TTY: 711	https://www.uhcommunityplan.com/va
Anthem	*Medallion Medicaid, FAMIS: 1-800-901-0020 * CCC Plus: 1-855-323-4687	TTY: 711	www.anthem.com
Molina Healthcare	* CCC Plus: 1-800-424-4524 *Medallion 4.0: 1-800-424-4518	TTY: 711	www.mccofva.com
Magellan Behavioral Health	1-800-424-4046	TTY: 711	www.MagellanofVirginia.com
Optima Health	1-855-687-6260	TTY: 711	www.optimahealth.com

Agency/Contractor	Contact Number	TDD/TTY Number	Website
Virginia Premier	*Medallion 4.0: 1-800-727-7536 *Virginia Premier/Kaiser Permanente Elite Individual Plan: 1-855-249-5025 * CCC Plus (Elite Plus): 1-833-672-8075	TTY: 711	www.virginiapremier.com/
DentaQuest	*General Member Services: 888-278-7310	* Hearing Impaired Line: 800-466-7566	www.DentaQuest.com

- **Fee-for-service members can search for providers that speak other prevalent non-English languages at <https://vamedicaid.vaxix.net/Search>**
- **Managed Care Organization (MCO) members can find providers by language as follows:**

**Provider directory with the option to search providers
by spoken language**

MCO Plan	Online	Over the phone
United Healthcare Community Plan	https://connect.werally.com/medical/Provider/root	1-866-622-7982
Anthem	https://mss.anthem.com/va/care/find-a-doctor.html	1-800-901-0020
Molina Healthcare	https://molina.sapphirethreesixtyfive.com/	* CCC Plus: 1-800-424-4524 *Medallion 4.0: 1-800-424-4518
Virginia Premier	https://www.findadoctor.virginiapremier.com/	* CCC Plus: 1-877-719-7358 *Medallion 4.0: 1-800-727-7536
Optima Health	https://optimahealth.prismisp.com/?icon-find-doctors=true	1-800-648-8420
Aetna Better Health	https://www.aetnabetterhealth.com/Virginia/find-provider	*CCC Plus: 1-855-652-8249 *Medallion: 1-800-279-1878



3: PURPOSE

The goal of the Plan is to ensure that the Agency provides services effectively to those with LEP and individuals with disabilities in accordance with applicable federal and state laws, as well as Executive Order 13166, Improving Access to Services For Persons With LEP, issued August 11, 2000.⁶

First, the Plan will help Agency management and staff understand their roles and responsibilities with respect to overcoming barriers to Agency services for LEP individuals and individuals with disabilities. The Plan is a management document that outlines how the Agency has language assistance tasks, with deadlines and priorities, and how it will allocate the resources necessary to maintain compliance with language and disability access requirements under federal and state law. It describes how the Agency will implement the service delivery standards delineated in the policy directives, including the manner by which it will address the language service and resource needs identified in the DMAS needs assessment evaluation.⁷

Second, the Plan will set forth standards, operating principles, and guidelines that govern the delivery of language access services. The Plan is made available to the public so that LEP individuals and individuals with disabilities will understand that language assistance and auxiliary aids are available free of charge.

Finally, the Plan will provide the "how to" for staff and stakeholders, and will specify the steps to follow to provide language services, gather data, and deliver services to LEP individuals and individuals with disabilities. Procedures will be set forth as internal guides for DMAS staff to follow and will be shared internally by Agency e-mail and SharePoint.

4: DMAS LANGUAGE AND DISABILITY ACCESS PLAN COORDINATOR

The DMAS Civil Rights Coordinator is the designated employee that leads the development, implementation, and monitoring of the DMAS Plan and its elements. Comments and/or questions regarding the Plan may be directed to:



Montserrat Serra

DMAS Civil Rights Coordinator
VA Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219
Phone: (804) 482-7269 (direct)
Montserrat.Serra@DMAS.Virginia.Gov
CivilRightsCoordinator@DMAS.Virginia.Gov



5: SCOPE

The main framework for this Plan is based on the following federal and state laws that prohibit discrimination in HHS funded health programs or activities:

 <p>Title VI</p> <p>of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color and national origin</p>	 <p>Executive Orders</p> <p><i>Federal-13166</i> Recipients of federal funding must take reasonable steps to provide access to LEP populations.</p>	 <p>ADA Title II</p> <p>Regulations require state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities</p>	 <p>Affordable Care Act Section 1557</p> <p>Covered entities shall take reasonable steps to ensure meaningful access to its programs or activities by limited English proficient individuals. 45 CFR 92.101</p>
--	---	---	---

5.1 Title VI of the Civil Rights Act of 1964⁸

Prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. Failure by a program recipient to provide meaningful access to LEP persons can constitute national origin discrimination. 45 C.F.R. § 80.3(a) provides that, “[n]o person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies.”

5.2 Americans with Disabilities Act (ADA), Title II⁹

Requires state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities.

5.3 Section 1557 of the Patient Protection and Affordable Care Act, May 18, 2016¹⁰

Covered entities shall take reasonable steps to ensure meaningful access to its programs or activities by limited English proficient individuals. 45 CFR 92.101.

5.4 Executive Order 12250, Leadership and Coordination of Nondiscrimination Laws, issued November 2, 1980¹¹

Requires that federal agencies and entities that receive federal funding to coordinate their Title VI enforcement efforts under the guidance of the Federal Coordination and Compliance Section of the Department of Justice Civil Rights Division.

5.5 Executive Order 13166, *Improving Access to Services For Persons with LEP*, issued August 11, 2000¹²

Requires federal agencies and entities that receive federal funding to examine the services they provide, identify any need for services to those with LEP, and develop and implement a system to provide those services so LEP persons can have meaningful access to them. Also requires that federal agencies work to ensure recipients of federal financial assistance provide meaningful access to their LEP applicants and beneficiaries. Meaningful access is defined as language assistance services that result in accurate, timely, and effective communication with the LEP individual.

6: DISSEMINATION

A copy of the Plan will be posted on the Department’s primary websites (www.dmas.virginia.gov and www.coverva.org), as well as the internal staff SharePoint page. Copies in alternative format (large print, braille, audio, accessible electronic format and other formats) will be provided upon request. The Plan will be maintained by the DMAS Civil Rights Coordinator, and copies will be distributed upon request to individuals or organizations serving persons with disabilities or who are LEP.

7: REVISIONS

The Plan will be monitored and updated on an ongoing basis, but at least annually, by June 30th each year. If federal or state government releases new demographic data for the Commonwealth of Virginia, DMAS will review the data and update the Plan accordingly, and report changes and updates annually to the executive leadership team. Staff shall be notified of all changes/updates

to departmental operating procedures for language and disability access within 30 days of such changes.

8: FOUR-FACTOR ANALYSIS AND DMAS NEEDS ASSESSMENT

Executive Order 13166 requires federally funded organizations to assess the services they offer, determine which of those services may be needed by LEP persons, and then develop a system to provide “meaningful access” without unduly burdening the agency. As a starting point, the U.S. Department of Justice’s “four-factor analysis”¹³ provides a self-assessment structure based on:

- **Demographics:** The number or proportion of the LEP population eligible to be served or likely to be encountered;
- **Frequency of Contact:** The regularity with which LEP individuals interact with the organization/program;
- **Nature:** The importance of the program/service/activity to peoples’ lives;
- **Availability of resources and costs:** The balance between achieving meaningful access without creating excessive financial burdens on the organization.

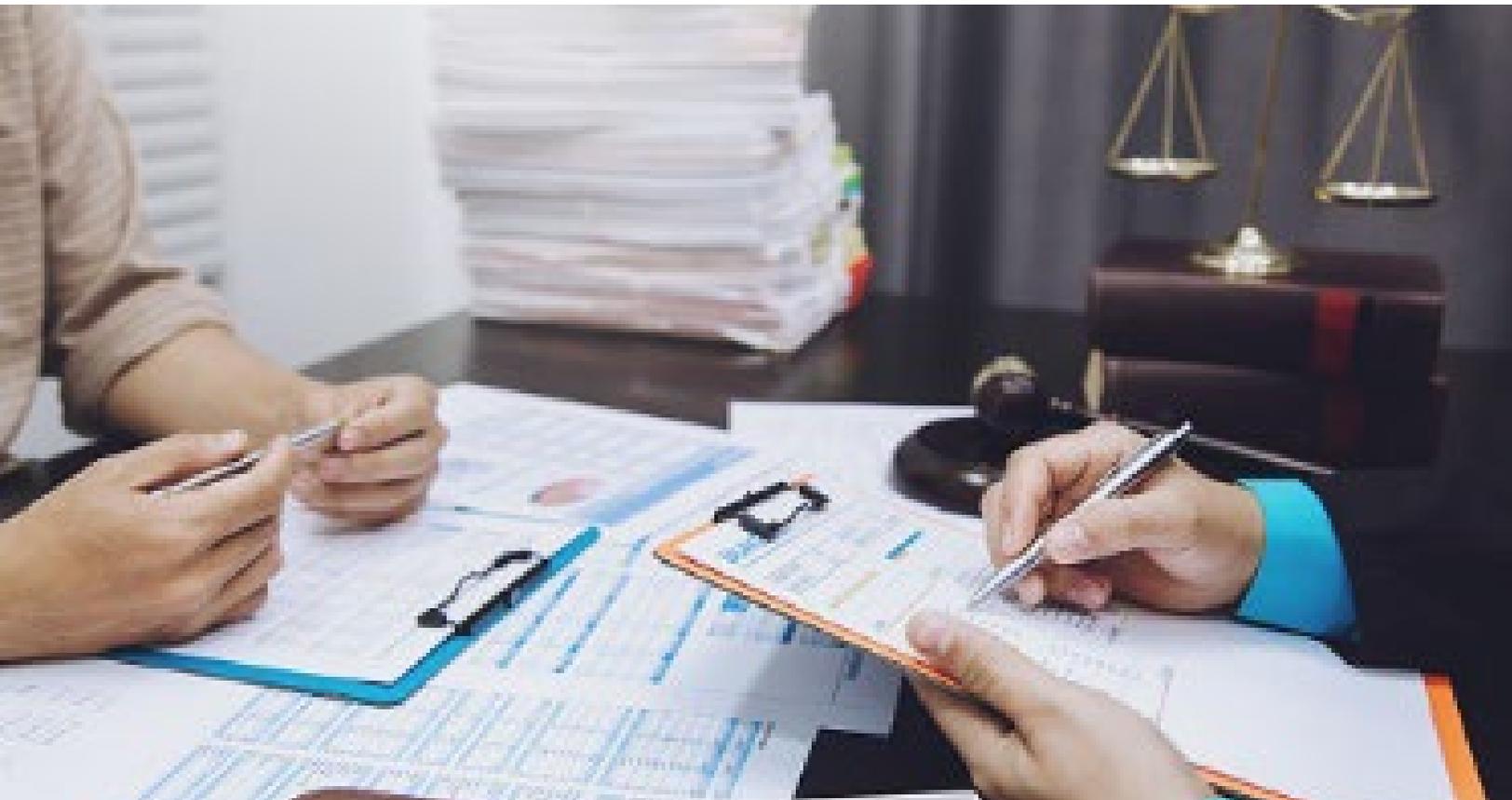
In order to periodically assess if the Agency and its stakeholders communicate effectively with LEP individuals and individuals with disabilities, and in order to determine if there are any further initiatives to be implemented to improve program access, the DMAS Civil Rights Coordinator conducted an individualized Agency-wide needs assessment following federal guidance.¹⁴ The initial Agency’s self-assessment evaluation serves as a baseline and was performed in late 2019 and early 2020 by conducting one-on-one meetings with DMAS division directors to research all language and disability access initiatives at that time and to collect all feedback necessary to document and implement the Plan.

