

LANGUAGE ACCESS PLAN FOR LEP INDIVIDUALS

State Agency: Office of the Medicaid Inspector General

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Language Access Coordinator (LAC): Kim Pannone

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PART 1 - INTRODUCTION

Pursuant to Executive Order No. 26 ("Statewide Language Access Policy"), we have prepared this Language Access Plan ("Plan") that sets forth the actions we will take to ensure that persons with limited English proficiency ("LEP") have meaningful access to agency services, programs, and activities.

Statement of Agency Services to the Public:

The mission of the OMIG is to enhance the integrity of the NYS Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices, and recovering improperly expended Medicaid funds, while promoting high quality patient care. As such, OMIG primarily interfaces with Medicaid providers and other State regulatory agencies. However, the OMIG maintains a Medicaid Fraud Hotline and Complaint Form that the public can use to file allegations of fraud, waste, and/or abuse.

In developing this plan, we have understood LEP individuals to be persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. We will reassess language needs periodically as needed, but at least every two years starting from the effective date of this Plan.

PART 2 - ASSESSING LEP POPULATION LANGUAGE NEEDS

The estimated total number of individuals in our service area is: 15 million residents age 18 or older.

The top six languages spoken by LEP individuals that our agency serves or could potentially serve are as follows:

Language	Estimated Number of LEP Individuals Who Speak this Language
Spanish	1,216,864
Chinese	310,462
Russian	126,828
Italian	70,985
Korean	65,932
Haitian (French) Creole	56,428

We use the following resources to determine the top six languages spoken by LEP individuals:

- U.S. Census data (including American Community Survey data)

Agency data on client contacts

School system data

Information from community organizations that serve LEP individuals

Names of organizations:

Information from other government agencies

Names of agencies:

Other (describe)

We have determined the frequency of our contacts with LEP individuals as follows:

The Bureau of Medicaid Fraud Allegations maintains a spreadsheet documenting all calls that required the use of professional interpretation phone service at the time of contact. We have encountered 84 Spanish speakers, 8 Chinese speakers, and 4 Russian speakers for FY 2011.

PART 3 - PUBLIC OUTREACH AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

We inform LEP individuals, in the languages indicated in the chart in Part 2 of this plan, about their right to free language assistance services by using the following measures:

LEP individuals are informed directly by our staff

In what ways? At any public contact (in person or by phone), if an individual indicates a need for language assistance staff inform them of the services that are available.

Brochures or flyers about language assistance services

In public areas of the agency

Elsewhere in the agency's service areas

Signs posted about language assistance services

In public areas of the agency

Elsewhere in the agency's service areas

Outreach and presentations at schools, faith-based groups, and other community organizations

What are the LEP populations targeted?

Local, non-English language media directed at LEP individuals in their languages

Telephonic voice menu providing information in non-English languages

In which languages: Spanish.

Other (describe)

The public does not have "in person" access to OMIG staff.

PART 4 - PROVISION OF LANGUAGE ASSISTANCE SERVICES

We use the following resources to determine when an individual is LEP, and what the individual's primary language is, when the encounter is *in person*:

"I Speak" posters or visual aids

Reception staff make those determinations based on experience, with the assistance of bilingual staff members where available

Other (describe)

The public does not have "in person" access to OMIG staff.

We use the following resources to determine when an individual is LEP, and what the individual's primary language is, when the encounter is *by telephone*:

Reception staff make those determinations based on experience, with the assistance of bilingual staff members where available

Telephonic interpreting service

Other (describe)

We record and maintain documentation of each LEP individual's language assistance needs as follows:

The interpreting services company will provide OMIG's budget office and the LAC with a monthly report of services provided. The report will include the number of calls requesting interpreting services, number of individuals receiving interpreting services and the languages requested.

A. Oral Interpreting Services

Our protocol(s) for assessing whether an LEP individual needs oral interpreting services is as follows:

For in-person encounters: N/A

By telephone: Through self identification by the caller. Alternatively, OMIG staff members determine whether such LEP individual needs interpretation services when staff are unable to understand what the individual is saying or asking.

At initial contact in the field: N/A

For pre-planned appointments with LEP individuals: N/A

Other (describe):

Our protocol(s) for informing LEP individuals that they do not need to provide their own interpreters and that free interpreting services will be provided is as follows:

For in-person encounters: N/A

By telephone: OMIG staff assess language barrier and immediately contacts interpretation vendor who explains service is at no cost to caller.