The main areas addressed during those meetings were:

- **Areas of interaction and identification of external stakeholders needed to identify the main public touchpoints with DMAS and its Medicaid program:** (1) Application & correspondence, (2) Eligibility policies & procedures, (3) Access to & receipt of services, (4) Member appeals, and (5) Identify the Agency’s stakeholders and those that provide services on behalf of the Medicaid program.

- **Types of Interaction:** (1) in person, (2) phone, (3) digital [Web, email], (4) print [outreach materials, correspondence and member handbooks/guidance], and (5) public service messages in the media.
- **Identification & Assessment of the LEP and disabled community.**
- **Language assistance (LA) and auxiliary aids services resources.**
- **Availability of training of Staff on Policies and Procedures.**
- **Availability of notifications of free LA Services & auxiliary aids.**
- **Monitoring of Language Assistance & Auxiliary Aids Usage.**

 **Note for DMAS staff only: Appendix M: Needs Assessment Questionnaire**



9: DMAS FOUR FACTOR ANALYSIS

9.1 Factor One: Demographics - LEP and Disabled Populations to be Served or Encountered – Identifying language trends

9.1.1 LEP Population

According to the [Census Bureau American Community Survey \(ACS\) 1-year Estimates](#) published on the [Deloitte website](#), in 2019, the most common non-English language spoken in Virginia by prevalence order were **1. Spanish, 2. Chinese, (Incl. Mandarin, Cantonese), 3. Vietnamese, 4. Arabic, 5. Korean, 6. Tagalog (Incl. Filipino), 7. Urdu, 8. Amharic, Somali, or Other Afro-Asiatic Languages, 9. French (Incl. Cajun), 10. Persian (Incl. Farsi, Dari), 11. Hindi, 12. Telugu, 13. German, 14. Yoruba, Twi, Igbo, or Other Languages of Western Africa, and 15. Nepali, Marathi, or Other Indic Languages.**

Table 1 Data from the Census Bureau ACS 1-year Estimate - Top 15 language spoken in VA

Frequency Count	Language	VA Population	% of VA Population
616,226	Spanish	8,540,000	7.22%
66,186	Chinese (Incl. Mandarin, Cantonese)	8,540,000	0.78%
57,496	Vietnamese	8,540,000	0.67%
56,632	Arabic	8,540,000	0.66%
48,255	Korean	8,540,000	0.57%
44,005	Tagalog (Incl. Filipino)	8,540,000	0.52%
38,489	Urdu	8,540,000	0.45%
35,162	Amharic, Somali, or Other Afro-Asiatic Languages	8,540,000	0.41%
33,050	French (Incl. Cajun)	8,540,000	0.39%
32,472	Persian (Incl. Farsi, Dari)	8,540,000	0.38%
32,317	Hindi	8,540,000	0.38%
27,514	Telugu	8,540,000	0.32%
23,070	German	8,540,000	0.27%
23,044	Yoruba, Twi, Igbo, or Other Languages of Western Africa	8,540,000	0.27%
18,944	Nepali, Marathi, or Other Indic Languages	8,540,000	0.22%

Within the Medicaid population, and according to a DMAS Medicaid member language count report performed in January 2022, there were **2,026,820** Virginians enrolled in Medicaid and **5.1%** of its Medicaid enrollees (**104,220** members) had **self-declared** themselves as speakers of other languages. The top five predominant non English languages among Medicaid enrollees is comprised of members who speak **(1) Spanish**, with **79,965** Medicaid members, **(2) Arabic**, with **4,197** members, **(3) Vietnamese** with **3,416** members, **(4) Urdu** with **1,219** members, **(5) Amharic** with **1,502** members. From that same report, the counted number of members that use Sign Language was **202**.



i **Note for DMAS staff only:**

See Appendix L: Medicaid Members Language Count

Table 2 - Top 5 spoken languages among Virginia Medicaid members. Data pulled 1/10/22.

Language Name	YR 2021 COUNT	2021 Percent
English	1,922,600	95%
Spanish	79,965	4%
Arabic	4,197	0.2%
Vietnamese	3,416	0.1%
Urdu	1,519	0.07%
Amharic	1,502	0.07%
Other	13,921	0.61%
Total Member Count	2,026,820	100 %

The language self-declaration is initiated during the Medicaid application process where all applicants voluntarily report their preferred spoken and written language, if different than English. Once that language information is reported at the time of application or during any other case management period, it is captured in VaCMS, which allows DMAS to identify all languages (including sign language) spoken by its members. Because the Virginia Medicaid Member Language Count report originates from member’s self-declaration of their preferred spoken language, DMAS recognizes certain limitations to the current language capturing method. When LEP members do not specify their preferred non-English spoken language, then the VaCMS defaults to English, which might result in lower counts of non-English languages spoken among its members.

DMAS member counts reports show that the LEP population within the Medicaid members is increasing: there were **74,699** self-declared LEP members in 2016 compared to **104,220** self-declared LEP members in 2021 (**39.51% increase**), and it is likely to continue to go up in numbers. DMAS is taking into consideration this LEP member population increase and is addressing language access needs in a proactive manner.

9.1.2 People with Disabilities

According to the [2020: ACS 5-Year Estimates](#) **11.8%** of Virginians (**979,145** people) reported a disability (6.3% had an ambulatory difficulty, 4.6% had a cognitive difficulty, 5.3% had an independent living difficulty, 3.3% had a hearing difficulty, 2.4% had a self-care difficulty and 2.2% had a vision difficulty). Respondents of the study who reported having any one of the six disability types are considered to have a disability, but because some may report more than one disability type, the individual figures sum up greater than the total.



9.2 Factor Two: Frequency of Contact with LEP Individuals and Individuals with Disabilities

In addition to member contact directly with DMAS, other member and public interactions are handled through Agency contractors and partner agencies such as Virginia Department of Social Services (VDSS), Virginia Department of Behavioral Health and Developmental Services, Virginia Department of Health (VDH), Cover VA, and the managed care organizations that administer the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) managed care programs, to name a few.

9.2.1 Phone Communications

DMAS' main contracted call centers are Cover VA and Maximus.¹⁵ Both call centers are equipped to handle calls from LEP individuals through phone interpreting services or through Spanish-speaking bilingual representatives. Upon request, both call centers also provide free written translation services in any of the top 15 spoken languages in VA for Medicaid notices that applicants or members might request to have translated into their language.

In **2021**, the Cover VA call center took a total of **123,990** calls that needed language assistance services, which represents a 19% increase from the previous year (**50,902** calls taken through phone interpreting service, and **73,088** calls taken by Spanish-speaking bilingual staff); and the Maximus call center took a total of **7,551** LEP calls from Medallion 4.0 members (42% increase from the previous year), and **545 total** calls from LEP CCC Plus members (6% increase from the previous year).

 **Note for DMAS staff only: See Appendix N: Phone Language Access Services Report**

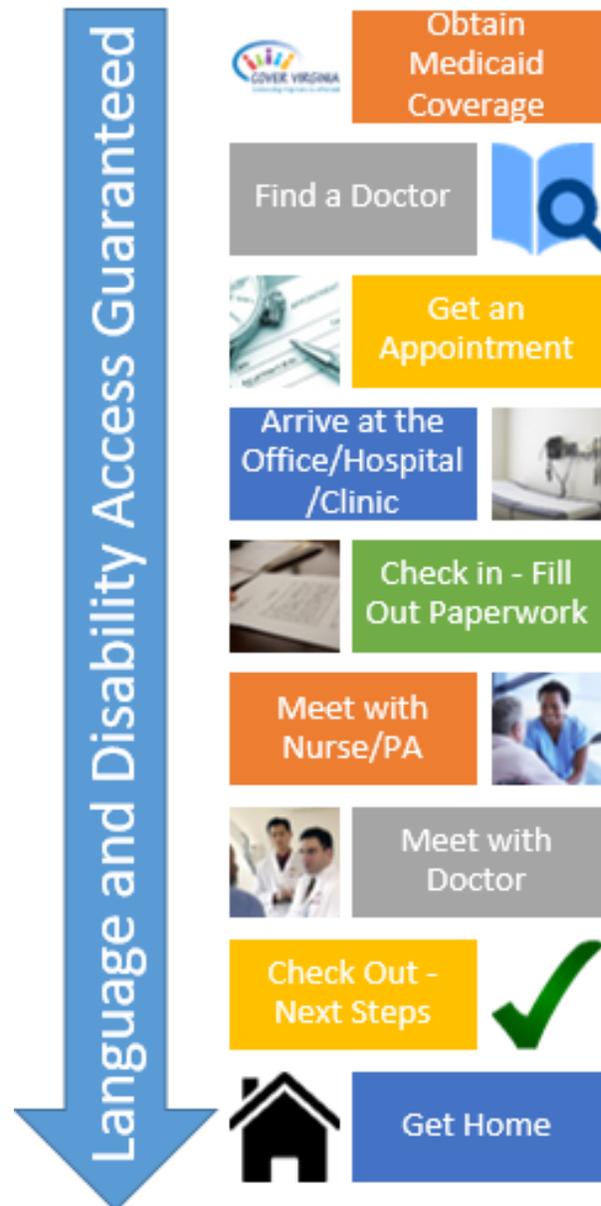




Table 3 – Cover Virginia Call Center Language Call.

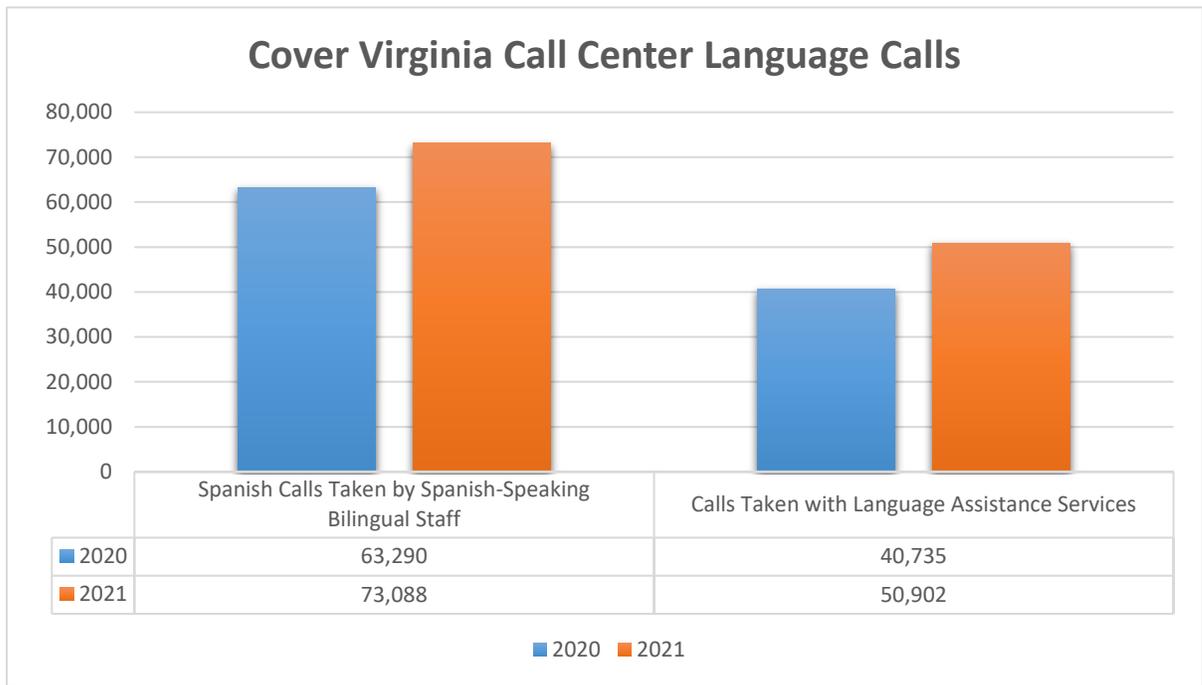
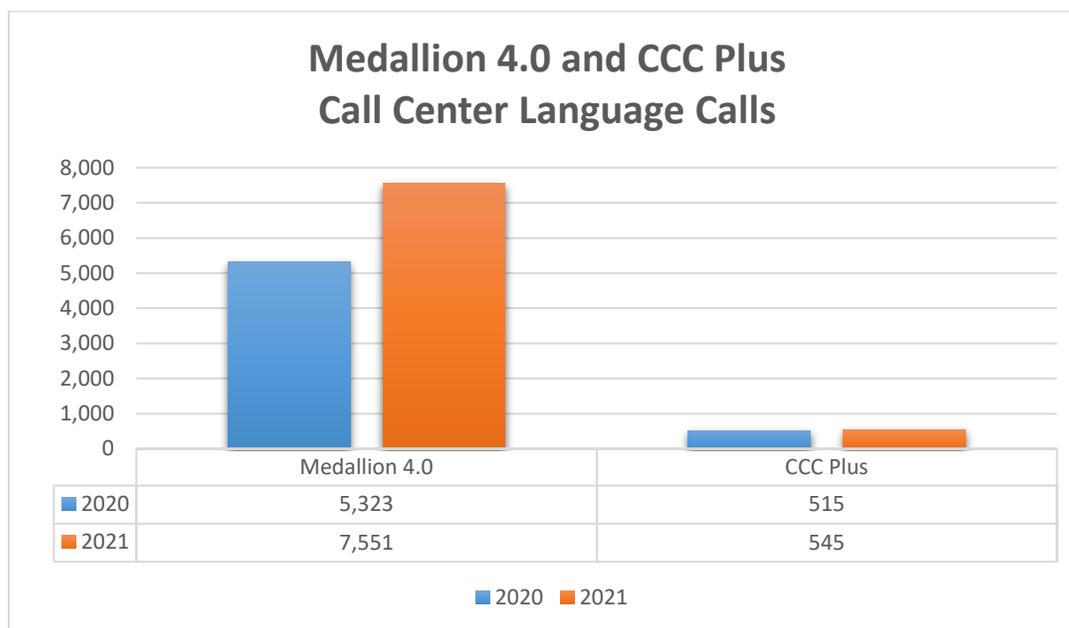


Table 4 - Medallion 4.0 and CCC Plus Call Center Language Calls.



In addition, when individuals call the main DMAS Agency phone number, they can choose through automated prompts to be helped in English or Spanish. The DMAS main phone menu has an option to dial for Spanish-speaking callers, and those calls are rerouted to the DMAS receptionist who uses a language line service for non-English calls. All DMAS divisions are also equipped with language line services. During the year 2021, the DMAS agency took a total of **611** calls with phone interpreting services. The receptionist is also equipped to handle calls through TDD system.

9.2.2 Written Communications

DMAS interacts largely with its member population in writing to inform its clients about program and services eligibility or if there are any changes or updates in their coverage. In 2019, the Agency started an initiative to enhance member communications and to improve outreach and enrollment with the LEP population. Part of that initiative was to implement language access services in order to communicate effectively with the LEP population and those with disabilities. The Agency developed a plan of action to rewrite Medicaid eligibility notices generated by VaCMS to improve readability, include a non-discrimination statement (**See Error! Reference source not found.**) and language taglines (**See Error! Reference source not found.**), and improve member understanding of information requests and eligibility determinations. The plan of action also emphasized the need to provide member letter communications in Spanish, and in the top spoken languages in Virginia.

i **Note for DMAS staff only: See Appendix H: DMAS Routine and Recurring Letter Standards**

9.2.3 Digital Communications

DMAS handles digital communications with members and potential enrollees through its own Agency website www.dmas.virginia.gov and its contractors’ websites and digital applications. All digital websites and portals have information available in English, and, at a minimum, in Spanish, since that is the most frequently encountered non-English language among Medicaid members. (See Table 2 Top 5 spoken languages among Virginia Medicaid members as of March 2021.)¹⁶ In October 2019, the CoverVA website was launched in its entirety in Spanish under the Spanish website version named CubreVirginia.org. In addition, all DMAS digital websites and portals include language taglines that indicate the availability of language assistance services free of charge for individuals that speak other languages in the Commonwealth as required under 42 CFR § 435.905 (b)(3).¹⁷ In addition, all DMAS digital communications are 508 compliant as per the ADA.¹⁸

The DMAS website (www.dmas.virginia.gov) uses Weglot Translate, a multilingual language tool that auto-translates website content into other languages such as Spanish, Traditional Chinese, Korean, Arabic, French, Vietnamese, Amharic, Russian, Persian, Hindi, Bengali, German, Tagalog, Urdu, and Yoruba. DMAS website most frequently accessed languages for the year 2021 were Spanish, with 2,397 translation requests, followed by Traditional Chinese with 283, Korean with 224, and Arabic with 202.

Table 5 – DMAS Website Translations.

LANGUAGE NAME	NUMBER OF TRANSLATION REQUESTS		PERCENTAGE OF TRANSLATIONS REQUEST
	YEAR 2021		
Spanish	2,397	69%	
Traditional Chinese	283	8%	
Korean	224	6%	
Arabic	202	6%	
French	95	3%	
Vietnamese	58	2%	
Amharic	67	2%	
Russian	65	2%	
Persian	53	2%	
Hindi	45	1%	
Bengali	0	0%	
German	0	0%	
Tagalog	0	0%	
Urdu	0	0%	
Yoruba	0	0%	
TOTAL	3,489	100%	

9.4 Factor Three: Nature and Importance of the Program, Activity, or Service

Medicaid covers a broad array of health services such as primary care, acute care, long term services & supports, behavioral health, addiction and recovery treatment services, and limited dental care.

Medicaid also administers certain benefits through innovative programs through approved waivers of certain federal law provisions, which help the Commonwealth to implement the programs and provide additional services that may not normally be available under the traditional Medicaid program.

The vast majority of Medicaid enrollees in Virginia lack access to other affordable health insurance, and that is why DMAS recognizes the importance of providing necessary services through the Medicaid program for all Virginians.

9.5 Factor Four: Resources Available and Costs

9.5.1 Verbal interpretations and Written Translations

DMAS uses state contract #E194-76604 procured by the Department of General Services, Division of Purchases and Supplies (DGS/DPS), for translation and interpreting services in any language. DMAS has selected two vendors to provide comprehensive interpretation and language services. The DMAS Civil Rights Coordinator serves as the administrator for both contracts.



- **Lionbridge:**

- Provides phone interpretation services for all DMAS divisions. Each division has its own phone interpreting services PIN#.
- Provides document translations in any available language. Service requests processed by DMAS Civil Rights Coordinator at CivilRightsCoordinator@DMAS.Virginia.Gov.

- **Propio LS LLC**

- Provides in-person and virtual interpretation (including sign language). Service requests processed by DMAS Civil Rights Coordinator at CivilRightsCoordinator@DMAS.Virginia.Gov.

The average Agency **monthly telephonic interpretation costs** during year 2021 was close to **\$313**; this is expected to increase as the LEP population grows in Virginia.

The average **outsourced monthly translation costs** during year 2021 was **\$607**



Note for DMAS staff only: See Appendix O and Q



9.5.2 Spanish Bilingual Staff

Although the language line service mentioned above is the DMAS preferred language resource to use when communicating with Spanish-speaking individuals, due to the high frequency of interactions with Spanish speakers, the Agency has also identified a list of competent and qualified Spanish bilingual staff whom are able to handle calls in Spanish, as well as provide written translations at the discretion and approval of their supervisors. All DMAS Spanish bilingual staff that perform interpreting and translating functions must be trained and assessed for their language competency level and must meet the following ability requirements:

- Demonstrate proficiency in and ability to communicate information accurately in both English and in Spanish and identify and employ the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization, or sight translation);
- Have knowledge in both languages of specialized terms or concepts related to the Medicaid program and its services, or any particular vocabulary and phraseology used by the LEP individual;
- Understand and follow confidentiality and impartiality rules to the same extent the Department's employee for whom they are interpreting and/or to the extent their position requires;
- Understand and adhere to their role as interpreters without deviating into role as counselor, legal advisor, or other roles;
- Follow the standards of etiquette when communicating with clients who are LEP by demonstrating respect for clients and co-workers and maintaining ethical business practices;
- Be able to show sensitivity to the individual's culture; and
- Avoid any conflict with the roles of an interpreter, and be able to identify those situations when a certified interpreter/translator needs to be used instead.

The DMAS Civil Rights Coordinator maintains a list of DMAS bilingual staff who have been approved to perform interpreting and translation functions in Spanish. If assistance is needed in any other languages, DMAS utilizes the language line service referenced above.

i **Note for DMAS staff only: See Appendix R: Spanish Language Assessment for DMAS Bilingual Staff**

9.5.3 Auxiliary Aids

The DMAS Civil Rights Coordinator serves as the monitor for the auxiliary aids contract with Access-USA who provides alternate forms of communication requested by the hearing and vision impaired.

- **Access-USA:**
 - Provides braille, large format, audio tapes, and other accessibility services.
 - Service requests processed by the DMAS Civil Rights Coordinator at CivilRightsCoordinator@DMAS.Virginia.Gov

9.5.4 Accessible Webinars

DMAS uses Virginia Relay Remote Conference Captioning (RCC) services on all public facing webinars and includes automated live captioning through the Zoom webinar platform. Webinar recording transcriptions are available to participants after the webinar session is complete. DMAS staff can book any of these services through the DMAS Civil Rights Coordinator.



10. OUTREACH AND ENGAGEMENT TO LEP INDIVIDUALS AND INDIVIDUALS WITH DISABILITIES

DMAS regularly attends and supports local community outreach and engagement events throughout the Commonwealth of Virginia to allow the local community, in particular the LEP population, to learn more about Medicaid benefits and services in person, through email, phone calls, social media, presentations, videos, radio, mailings, text messages and virtual touchpoints. DMAS outreach and engagement efforts are mainly conducted by the DMAS Community Outreach and Member Engagement Team (COMET), which has one Spanish bilingual Community Regional Outreach Coordinator and one full time Outreach and Member Engagement Specialist who collaborates with community organizations and stakeholders, and engages virtually and in person with community individuals and families. In addition, the Agency formed the DMAS STARs group, which is an employee driven program formed by DMAS employees who in partnership with COMET are committed to providing application assistance to the community.