At initial contact in the field: N/A

For pre-planned appointments with LEP individuals: N/A

Other (describe): N/A

If an LEP individual insists on using a family member, friend, or other person as an interpreter, our protocol(s) for determining whether to accept or decline such an arrangement is as follows:

LEP individuals that come into contact with our agency will be informed of the availability of free interpreting services. Generally, an LEP individual may not use a family member, friend, or a minor as an interpreter. However, during emergencies an LEP individual will be permitted to use a minor, a family member or friend as an interpreter. Upon request, an LEP individual may also be permitted to use a minor, a family member or friend as an interpreter for routine matters, such as asking the location of the office, hours of operation or rescheduling an appointment.

Where an LEP individual is engaged in official business with the agency, the agency will provide an independent interpreter at all times. An LEP individual will not be permitted to use an independent interpreter of his or her choosing when filling out applications or when involved in other legal matters.

Our protocol(s) for obtaining interpreter services in a timely manner is as follows:

OMIG staff access interpreter services through a contract with the vendor, Language Services Associates, when they are unable to communicate successfully with a caller in English. The caller is asked to hold briefly, while representatives from Language Services Associates are contacted to conference with both the caller and OMIG staff person. The caller then is able to communicate in their native language, with the interpretation to English offered by Language Services Associates staff to OMIG staff. This, in turn, enables the OMIG staff to provide an answer and/or guidance to the caller, which is then interpreted by Language Services Associates staff to the native language of the caller. Every effort is made on the part

of Language Services Associates and OMIG staff to ensure that the caller's issue and/or question has been thoroughly addressed before concluding the conference call.

We record and maintain documentation of oral interpreting services provided to LEP individuals at each encounter as follows:

The unit that handles complaints of Medicaid fraud maintains an Access database of all calls, including those that required the use of telephonic interpretation through Language Services Associates.

Competency and confidentiality

The linguistic and cultural competence of interpreters is addressed as follows:

The agency may from time to time use multilingual staff volunteers who are self-assessed in their own language competency. Where the agency utilizes independent interpreting services, that vendor will implement quality assurance standards to guarantee that its interpreters are trained and are linguistically and culturally competent.

**The issue of confidentiality pertaining to the use of interpreters is addressed as follows:
Maintaining a list of oral interpreting resources**

The training provided to staff will address the importance of confidentiality. Furthermore, independent interpreters will enforce standards of confidentiality in accordance with NYS Law.

Maintaining a list of oral interpreting resources

We use, or have available for oral interpreting, the following resources:

- Bilingual staff members who work directly with LEP individuals

Number of staff and languages spoken:

- Bilingual staff members who provide oral interpreting when necessary

Number of staff and languages spoken: OMIG has 11 staff that speak Spanish; 2 staff speak Portuguese, 2 staff speak Hindi; 1 staff speaks Punjabi, 1 staff speaks Tagalog, 6 staff speak Chinese, 4 staff speak Russian/Ukrainian; 2 staff speak Arabic; 3 staff speak Polish; 2 staff speak German; 2 staff speak Hungarian; 3 staff speak French; 2 staff speak Creole; 2 staff speak Armenian; 3 staff speak Hebrew; 1 staff speaks Dutch; and 1 staff speaks Swahili.

- Telephonic interpreting service

Names of vendors: OMIG has a contract with Language Services Associates for the provision of oral language translation.

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages:

Other (describe)

The agency's Language Access Coordinator maintains the list of oral interpreting resources that are available to staff, which includes:

- Names and contact information for all resources
- Names and locations of staff members who are available to act as interpreters or provide services directly in the LEP individual's primary language
- Languages in which each interpreter or service is qualified
- Procedure for accessing each interpreter or service

We inform all staff members who have contact with the public how to obtain oral interpreting services as follows:

Training for staff employed within the Bureau of Medicaid Fraud Allegations and Complaints is provided to ensure that everyone is well versed in accessing interpreting services in a timely manner. Training will provide specific instructions for contacting interpreting services as soon as a staff person is notified of the need or makes an independent determination.

B. Translations of Written Documents

The process to determine and reassess, at least every two years starting from the effective date of this plan, those vital documents (including website content) which must be translated is as follows:

OMIG does not generally have contact with the public and therefore our "vital" document list is limited. The Office of Agency Coordination and Communication (OACC) will review all new content prior to its posting to the Internet Website to determine whether the content requires translation, at least once per year but may occur more often if necessary. Additionally, any new documents published by the agency will be reviewed by the LAC, OACC and other interested bureaus within the agency to determine if they are vital and therefore must be translated. If there is a recommendation for translation of any given content or document, the recommendation will be shared with the executive leadership team for approval. Upon approval, the content or vital document will be translated using the interpreting services company.