The following is a partial list of organizations DMAS collaborates with throughout Virginia:

Northern VA region

- Paragon Autism Services
- CASA (Woodbridge location)
- Greater Prince William Community Health Center
- Catholic Charities
- Casa Chirilagua
- Culmore Clinic
- Neighborhood Health
- Lorton Community Action Center
- United Community
- Northern Virginia Family Services
- Various Spanish churches

Central VA Region

- Richmond City Public School Welcome Center for Immigrant Communities
- Richmond City Office of Multicultural Affairs
- Virginia Community Health Worker Association & Advisory Group
- Resource Mothers
- Goodwill Workforce
- Southside Community Development & Housing Corporation (SCDHC) Resource Center
- Family Lifeline
- South Wood and Broad Rock Community Center
- Citizen Information and Resource Department Chesterfield
- RADIO PODER WBTK 1380AM
- Women, Infants, and Children (WIC)
- Chester YMCA
- City of Richmond Head Start
- Chesterfield County Head Start

Roanoke Region

- Casa Latina
- Blue Ridge Literacy
- Commonwealth Catholic Charities
- Latinx Job Fair
- “I’m Determined” Summit
- Smart Beginnings Greater Roanoke
- Department of Health’s Early Intervention Program

At these sites and many more across the Commonwealth, DMAS, community partners and outreach workers provide Medicaid program information, application assistance, and inform individuals of the language assistance services that are available free of charge to LEP families and individuals. The outreach and engagement team provides presentations to Spanish-speaking stakeholders and families as well as coordinates community events through partnerships with stores, churches, restaurants and other large non-English community based places such as schools, community groups, and employers with non-English-speaking employees.

Other outreach initiatives specifically catered to people with disabilities include:

- Annual services fair provided by the special education staff and parents for children with disabilities
- Ongoing meetings with Goodwill Valleys, Career Works, DSS, Community Services Board staff representing disabled adults seeking employment
- Outreach with adult daycare centers, programs serving kids and adults with autism
- Ongoing meetings and outreach with the Agency on Aging and other senior programs serving individuals with disabilities
- Quarterly Partnership for Access To Healthcare (PATH) meetings with health and human service providers
- Community Housing, subsidized housing outreach, events for disabled residents including requests to include FAMIS and Medicaid information in newsletters
- Outreach to agencies providing mental health and substance abuse treatment

11. DMAS LANGUAGE AND DISABILITY ACCESS COMPLIANCE STANDARDS

DMAS meets federal and state laws and regulations with the following standard performance in accordance with Title VI of the Civil Rights Act of 1964,¹⁹ Section 1557 of the Affordable Care Act (ACA),²⁰ the Americans with Disabilities Act (ADA),²¹ and Section 508 of the Rehabilitation Act of 1973.²² The specific written policies to meet the requirements of federal and state laws and regulations are set forth in the appendix to this Plan.



Note for DMAS staff only: See Appendix G and Appendix I. For quick reference on the standard procedures, please see Appendix J.

11.1 Oral Interpretations

All DMAS staff are required to make verbal interpretation services available to the LEP population in all languages by phone or in person, and in a timely manner. All DMAS divisions have immediate access to Lionbridge’s phone interpreting services in any language, and they can schedule an in-person qualified interpreting service (including sign language) with the DMAS Civil Rights Coordinator, who will forward the request to Propio interpreting services. In-person, and virtual interpreting requests need to be submitted to the DMAS Civil Rights Coordinator at least five business days from the face-to-face scheduled appointment.



Figure 1- Point to your language card

11.1.2 Phone Interpreting Services

For walk-ins and calls from LEP individuals, DMAS staff will identify first the non-English language being spoken (for walk-ins, DMAS staff will show a “Point to Your Language Card” to the LEP individual and will ask them to identify the language they speak).²³ Once the non-English language has been identified, the staff person will call the **Lionbridge** phone interpreting services line and will initiate a three-way call with the LEP individual and the Lionbridge interpreter on the line. DMAS staff will provide their own division’s PIN# when requesting the interpreting service. DMAS staff can find a list of all DMAS Division’s PIN# on Appendix O: Lionbridge’s list of Phone Interpreting Pin# for DMAS Divisions.

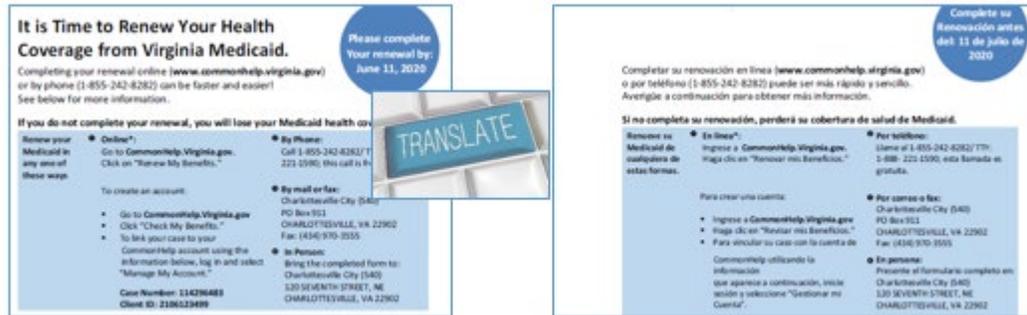
11.1.3 On-site and virtual Interpreting Services

For face-to-face and virtual encounters with an LEP or deaf/hard of hearing person that have formally arranged an appointment, staff will contact the DMAS Civil Rights Coordinator at least five business days prior to the encounter to schedule an on-site interpreter. The request can be placed via email at CivilRightsCoordinator@DMAS.Virginia.gov, and included in the email will be the appointment date/time for when the interpreter will be needed, and the language requested, **including sign language**.



11.2 Written Translations

DMAS staff is also required to make written translations of vital documents (website content, provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, among others) available in other languages upon request, if the language group exceeds the 5% or 1,000 mark (see HHS Guidance²⁴) when doing so is a reasonable step to providing meaningful access to health care coverage for an LEP individual.



Because Spanish is the most common non-English language spoken in the State of Virginia and among Medicaid individuals, DMAS has determined as part of this Plan and according to HHS Guidance,²⁵ that it will routinely translate into Spanish any vital written materials (provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, among others).

As part of this Plan, DMAS has set benchmarks in the Strategic Initiatives section in this Plan for continued translations into the remaining languages over time. To ensure meaningful

Figure 1- Example of Language Taglines

786-7933 (TTY:1-800-343-0634).

Español (Spanish)
 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 804-786-7933 (TTY: 1-800-343-0634).

한국어 (Korean)
 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 804-786-7933 (TTY:1-800-343-0634)번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)
 CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 804-786-7933 (TTY:1-800-343-0634).

繁體中文 (Chinese)
 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 804-786-7933 (TTY:1-800-343-0634)。

العربية (Arabic)
 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 804-786-7933 (رقم هاتف الصم والبكم: 1-800-343-0634).

Tagalog (Tagalog – Filipino)
 PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 804-786-7933 (TTY:1-800-343-0634).

access with those that speak other languages, DMAS written communications include a non-discrimination statement and language taglines informing individuals where to call to receive free language assistance and free alternate methods of communication. **See Appendix E: DMAS Language Taglines.**

11.3 Auxiliary Aids and Accessibility Requirements

DMAS staff must provide auxiliary aids and services to the deaf or hard of hearing, and those who are blind and visually impaired at no cost, and in a timely manner, including, but not limited to qualified sign language interpreters, closed captioning, text telephone (TTYs), and information in alternative formats (large print, braille, audio, accessible electronic format and other formats), when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities.



Large print is defined as eighteen (18) point font.²⁶ DMAS also provides production and distribution of materials (including website content) in other media formats and accessible by both the hearing and vision impaired. Printed materials are oriented to the target population, written in plain language, and are clearly legible with a minimum font size of twelve (12) point, unless otherwise approved by the Department. Written material uses easily understood language and format, and is available in alternative formats, and in an appropriate manner, that takes into consideration those with special needs.



All DMAS websites and digital portals must meet conformance with federal and state laws, particularly Section 508 of the Rehabilitation Act of 1973,²⁷ and the Web Content Accessibility Guidelines (WCAG) 2.0, Level AA. These standards are also supported by CMS²⁸ and VITA.²⁹ DMAS hired a Digital Accessibility Officer in 2021 who monitors DMAS electronic communications for conformance and remediates digital content where possible. An [Accessibility Statement](#) is posted on the DMAS website and includes the email address

accessibility@dmass.virginia.gov for users to contact if they experience difficulty accessing the website content. The Digital Accessibility Officer responds to inquiries received from the accessibility email address, provides digital accessibility training for DMAS staff, provides

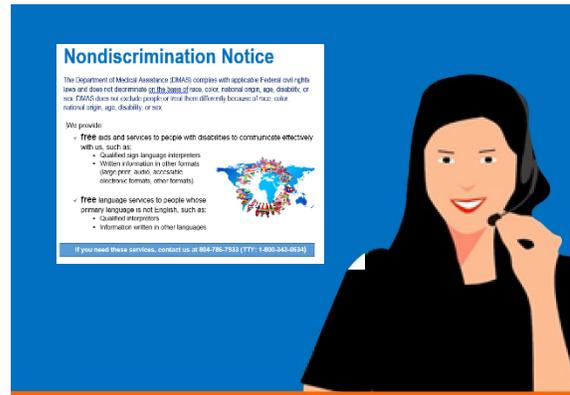
accessible content templates, and consults on DMAS projects and procurement which include digital communication components.

DMAS includes video captioning for any videos posted on the DMAS website or portal. Requests for video captioning needs are fulfilled internally by the DMAS IT department who will add them during the video post-production phase. For live closed captioning needs for Webinars, DMAS is able to provide that service through Virginia Relay. Closed captioning requests can be sent to CivilRightsCoordinator@DMAS.Virginia.gov.

 **Note for DMAS staff only: See Appendix I: Policy and Procedure for Providing Auxiliary Aids and Services for Persons with Disabilities.**

11.4 Notice Requirements

DMAS recognizes the importance to communicate to beneficiaries, applicants, and members of the public that free language assistance and alternate forms of communications will be provided when needed, and that the Agency does not discriminate on the basis of race, color, [national origin](#), sex, [age](#), or [disability](#) in its health programs and activities.



DMAS staff must convey that information in a non-discrimination statement and language taglines written in the [top 15 spoken languages in the Commonwealth of Virginia](#)³⁰ on all vital written notifications to the members and potential enrollees. The name, telephone number, and TDD number to contact the DMAS Civil Rights Coordinator is also included in addition to instructions on how to file a complaint.

See Appendix D: Non-Discrimination Statement and Appendix E: DMAS Language Taglines

11.5 Grievance Policies and Procedures

DMAS has designated the DMAS Civil Rights Coordinator as the neutral administrator of the Virginia Medicaid grievance process to ensure that DMAS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DMAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. DMAS takes seriously any complaints or allegations that an individual(s) has been discriminated against in the attempt to receive healthcare benefits on the basis of race, color, national origin, age, disability, or sex, or any other classification protected by federal and state civil rights laws.

DMAS has established a grievance procedure to provide a means through which Medicaid applicants and beneficiaries can raise allegations or complaints of discrimination and receive

prompt attention and resolution. In addition, the procedures highlight the steps taken to review and resolve these kinds of complaints in a timely manner and in accordance with applicable federal and state civil rights laws and regulations, DMAS policies and procedures and client contract requirements.

See Appendix C: DMAS Policy and Procedure for Civil Rights Complaints

12: LANGUAGE ACCESS STANDARDS FOR CONTRACTORS, SISTER AGENCIES, AND PROVIDERS

DMAS will require its contractors and collaborating agencies to adhere to language access standards consistent with this Plan. These language access standards will be set forth in inter-agency agreements (IAG) and/or memorandums of understanding (MOU) with collaborating agencies serving similar LEP populations as DMAS. These IAGs and MOUs will include provisions to share best practices to enhance language access services across agencies.

Contracts between DMAS and its contracting entities include language access standards and monitoring provisions to ensure compliance. The managed care contracts with Cardinal Care include policies of nondiscrimination for its contracted entities and communication standards for individuals with LEP.



i **Note for DMAS staff only: See Appendix P: Sample of standard verbiage to be used in contracts/agreements with language and disability access requirements and Appendix F: Language Access Guidance for Providers.**

13: FIVE CURRENT STRATEGIC INITIATIVES FOR LANGUAGE AND DISABILITY ACCESS PLAN (5 YEAR PLAN 2021-2026)

Ensuring language and disability access is integral to the DMAS core values of Service, Collaboration, Trust, Adaptability and Problem Solving. This Plan will be evaluated each year to determine what strategic initiatives can further DMAS’ commitment to serving the LEP and disabled populations. Below are the current five concrete strategic initiatives. In addition to monitoring this Plan and investigating grievance complaints, these initiatives will be overseen by the DMAS Civil Rights Coordinator. These initiatives will ensure that no one is denied access to or meaningful participation in the Medicaid program because of language or disability.

13.1 Language and Disability Access Training

13.1.1 Objective

To develop language and disability access related training, as well as linguistic and cultural competency training, for Agency staff to ensure effective communication with LEP individuals and individuals with disabilities. DMAS qualified bilingual staff that currently provide language assistance services for the Agency will be also trained on translation and interpretation best practices.



13.1.2 Implementation Strategy

In 2021, in collaboration with the DMAS training unit, the DMAS Civil Rights Coordinator developed training courses to cover staff training regarding language and disability access policies and procedures. All current and new DMAS staff are being trained on their obligation to provide meaningful access to information and services for LEP individuals and individuals with disabilities. Training seeks to make staff aware of the following:

- DMAS’ obligation to provide meaningful access to LEP individuals and individuals with disabilities;
- Cultural competency and non-discrimination;

- Language and disability access policies, procedures, and protocol in responding to LEP individuals and individuals with disabilities contacting the Agency via telephone, written communications, and in-person contact that would include:
 - The Agency’s civil rights obligations to individuals with LEP and people with disabilities;
 - The Agency’s policies and procedures for ensuring effective communication with individuals with LEP and disabilities;
 - Using DMAS telephonic interpretation services;
 - Requesting an in-person interpreter, a document translation or auxiliary aids;
 - Working with interpreters;
 - How to communicate effectively and respectfully with LEP individuals and individuals with disabilities;
 - How staff track and record language preference information;
 - How staff inform LEP individuals and individuals with disabilities about available language and auxiliary aids assistance;
 - How staff will identify the language needs of LEP individuals and individuals with disabilities;
 - How to use bilingual staff for LEP services and which staff are authorized to provide in-language service; and
 - How staff will process language access complaints and grievances.

After the first year of implementing the training, curriculum materials will be shared with new employees as part of the orientation process and employees will take the training biannually to be updated on any federal and state regulations changes along with new data related to population trends. The training materials are posted on the DMAS Civil Rights SharePoint page so that they can be accessed at any time needed.

13.1.3 Outcome Measures

- Report on DMAS staff that has completed the training.
- List of training events and presentations by date, format, and number of participants.
- Training content updates report with content implementation details and dates.
- Track the number of discrimination complaints related to language and disability access services and provide training revisions and adjustments to improve effectiveness and respect in communications with LEP individuals and individuals with disabilities.

13.1.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Develop Civil Rights training for all Agency staff	Completed	Dec-2021	Completed
Implement Civil Rights training for all Agency staff	Completed	Ongoing	Ongoing
Complete training content biennial review	Dec-2023	Pending	Pending

13.2 Accessibility, Quality Control and Technology

13.2.1 Objective

DMAS will institute procedures to assess the accessibility, accountability, quality of language assistance activities, and adoption of new technology to improve language and disability access.



13.2.2 Implementation Strategy

DMAS will create a quality control plan to include:

- Quality service assessments of translation and interpretation services from external vendors
 - Review call drop percentages from phone interpreting services
 - Timely availability of phone interpreters
 - Accuracy of document translations
- Quality service assessments of translation and interpretation services from internal bilingual staff
 - Ensure that language skills from bilingual staff meet the quality standard
 - Promote and recommend hiring for more Spanish-speaking staff
- Ensure all DMAS written and digital content materials adhere to language and disability access standards and regulations. Make changes to the Plan and its procedures on annual basis and report annually to the DMAS Executive Leadership Team.
- Develop a Question/Comment/Complaint survey to address language and disability access quality of services. Place the survey on DMAS website and DMAS reception area and distribute among Agency staff.
- Stay informed on the latest technologies used to improve language and disability access

13.2.3 Outcome Measures

- Language services usage report (verbal interpretation/written translations)
- Bilingual staff assessment report

- Feedback summary report with implemented actions on comments received related to language and disability access quality of service
- DMAS translation initiatives report with estimated completion dates and language resource costs
- Plan updates report
- Policies and procedures updates report.

13.2.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Document the quality control plan	N/A	Dec-2020	Completed
Develop policies and procedures for language skills assessment for Spanish/English bilingual staff	N/A	Dec-2020	Completed
Perform language skills assessment to all Spanish bilingual staff	Ongoing	Dec- 2020- Ongoing	Ongoing
Develop language and disability access survey	Dec-23	N/A	Pending
Develop policies and procedures to ensure all Agency's written and digital content materials adhere to language and disability access standards and regulations.	N/A	Mar-2022	Completed
Make changes to the Plan and its procedures on annual basis and report annually to the DMAS Executive Leadership Team.	Ongoing	Jan 2022- Ongoing	Ongoing
Develop language and disability access usage report for the Agency	N/A	Dec-2020	Completed

13.3 Plan Dissemination to Internal Staff and External Stakeholders

13.3.1 Objective

Establish methods for communicating to employees, external stakeholders, Medicaid members and potential enrollees the availability of the Language and Disability Access Plan, its policies and procedures and related LEP and disability population trends.



13.3.2 Implementation Strategy

DMAS will develop a comprehensive communication plan that will include:

- Strategy for the LEP and individuals with disabilities communities:
 - Include the Plan and its policies and procedures on the DMAS internet website

- Promote language access among Medicaid members and potential enrollees by developing a Civil Rights Brochure
- Share member language counts on a DMAS website dashboard
- Strategy for the Agency’s internal staff:
 - Notify when the Plan has been signed
 - Disseminate the Plan to DMAS employees utilizing electronic mail and publishing the Plan under the DMAS Civil Rights internal SharePoint page
 - Provide annual notification to DMAS staff of updates made to the Plan

13.3.3 Outcome Measures

- DMAS Civil Rights website page traffic statistics
- Track SharePoint Civil Rights’ page number of visits

13.3.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Document the Communication Plan	N/A	Dec-2020	Completed
Upload electronic copy to the DMAS website	N/A	Jun-2021	Completed
Develop Internal SharePoint Civil Rights Page	N/A	Oct-2020	Completed
Make plan available in Spanish	N/A	Dec-2021	Completed
Develop Va Medicaid Civil Rights brochure	Dec-2023	N/A	Pending
Translate Civil Rights brochure to top 15 languages in VA.	Dec-2023	N/A	Pending

13.4 Monitoring Trends in the Need of Language Access

13.4.1 Objective

To collect and update data by “language spoken/used,” and disability, in order to assess the effectiveness of the Medicaid program and services for LEP and disabled populations served. Collected data will be used for planning, budgeting, and implementation purposes of current and future Plans when providing language assistance and disability accommodations, as well as for adjustment purposes at the end of each fiscal year.



13.4.2 Implementation Strategy

DMAS will continue to utilize the VaCMS system to track the languages spoken by LEP individuals. Quarterly member languages reports will continue to be pulled from the MMIS system, until the transition to the new MES portal is fully implemented.

To ensure the best accuracy on the languages spoken among the Medicaid members, the DMAS Civil Rights Coordinator will work with the DMAS Office of Data Analytics to establish guidelines on best practices when pulling member language count reports to ensure data accuracy.

The DMAS Civil Rights Coordinator assesses the Agency's contracts/agreements with its contractors and partnered agencies to ensure subcontractors' compliance with providing services to persons with disabilities and persons who are LEP.

The data monitoring will critically assess progress and adjust the language and disability access plan on a continuing basis.

13.4.3 Outcome Measures

- DMAS Quarterly member language reports
- Main DMAS contractors/agencies language usage reports
- Report on contracts and Agency agreements that have incorporated their applicable standard verbiage for language and disability access compliance

13.4.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Collect preferred spoken language data among Va Medicaid members	N/A	Jan-2018-Ongoing	Ongoing
Monitor Va Medicaid language count reports	N/A	Dec-2020-Ongoing	Ongoing
Document the standard requirements for member language counts to ensure data accuracy (to include language counts within the 5 and older population)	Dec-2023	Pending	Pending
Implement the standard requirements for member language counts to ensure data accuracy (to include language counts within the 5 and older population)	Dec-2024	Pending	Pending

13.5 Stakeholder Consultation

13.5.1 Objective

DMAS will consult with partners and stakeholders in identifying LEP and disabled population needs in order to assess and develop strategies on an ongoing basis to enhance language and disability access to Medicaid programs and services.



13.5.2 Implementation Strategy

DMAS will form a Language and Disability Access Community Focus Group that will be represented by the LEP and disabled communities, advocacy organizations, refugee resettlement organizations, and other state agencies with overlapping LEP clients and customers with disabilities.

DMAS will also use studies, reports or other relevant material produced by stakeholders as forms of stakeholders input.

DMAS will create and conduct outreach to engage with stakeholders and develop an effective system to gather feedback on language and access services by implementing mechanisms that record stakeholder input regarding meaningful access to DMAS programs and services.

DMAS will share its Plan with stakeholders on an annual basis to receive input regarding meaningful access to DMAS' programs and activities.

13.5.3 Outcome Measures

- Compile a library of studies and reports produced by stakeholders that will be stored at the Civil Rights SharePoint page
- Develop a feedback summary report with implemented actions on comments received from stakeholders related to language and disability access quality of service
- Develop a community stakeholder calendar that will contain the dates of stakeholder's interactions with DMAS (such as focus group meetings, webinars and presentations)

13.5.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Define stakeholder consultation strategy and format	Dec-2022	Pending	Pending
Implement stakeholder consultation	Jan-2023	Pending	Pending

14: CONCLUSION

This Language and Disability Access Plan shows our commitment to improve the health and well-being of Virginians by removing any communication barriers among the LEP and the disabled communities. This Plan is also our Agency guidance to meet legal Federal and state requirements that prohibit discrimination on the basis of race, color national origin, sex, age, disability, religion, and it will be reviewed annually to ensure we are consistently in compliance with those regulations.