The process to timely translate documents that LEP individuals submit in their primary languages is as follows:

The LAC will work with the unit that receives complaints, and ensure that any new forms are discussed to determine whether translation is necessary.

The process for ensuring that documents are written in plain language before they are translated into other languages is as follows:

Prior to submitting documents for translation, the proposed documents will be analyzed using the Flesch-Kincaid Grade Level Tool, available through Microsoft Windows.

The following documents are currently translated by the agency in the languages indicated:

OMIG does not generally have contact with the public and therefore our "vital" document list is limited. However, OMIG has identified the "Vision and Mission Statement" and the Medicaid Fraud Complaint Form documents as vital and will be translating them into the top 6 languages.

The process for ensuring that translations are accurate and incorporate commonly used words is as follows: (Note: The Office of the Deputy Secretary for Civil Rights will maintain a list of commonly used words.)

OMIG, through its vendor, will ensure that proofing/editing for correctness and cultural sensitivity are a component of the translation services provided by any vendor under contract as part of the publication process. OMIG will also ensure that plain language is used in materials produced before translation to ensure information is accessible to a range of literacy levels.

We use, or have available for translating, the following resources:

- Contracts with language service vendors

Names of vendors: Language Services Associates

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages:

- Oral translations of written documents by bilingual staff members

- Oral translations of written documents by other individuals or community organizations

- Other (describe)

The agency's Language Access Coordinator maintains the list of written translation resources that are available to staff, which includes:

- Names and contact information for all resources

- Names and locations of staff members who are available to provide oral translations of written documents
- Languages in which each translation service is qualified
- Procedure for accessing each translation service

PART 5 - STAFF TRAINING

The person(s) in the agency who is responsible for the provision of training to staff in language access issues is:

David Feane, Management Specialist III, will train the Bureau of Medicaid Fraud Allegations and Complaints Hotline staff regarding working with the translation service vendor and identifying the need for translation services during hotline communications. OMIG's Language Access Coordinator, Kim Pannone, will be responsible for arranging all other LEP training-related activity within the agency.

The staff training includes the following components:

- The legal obligations to provide meaningful access to benefits and services to LEP individuals
- How to access language assistance services
- How to work with interpreters
- Cultural competence and cultural sensitivity
- Documenting the language needs of LEP individuals and the language services provided to them by the agency
- How to obtain written translation services

The methods and frequency of training are as follows:

Training will be provided at least once every two years to all staff that comes into direct contact with LEP individuals. Refresher trainings will be offered to all BMFA staff more frequently if deemed necessary. Additionally, handouts and other written refreshers will be available and may be included in new employee packets.

PART 6 - ADMINISTRATION

Monitoring

To ensure compliance with the Plan, the LAC will monitor its implementation as follows:

On a quarterly basis, the LAC will monitor compliance with OMIG's language access plan. Monitoring will include: 1) review of OMIG Internet Website to ensure that documentation approved for translation has been completed and is accessible, 2) Meeting with the Director and staff of BMFA to discuss the volume and nature of calls that require translation services and the competency of staff to access translation services in a timely manner, 3) Meeting with the Director of OACC to review the establishment of criteria for determining if translation is required for Internet content, and 4) Report to the Executive Leadership Team on the success of OMIG in adhering to its Language Access Plan.

Complaints

We provide information to the public, including to LEP individuals in languages regularly encountered in this service area, advising them of the right to file a complaint if they feel that they have been the subject of discrimination. The information we provide describes how and/or where to file a complaint. We do not retaliate or take other adverse action because an individual has filed a complaint alleging discrimination based on LEP status or needs.

We display information on the right to file a complaint, and the procedures to file a complaint, in the following manner:

A notice indicating the availability of a complaint form, the standardized complaint forms and instructions will be made available to the public upon request and at OMIG's website in all 6 languages.

We handle complaints made to the agency regarding the provision of language assistance services in the following manner:

Complaints regarding the provision of language services will be transferred directly to the attention of OMIG's Language Access Coordinator for immediate attention and the proper follow up.

PART 7 - SIGNATURES

James C. Cox Medicaid Inspector General 9/10/12
Head of Agency Title Date

[Signature] Director Staff Development & Training 09/10/12
Agency LAC Title Date

[Signature] 9/17/12
Deputy Secretary for Civil Rights Date