The Virginia population is changing, and the number of LEP individuals and people with disabilities keeps increasing at a substantial rate. At DMAS, we know how critical language and auxiliary aids services are for the LEP and the disabled communities, and we want to make certain that these communities are offered equitable opportunities to access Medicaid.

DMAS welcomes feedback to strengthen this Plan. Comments can be submitted to the DMAS Civil Rights Coordinator via e-mail at CivilRightsCoordinator@DMAS.Virginia.Gov or by mail at Department of Medical Assistance Services, Attn: Civil Rights Coordinator, 600 E. Broad Street, Richmond, VA 23219.

APPENDIX A: ACTS, ACRONYMS, AND DEFINITIONS

Americans with Disabilities Act (ADA)

Requires state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities (Title II).

Auxiliary Aids and Services

Is making aurally delivered materials available to individuals who are Deaf and Hard of Hearing and includes; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual limitations; acquisition or modification of equipment or devices; and other similar services and actions. These auxiliary aids and services will enable clients to fully benefit from and participate in Departmental programs and services. See 45 C.F.R. § 84.52(d) (3); 28 C.F.R. § 35.104; and P.L.110-325, the ADA Amendments Act of 2008.

Closed Captioning

Closed captioning is the process of displaying text on a television, video screen, or other visual display to provide additional or interpretive information

Certified Interpreter

A person who is certified by the National Registry of Interpreters for the Deaf (RID) or other national or state interpreter assessment and certification program.

CHIP (Children’s Health Insurance Program)

Health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

Civil Rights Act

Comprehensive U.S. legislation intended to end discrimination based on race, color, religion, or national origin. It assures nondiscrimination in the distribution of funds under federally assisted programs (Title VI).

Client

As used in this plan, this term includes anyone applying for or participating in the services provided by the Department, its Contracted Client Services Providers and their subcontractors. It includes persons making general inquiries or in any way seeking access to or receiving information from the Agency. This may also be referred to as “customer or customers”.

CMS (Center for Medicare and Medicaid Services)

Federal agency within the U.S. Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.

Consecutive interpretation

The interpreter converts the words into the target language after the speaker delivers one or two sentences.

Disability

A condition that substantially limits a major life activity, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working.

Discrimination

The failure to treat persons equally because of their race, sex, color, age, religion, marital status, national origin, political beliefs, or disability.

DMAS Civil Rights Coordinator

This is an individual charged with implementing the requirements of Titles I and II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act; ensuring the provision of auxiliary aids and services for customers with disabilities, requiring auxiliary aids and services to ensure effective access to services offered by the Department.

FAMIS (Family Access to Medical Insurance Security)

Is a comprehensive health insurance program for uninsured children from birth through age 18. FAMIS is administered by the Virginia Department of Medical Assistant Services (DMAS) and is funded by the state and federal government.

Language Assistance Services

(1) Interpretation. Interpretation is an oral language assistance service. Oral language assistance service may come in the form of “in-language” communication (a demonstrably qualified staff member communicating directly in an LEP person’s language) or interpreting. (2) Translation. Translation is a written communication service. Translators convert written materials from one language into another. They must have excellent writing and analytical ability, and because the translations that they produce must be accurate, they also need good editing skills.

Limited English Proficient (LEP)

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.

MCO (Managed Care Organization)

A health plan contracted to provide medical services and coordinate health care services through a network of providers.

Patient Protection and Affordable Care Act

Provides numerous rights and protections that make health coverage more fair and easy to understand, along with subsidies (through “premium tax credits” and “cost-sharing reductions”) to make it more affordable.

Sight translation

Refers to the process of reading a document or piece of writing in the original language, and translating it out loud in the target language.

Sign language

A system of communication using visual gestures and signs, as used by deaf people.

Simultaneous interpretation

An interpreter translates the message from the source of language to the target language in real-time.

Summarization interpretation

Involves listening/watching/reading a message (oral, signed or written) and then interpreting the essence or summary of that message.

Social Security Act (Title XIX)

Enacted in 1965, Title XIX of the Social Security Act established regulations for the Medicaid program, which provides funding for medical and health-related services for persons with limited income; mainly covering pregnant women, adults with dependents, people with disabilities and the elderly.

TTY/TDD. TTY (Teletypewriter) or TDD (Telecommunications Device for Deaf)

Devices that are used with a telephone to communicate with persons who are Deaf and Hard of Hearing or who have speech limitations by typing and reading communications.

US Department of Health and Human Services (HHS) – Office for Civil Rights.

The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI of the Civil Rights Act of 1964, as amended, Title IX, Section 504, the Age Discrimination Act of 1978, and the Omnibus Budget Reconciliation Act of 1981, as amended.

US Department of Justice (DOJ) – Office for Civil Rights.

The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency - Executive Order 13166, 28 CFR 42.104 (b) (2).

APPENDIX B: VERBAL INTERPRETATION SERVICES AVAILABLE THROUGH THE MCO PLANS

- Available
- Not Available

Type of Interpreting Services Offered and Covered by the MCO (Including American Sign Language)				
	Face-to-face (also referred as on-site, or in-person interpreting)	Video remote (also referred as telehealth interpreting)	Over the phone interpreting on demand	Over the phone interpreting by appointment
<p>Aetna</p> <hr/> <p><i>Providers and Members</i></p> <hr/> <p>Please call: Member Call Center at 800-385-4104; TTY: 711</p>	<input checked="" type="checkbox"/> <ul style="list-style-type: none"> • One week's notice required. • Face-to-face interpreting is scheduled with Akorbi. • Requestor is notified once request is filled. 	<input checked="" type="checkbox"/> <ul style="list-style-type: none"> • One week's notice required. • Video remote interpreting is scheduled with Akorbi. • Requestor is notified once request is filled. 	<input checked="" type="checkbox"/> <p>Call 15 minutes before the appointment and the Customer Service Representative (CSR) will call the interpreting services line and warm transfer the call.</p>	<input checked="" type="checkbox"/> <ul style="list-style-type: none"> • One week's notice required. • Over the phone interpreting is scheduled with Akorbi. • Requestor is notified once request is filled.



Available



Not Available

**Type of Interpreting Services Offered and Covered by the MCO
(Including American Sign Language)**

Face-to-face (also referred as on-site, or in-person interpreting)	Video remote (also referred as telehealth interpreting)	Over the phone interpreting on demand	Over the phone interpreting by appointment
---	--	--	---

Virginia Premier

<p></p> <p>Providers/Members: call 1-844-DIAL-SLL (1-844-342-5755), select Option 2</p> <p>Tell the operator:</p> <ul style="list-style-type: none"> • Your name and access code (see below): <ul style="list-style-type: none"> ○ Medallion Clinical 4.0 Access Code: 2150814 ○ MLTSS (CCC+) Clinical Access Code: 2150813 ○ DSNP Clinical Access Code: 2150815The language needed • The patient name and MRN should be given to the translator for tracking purposes • The date, time and location of the appointment 	<p></p> <p>Providers/Members: use SaLLi ipad, available to members through Sentara Health System providers.</p> <ul style="list-style-type: none"> • Click the Sentara Language Line app. Always allow access to the microphone. • Enter your access code (see below) <ul style="list-style-type: none"> ○ Medallion Clinical 4.0 Access Code: 2150814 ○ MLTSS (CCC+) Clinical Access Code: 2150813 ○ DSNP Clinical Access Code: 2150815 	<p></p> <p>Providers/Members: call 1-844-DIAL-SLL (1-844-342-5755), select Option 1</p> <p>Tell the operator:</p> <ul style="list-style-type: none"> • Your name and access code (see below): <ul style="list-style-type: none"> ○ Medallion Clinical 4.0 Access Code: 2150814 ○ MLTSS (CCC+) Clinical Access Code: 2150813 ○ DSNP Clinical Access Code: 2150815The language needed • The patient name and MRN should be given to the translator for tracking purposes • The date, time and location of the appointment 	<p></p> <p>Please refer to over the phone interpreting on demand option</p>
--	---	--	--



Available



Not Available

**Type of Interpreting Services Offered and Covered by the MCO
(Including American Sign Language)**

Face-to-face (also referred as on-site, or in-person interpreting)

Video remote (also referred as telehealth interpreting)

Over the phone interpreting on demand

Over the phone interpreting by appointment

Anthem



- Only for unique situations that require face-to-face interpretation.
- 5 business days advance notice required.



- **Routine care requests:** 5 business days advance notice required
- **Acute care requests:** 24 hours in advance



- **Routine care requests:** same day requests allowed, please call before appointment start time or as soon as member arrives for the appointment
- **Acute care requests:** 24 hours in advance



- **Routine care requests:** same day requests allowed, please call before appointment start time or as soon as member arrives for the appointment
- **Acute care requests:** 24 hours in advance

Providers and Members

Please call:

Anthem HealthKeepers Plus:
1-800-901-0020,
TTY: 711

Anthem CCC Plus:
1-855-323-4687,
TTY: 711



Available



Not Available

**Type of Interpreting Services Offered and Covered by the MCO
(Including American Sign Language)**

Face-to-face (also referred as on-site, or in-person interpreting)

Video remote (also referred as telehealth interpreting)

Over the phone interpreting on demand

Over the phone interpreting by appointment

Molina

The more advanced notice that can be given to arrange interpreting services the better.

Providers and Members

Please call:

CCC Plus:

1-800-424-4524,
TTY: 711

Medallion 4.0:

1-800-424-4518,
TTY: 711



- Scheduled with GLOBO
- The requestor is notified once the request is filled.



- Scheduled with GLOBO
- The requestor is notified once the request is filled.



Please refer to over the phone by appointment option



- Scheduled with GLOBO
- The requestor is notified once the request is filled.

Available

Not Available

**Type of Interpreting Services Offered and Covered by the MCO
(Including American Sign Language)**

Face-to-face (also referred as on-site, or in-person interpreting)	Video remote (also referred as telehealth interpreting)	Over the phone interpreting on demand	Over the phone interpreting by appointment
--	---	---------------------------------------	--

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

Optima Health

Providers:

Please call:

Optima Health Provider Services:

Medical: (800) 229-8822

Behavioral Health: (800) 648-8420

Providers may email specific issues or concerns:

Medical:

VA_MEDICAID@Sentara.com

Behavioral Health:

OHCC_MEDICAID@Sentara.com

Coordinated through the SENTARA LANGUAGE LINE.

Optima Case Managers may assist providers with arranging for Interpreter Services

The following information is required:

- Appointment Date*
- Appointment Time*
- Approximate length of appointment
- What services are being provided to the member? - (example: Early Intervention services, speech therapy, physical therapy, testing, etc.)
- The practice name, address, and phone number
- Language
- The type of interpreter; (i.e. on-site, etc.)

- Available
- Not Available

	Face-to-face (also referred as on-site, or in- person interpreting)	Video remote (also referred as telehealth interpreting)	Over the phone interpreting on demand	Over the phone interpreting by appointment
Optima Health <hr/> <p style="text-align: center;"><i>Members:</i></p> <hr/> <p>Please call: Member Services at the number on the back of your Member ID Card</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> Multiple appointments can be made with one phone call; however, you will need to have the dates and times for each appointment. Optima Case Managers may assist members with arranging for Interpreter Services 			



Available



Not Available

**Type of Interpreting Services Offered and Covered by the MCO
(Including American Sign Language)**

Face-to-face (also referred as on-site, or in-person interpreting)	Video remote (also referred as telehealth interpreting)	Over the phone interpreting on demand	Over the phone interpreting by appointment
<input checked="" type="checkbox"/> Required information: <ul style="list-style-type: none"> • Requestor’s Name • Requestor’s Direct Telephone Number or Supervisor’s Direct Phone • Requestor’s E-mail Address or Supervisor’s E-mail Address • Requested Language • Place of appointment and any special check-in instructions (THIS MUST BE VERY SPECIFIC i.e. address where the interpreter is needed, name on the building, floor, where to check in, suite# department, etc.) • Phone Number to Clinic or Place of the Appt. • Name(s) of the Client • Doctor’s or Provider’s Name: 	<input checked="" type="checkbox"/> Required information: <ul style="list-style-type: none"> • Requestor’s Name • Requestor’s Telephone Number (and cell phone number or alternative number to put on file if applicable) • Requestor’s E-mail Address • Requested Language • Represented facility address (to ensure this is applied to the correct account) • Which virtual meeting platform you will use? REQUIRED (Zoom GoTo Meeting, Google Hangouts, etc). 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

United Healthcare

Providers

Please call:

Provider Services at the following numbers or contact the **Member’s Care Coordinator**.

Medallion: (844) 284-0146

CCC Plus: (877) 843-4366

	<ul style="list-style-type: none"> • Nature of the Request (i.e., new patient, interview, sick visit, follow up, etc.) • Appointment details • When possible, schedule onsite interpreters for assignments to take place Monday through Friday between the hours of 8am and 5 pm. 	<ul style="list-style-type: none"> • Hyperlink to video bridge (Zoom, etc.) • Nature of the request (i.e., new patient, interview, sick visit, follow up, etc.) • Appointment details 		
--	--	--	--	--

<input checked="" type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available	Face-to-face (also referred as on-site, or in-person interpreting)	Video remote (also referred as telehealth interpreting)	Over the phone interpreting on demand	Over the phone interpreting by appointment
United Healthcare <hr/> <p style="text-align: center;"><i>Members</i></p> <hr/> <p>Please call: Member Services 866-622-7982</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

APPENDIX C: DMAS POLICY AND PROCEDURE FOR CIVIL RIGHTS COMPLAINTS

Purpose & Scope

This policy establishes a framework to ensure that complaints of discrimination related to the provision of and/or access to Virginia Medicaid programs and services are reported and investigated by DMAS in accordance with the requirements of all applicable federal and state civil rights laws, including Section 1557 of the Affordable Care Act.

This document is the responsibility of the Appeal Division's Civil Rights Unit. All DMAS employees are responsible for complying with the policies and procedures set forth below.

Definitions

- Civil rights coordinator - The person designated by DMAS to receive and process complaints or allegations of discrimination
- Complainant - The person who filed a complaint of alleged discrimination; can be an individual, individual's authorized representative, the parent or legal guardian of a minor child, or a Medicaid provider
- Complaint - An allegation that discrimination has occurred
- DMAS - Department of Medical Assistance Services, including any of its contractors
- Impacted Party - The individual who was affected by the alleged act of discrimination
- OCR – U.S. Department of Health and Human Services, Office for Civil Rights

Policy

DMAS complies with all applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DMAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. DMAS takes seriously any complaint or allegation that an individual(s) has been discriminated against in the attempt to receive healthcare benefits on the basis of race, color, national origin, age, disability, or sex, or any other classification protected by federal and state civil rights laws. To ensure that allegations or complaints of discrimination receive prompt attention, DMAS has established a procedure to review and resolve discrimination complaints in a timely manner and in accordance with applicable federal and state civil rights laws and regulations, as well as other DMAS policies, procedures, and contract requirements.

Non-Retaliation: In accordance with the applicable federal and state civil rights laws, no DMAS employee, or other contractor or other person will intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured under those federal and state regulations, or because such person has made a complaint, testified, assisted, or participated in any manner in an investigation under these policies and procedures.

Confidentiality of Information: The existence of a Complaint and identity of Complainants is kept confidential except to the extent necessary to carry out the complaint investigation or to respond to requests from federal or state agencies authorized to receive such information. Likewise, the result of the investigation and decision on the grievance is confidential and will only be disseminated if required by law.

Procedure

The procedure documented below comprises three main steps: 1) the filing of a discrimination complaint, 2) review and determination, and 3) implementation of corrective action plans to resolve discrimination complaints.

Filing a Discrimination Complaint

A. Filing a Complaint. A Complainant may file a complaint with the DMAS civil rights coordinator by any of the following means:

- Mail/Delivery Service: Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219
- E-mail: CivilRightsCoordinator@DMAS.Virginia.Gov
- Telephone: (804) 786-7933 (TTY: 1-800-343-0634)
- Fax: (804) 452-5454

The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. Complainants may receive assistance from DMAS with filing a discrimination complaint alleging that he/she may have been discriminated against on the basis of disability, age, race, color, religion, sex, national origin, or any other protected status. Complainants may also complete the Virginia Medicaid civil rights complaint form that can be accessed by the public by contacting the DMAS civil rights coordinator.

Filing a complaint on behalf of someone else must be done with appropriate documentation of authorization to represent the impacted individual, such as a power of attorney or guardianship papers. If the information is not included, DMAS will send an authorized representative request letter with an authorized representative form, and require it to be returned in 14 calendar days. The time period it takes to return the document will extend the 30 day time period to issue a decision.

DMAS will provide, at no cost, translation or alternative communication services to any Complainant who requires communication assistance to file a discrimination Complaint due to a disability or limited English proficiency.

Complainants may also directly file a complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR).

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail/Delivery Service: U.S. Department of Health and Human Services, Hubert H. Humphry Building 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201
- Telephone: 1-800-368-1019 (TDD: 800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Complaints filed with OCR are investigated by OCR, not DMAS. OCR has its own policies and procedures.

- B. Recording the Complaint.** The DMAS civil rights coordinator will log the information related to the Complaint in the DMAS Discrimination Complaints Tracking Sheet.xlsx, including:
- The identity of the party filing the Complaint, including first name, last name, mailing address, phone number, and e-mail address (if known);
 - The impacted party (if different than the Complainant);
 - The Complainant's/Impacted Party's relationship to DMAS;
 - The alleged actor of the discriminatory treatment;
 - The circumstances of the Complaint;
 - The date the Complaint was filed;
 - The assigned grievance reference number; and
 - DMAS's suggested resolution, when reached.
- C. Timely Filing.** A Complaint must be filed with DMAS within 60 calendar days of the date of the alleged discrimination. The Complaint is deemed "filed" when it is received by DMAS, whether submitted by mail or electronic means. If a Complainant shows good cause, DMAS may extend the timeframe for filing a Complaint.
1. If the Complaint is filed outside of the 60-day time period and a reason was not given in the Complaint for the untimely filing, the civil rights coordinator will request in writing through the good cause statement letter, that the Complainant explain the circumstances for the late filing. The Complainant will have 14 calendar days from the date the DMAS letter is sent in order to file a reply. If the Complainant does not reply in that period, the Complaint will be closed as not timely filed. If the Complainant replies in that period, the civil rights coordinator will make a determination on whether good cause existed.
 2. Good cause includes, but is not limited to:
 - a. The Complainant or Impacted Party was seriously ill, which prevented a timely filing;
 - b. There was a death or serious illness in the Complainant or Impacted Party's immediate family;
 - c. An accident caused important records to be destroyed;
 - d. Documentation was difficult to locate within the time limits;
 - e. An attempt was made to resolve the dispute before filing a Complaint;
 - f. The Impacted Party or the Complainant lacked capacity to understand the timeframe for filing a Complaint;
 - g. The Complainant sent the complaint to another government agency in good faith within the time limit; or
 - h. Unusual or unavoidable circumstances prevented a timely filing.
 3. Any non-timely Complaint that is accepted due to meeting good cause will be documented in the case file stating the reason that the Complaint was accepted beyond the required filing timeline. If a request for good cause was made by DMAS, the period that the Complainant took to file the good cause response will not be counted in the total number of days DMAS has to make a decision on the Complaint.

4. If a good cause response is received, but the civil rights coordinator finds that it does not meet the standard for good cause, then the Complainant will be notified in writing that the Complaint is closed and the reason for the closure.

D. Record Retention. All discrimination complaints received by DMAS are logged by the civil rights coordinator in *DMAS Discrimination Complaints Tracking Sheet.xlsx*. Records are maintained for three (3) years.

Review and Determination

A. Initial Review. The initial review of a Complaint will determine whether the Complaint should be investigated further, closed, or referred elsewhere.

1. The DMAS civil rights coordinator will perform an initial complaint review and will assess the following points to determine if the Complaint is valid and needs further investigation:
 - a. Was the Complaint filed in a timely manner or is there good cause for the late filing?
 - b. Was the Complaint filed by the Impacted Party or someone who has proper authorization to pursue the Complaint on behalf of the Impacted Party?
 - c. Is the Complainant's issue within DMAS's legal, contractual, and/or authority to review?
 - d. Is it a civil rights claim?
2. A Complaint would be invalid if:
 - a. DMAS does not have legal authority to investigate the Complaint;
 - b. The Complaint fails to state a violation of civil rights laws or regulations;
 - c. The Complaint was not filed timely and good cause did not exist to accept the grievance;
 - d. The Complainant did not submit proper authorization to represent the Impacted Party;
 - e. The Complaint is speculative, conclusory, or incoherent, or lacks sufficient detail to infer discrimination and the Complainant does not provide the information the DMAS civil rights coordinator requests within 14 calendar days of the request, unless the Complainant requests additional time to provide the requested information. The time period that the Complainant took to file the response will not be counted in the total number of days DMAS has to make a decision on the Complaint;
 - f. The Complaint has been investigated by another federal, state, or local civil rights agency or through other internal grievance procedures, including due process proceedings, and there was a comparable resolution process pursuant to legal standards that are acceptable to DMAS or, if still pending, DMAS anticipates that there will be a comparable resolution process pursuant to legal standards that are acceptable to DMAS. DMAS will advise the Complainant that he or she may re-file within 60 days of the completion of the other entity's action if there has been no decision on the merits of the case; or
 - g. The same or similar allegations based on the same operative facts have been filed by the Complainant against the same recipient in state or Federal court.

DMAS will advise the Complainant that he or she may re-file within 60 days of the termination of the court proceeding if there has been no decision on the merits of the case or settlement of the court complaint.

3. Within five business days of the Complaint being filed, the DMAS civil rights coordinator will notify the Complainant in writing whether: (i) proof of authorization is needed if filing a complaint on behalf of someone else; (ii) good cause is needed due to untimely filing; (iii) additional information is needed to process the Complaint; (iv) the Complaint is invalid and the reason why (See invalid complaint letter); or (v) the Complaint will be investigated.

B. Investigation. All Complaints that are not dismissed as invalid will be investigated. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the Complaint. DMAS will request that a written response be made to the civil rights coordinator by the individual/entity who was alleged to have engaged in discrimination. The civil rights coordinator will provide that individual/entity a copy of the Complaint and any other documents submitted by the Complainant. The individual/entity shall have up to 14 calendar days to file the response with DMAS unless an extension is granted by the civil rights coordinator. Following receipt of the response, the civil rights coordinator may need to contact other individuals in order to gather all of the necessary facts to complete a full investigation.

C. Written Decision. All Complaints that are not dismissed as invalid during the initial review will receive a full written decision.

1. **Timeline to Make a Decision:** Within 30 calendar days of the Complaint being filed with DMAS, the civil rights coordinator will issue a written decision to the Complainant and the individual/entity who was alleged to have engaged in discrimination. The 30-day period will be extended if good cause or additional information was requested by DMAS. The calculation for that extension is performed by adding to the 30-day deadline the number of days it took the Complainant to file a response to the DMAS request (e.g., if DMAS requested good cause and the Complainant replied 7 days after the request was made, the decision deadline would be 37 days from when the Complaint was received). Additionally, in complex matters, the DMAS civil rights coordinator may extend the time period to make a decision up to an additional 60 calendar days if agreed to in writing by the Complainant prior to the expiration of the initial 30-day period.
2. **Standard of Review:** The civil rights coordinator will use the preponderance of the evidence standard when making a determination on whether or not discrimination has occurred. A preponderance of the evidence exists if it is more likely than not that discrimination occurred.
3. **Content of Final Decision:** The civil rights coordinator will fully explain the rationale for the decision and include:
 - a. DMAS' jurisdiction to make a decision on the Complaint;
 - b. An identification of all relevant parties to the Complaint;
 - c. A summary of the alleged discriminatory action(s);
 - d. A summary of the response received from the individual/entity alleged to have engaged in discrimination;
 - e. A summary of any other information gathered by the civil rights coordinator during the course of the investigation;

- f. An explanation of whether there are sufficient facts to conclude by a preponderance of the evidence that discrimination occurred; and
- g. If discrimination was found, what the next steps are to address the discrimination.

The decision will also inform the Complainant that if they are not satisfied with the DMAS determination, then the Complainant has the right to pursue further administrative or legal remedies. The decision will include the contact information for the federal Office for Civil Rights.

As needed or required, the Impacted Individual will be informed of the Complaint and will be provided a copy of DMAS' final decision.

Implementation of Corrective Action Plans to Resolve Discrimination Complaints

- A. **Corrective Action Plan:** Where an investigation finds that discrimination occurred, the civil rights coordinator will work with the appropriate DMAS Division to develop a corrective action plan.
 - 1. **Employees:** Where the Complaint involves a DMAS employee, volunteer, or contract employee, the civil rights coordinator will refer the investigation findings and corrective action plan to the employee's division director and DMAS' Human Capital & Development Division.
 - 2. **Providers:** Where the Complaint involves a DMAS provider or provider's employees, the civil rights coordinator will refer the investigation findings and corrective action plan to DMAS' Program Operations Division.
 - 3. **Vendors/Subcontractors/State Agencies:** Where the Complaint involves a DMAS vendor, subcontractor, or other Virginia State Agency, the civil rights coordinator will refer the investigation findings and corrective action plan to DMAS' Procurement and Contract Management Division, as well as the applicable DMAS contract monitor.

If the Complaint involves a privacy violation, such as not complying with the Health Insurance Portability and Accountability Act, the civil rights coordinator will also consult DMAS' Office of Compliance and Security to develop the corrective action plan.
- B. **Training Approval.** A discrimination Complaint resolution corrective action plan may consist of approved nondiscrimination training on relevant discrimination topics. Prior to use, the nondiscrimination training material shall be reviewed and approved by the DMAS civil rights coordinator.
- C. **Implementation Timeline.** Time periods for the implementation of the corrective action plan and nondiscrimination training shall be designated by the DMAS civil rights coordinator.
- D. **Complaint Resolution.** DMAS, in its sole discretion, shall determine when a satisfactory discrimination complaint resolution has been reached.

Related Documents

- Age Discrimination Act of 1975 (42 U.S.C. §§6101-6107)
- Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.)
- Civil Rights Act of 1964, Title VI (42 U.S.C. §§2000d - 2000d-7)
- DMAS Discrimination Complaints Tracking Sheet.xlsx

- Patient Protection and Affordable Care Act, Section 1557 (42 U.S.C. §18116)
- Rehabilitation Act of 1973, Section 504 (29 U.S.C. §701 et seq.)
- Virginia Medicaid Civil Rights Complaint Form
- Virginia Medicaid Civil Rights Complaints - Authorized Representative Letter Request
- Virginia Medicaid Civil Rights Complaints - Authorized Representative Form
- Virginia Medicaid Civil Rights Complaints - Good Cause Statement
- Virginia Medicaid Civil Rights Complaints - Invalid Complaint Letter

Revision History

Process Owner: DMAS Civil Rights Coordinator

Date	Revision Description	Approved By
05/01/2020	Original issuance	
05/26/2022	Reformatted to new template; reviewed and edited	John Stanwix

APPENDIX D: DMAS NON-DISCRIMINATION STATEMENT

It is important we treat you fairly.

We will keep your information secure and private.

This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This agency provides free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call us at (XXX) XXX-XXXX (TTY: X-XXX-XXX-XXXX). This agency also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call us at (XXX) XXX-XXXX (TTY: X-XXX-XXX-XXXX).

If you believe that this agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or by phone at: Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219, Telephone: (804) 786-7933 (TTY: 1-800-343-0634).

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019 (TTY 800-537-7697). Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.

APPENDIX E: DMAS LANGUAGE TAGLINES

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX) 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-242-8282 (TTY: X-XXX-XXX-XXXX)。

العربية (Arabic)

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم X-XXX-XXX-XXXX (رقم هاتف الصم والبكم: X-XXX-XXX-XXXX).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با X-XXX-XXX-XXXX تماس بگیرید. (TTY: X-XXX-XXX-XXXX)

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ X-XXX-XXX-XXXX (መስማት ለተሳናቸው: X-XXXX-XXXX-XXXX).

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (телетайп: X-XXX-XXX-XXXX).

हिंदी (Hindi)

नोट: यदि आप हिंदी बोलते हैं, तो भाषा समर्थन सेवाएं आपको मुफ्त में उपलब्ध हैं। कॉल X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX)।

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

বাংলা (Bengali)

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX)।

Bàsɔ̀̀-wùdù-po-nyò (Bassa)

Dè dɛ nià ke dyéde gbo: ǃ jũ ké m̄ [Bàsɔ̀̀-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dọ̀ po-poò béin m̄ gbo kpáa. ǃá X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX)

N'ihì na (Ibo)

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

èdè Yorùbá (Yoruba)

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi X-XXX-XXX-XXXX (TTY: X-XXX-XXX-XXXX).

SOURCES

¹ See State Plans for Medical Assistance, Sec. 1902. [42 U.S.C. 1396a], available at: https://www.ssa.gov/OP_Home/ssact/title19/1902.htm

² See HHS Mission Statement, available at: <https://www.hhs.gov/about/strategic-plan/introduction/index.html#:~:text=The%20omission%20of%20the%20U.S.,public%20health%2C%20and%20social%20services.>

³ See Improving Access to Services for People with Limited English Proficiency (EO 13166), available at: <https://www.govinfo.gov/content/pkg/FR-2000-08-16/pdf/00-20938.pdf>

⁴ According to HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>, timely means that “language assistance should be provided at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP person”.

⁵ “Point to Your Language Cards” from Lionbridge interpreting services. These cards have the phrase, “Do you speak [name of language]? We will provide an interpreter for you over the phone. There is no charge for this service.” in different languages, so that an individual can point and communicate to others which language he or she speaks. These cards are available to DMAS staff.

⁶ See Improving Access to Services for People with Limited English Proficiency (EO 13166), available at: <https://www.govinfo.gov/content/pkg/FR-2000-08-16/pdf/00-20938.pdf>

⁷ Performing a needs assessment evaluation is a recommended action included in the Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, which is a document produced by the Civil Rights Division of the U.S. Department of Justice. This document provides guidance on conducting an organizational self-assessment, implementing language access plans, and developing language access directives, plans, and procedures. Document available at: http://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

⁸ See Title VI of the Civil Rights Act of 1964 available at: <https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap21-subchapV.pdf>

⁹ See Americans with Disabilities Act (ADA), Title II, available at: https://www.ada.gov/ada_title_II.htm

¹⁰ See Section 1557 of the Patient Protection and Affordable Care Act, available at: <https://www.govinfo.gov/content/pkg/FR-2016-05-18/pdf/2016-11458.pdf>

¹¹ See Executive Order 12250, Leadership and Coordination of Nondiscrimination Laws, available at: <https://www.govinfo.gov/content/pkg/CFR-2019-title28-vol1/xml/CFR-2019-title28-vol1-part41.xml>

¹² See Executive Order 13166, Improving Access to Services For Persons With LEP, available at: <https://www.govinfo.gov/content/pkg/FR-2000-08-16/pdf/00-20938.pdf>

¹³ See Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: https://www.ojp.gov/sites/g/files/xyckuh241/files/media/document/fr_2002-06-18.pdf

¹⁴ See Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, available at:

https://www.lep.gov/sites/lep/files/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

¹⁵ DMAS acknowledges that many phone contacts about applying for medical assistance services and questions about Medicaid benefits are made to the Virginia Department of Social Services (“DSS”) – both through the Enterprise Customer Service Call Center and to the DSS offices in the local counties and cities. DMAS does not currently have data on these interactions, but is working to add this information into a revised Memorandum of Understanding with DSS.

¹⁶ See Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>

¹⁷ See 42 CFR § 435.905 - Availability and accessibility of program information, available at: <https://www.law.cornell.edu/cfr/text/42/435.905>

¹⁸ See Section 508 of the Rehabilitation Act of 1973, available at: <https://www.section508.gov/manage/laws-and-policies>

¹⁹ See Title VI of the Civil Rights Act of 1964 available at: <https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap21-subchapV.pdf>

²⁰ See Section 1557 of the Patient Protection and Affordable Care Act, available at: <https://www.govinfo.gov/content/pkg/FR-2016-05-18/pdf/2016-11458.pdf>

²¹ See Americans with Disabilities Act (ADA), Title II, available at: https://www.ada.gov/ada_title_II.htm

²² See section 508 Amendment to the Rehabilitation Act of 1973, available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index>

²³ "Point to Your Language Cards" from Lionbridge interpreting services. These cards, have the phrase "Do you speak [name of language]? We will provide an interpreter for you over the phone. There is no charge for this service" in different languages, so that an individual can point and communicate to others which language he or she speaks. For internal DMAS staff only: Cards are on the K-Drive under the Civil Rights Coordinator folder.

²⁴ See HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>

²⁵ See HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>

²⁶ See Electronic Code of Federal Regulations (e-CFR) 42 CFR § 438.10(d) - Information requirements, available at: <https://www.law.cornell.edu/cfr/text/42/438.10>

²⁷ See Section 508 Amendment to the Rehabilitation Act of 1973, available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index>

²⁸ See Centers for Medicare and Medicaid Services. Section 508, available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508>

²⁹ See chapter 10.3.2 VITA's authority to promulgate regulations pertaining to Section 508, available at: <https://www.vita.virginia.gov/procurement/it-procurement-manual/chapter-10---general-it-procurement-policies/1032-vitas-authority-to-promulgate-regulations-pertaining-to-section-508.html>

³⁰DMAS language taglines include the [OCR table](#) with a list of the top 15 languages spoken by individuals with limited English proficiency (LEP) in each State, the District of Columbia, Puerto Rico and each U.S. Territory according to §92.8(d)(1)-(2). DMAS will review and update the language taglines every 5 years to include the top 15 languages based on the most recent census data in Virginia. (The next taglines update is planned for 2025 if the list of top 15 languages in Virginia has changed)