

**Office of Assistant Secretary for Financial Resources**

**U.S. Department of Health and Human Services**



# **Language Access Plan**

**Fiscal Year 2024**

## **Overview: Mission and Language Access Goals**

The Office of the Assistant Secretary for Financial Resources (ASFR) provides advice and guidance to the Secretary on budget, financial management, acquisition policy and support, grants management, and small business programs. ASFR also directs and coordinates these activities throughout the Department. ASFR works closely with the Office of Management and Budget and with the congressional appropriations committees of jurisdiction for HHS programs.

ASFR is organized in the following components:

Immediate Office of the ASFR – Provides leadership across ASFR components, including managing, monitoring, tracking, and coordinating organizational matters.

Office of the Budget – Provides analytical support and recommendations to the Secretary and the ASFR in the areas of budget, performance, and program policy.

Office of Finance – Provide leadership and management to help ensure compliance with all applicable financial laws, sets standards for financial management systems, and develops and manages HHS financial policies.

Office of Grants – Provides functional management of grants policy including improving the grant management life cycle.

Office of Acquisition – Provides functional management of acquisition policy and supports the training and management of the HHS acquisition workforce.

Unlike the Operating Divisions of HHS which manage or operate programs that serve a variety of people directly – some of whom may not speak English as a primary language – ASFR is a Staff Division whose primary customers or clients are the Secretary of HHS, other senior HHS leadership, partners in the Executive Office of the President, and the House and Senate appropriations committee staff and leadership. In this context, ASFR does not face the operational issues related to ensuring customers with limited English proficiency (LEP) gain access to program services or benefits.

Through the course of ASFR's work on budget, grants, acquisition, and financial management policies and activities, ASFR supports the Department's goal of continuing to improve access to HHS programs and service for diverse populations, including those with LEP and reducing barriers through effective strategies.

## **Element 1: Assessment and Needs Capacity**

Each year, ASFR will assess the extent that language assistance or in-language material was requested and/or accessed or otherwise needed by customers, including beneficiaries, and/or other health care and human services partners, and develop a plan to address those needs, including budgetary considerations if needed, to meet anticipated language assistance needs for the coming year. This language access plan will apply to all ASFR staff.

ASFR's primary customers or clients are the Secretary of HHS, other senior HHS leadership, partners in the Executive Office of the President, and the House and Senate appropriations committee staff and leadership. ASFR develops a Budget-in-Brief summarizing the key policies of the annual budget which are posted on the HHS website. ASFR works within the Office of the Secretary to ensure compliance with applicable requirements under Section 508 of the Rehabilitation Act of 1973 ("Section 508"). ASFR does not typically receive requests from individuals with LEP.

### **Action Steps:**

- Each year, ASFR will assess the extent that language assistance or in-language material was requested and/or accessed or otherwise needed by our customers and develop a plan including budgetary considerations to meet anticipated language assistance needs for the coming year. This assessment shall include identification of barriers, including resources, that hinder provision of effective interpretation and written communication with individuals with LEP.
- ASFR will assign a coordinator to coordinate action steps, as needed, within ASFR. ASFR will take specific steps to develop or amend policies or practices to address identified concerns or barriers.
- Each year, ASFR will participate in at least one listening session, hosted by the Office of the Secretary, an agency, or HHS as a whole, to learn about challenges and opportunities for improvement in the ASFR's language access efforts, and appropriately consult subject matter experts to determine whether the ASFR's current language access program is effective and complies with Section 1557 of the Affordable Care Act, as well as this Language Access Plan.

## **Element 2: Interpretation Language Assistance Services**

Interpretation language assistance services are essential to ensure meaningful access to and an equal opportunity to participate fully in the services, activities, programs, or other benefits administered or funded by HHS. ASFR does not administer benefits or assistance programs for individuals or families, nor does ASFR manage any programs that are required to determine eligibility for such benefits. Therefore, ASFR's "customers" as understood and referenced in this element are often internal to HHS or the U.S. Government, which is different from many other HHS agencies.

ASFR does not receive communications or requests from the public. Convenings or webinars hosted by ASFR are targeted to other federal partners or congressional staff. ASFR does not

host service or program webinars, communications, or meetings for the general public. As a result, contractor services assisting with logistics have not focused on language assistance services.

Action Steps:

- ASFR grants, budget, acquisition, and finance components will document the frequency, if any, of any request or communication with individuals with LEP and any related language needs in these encounters. It is anticipated these encounters will be rare.
- ASFR will partner with other HHS staff divisions to leverage existing LEP assistance services to address any barriers in ASFR encounters. ASFR will develop actionable steps to address any barriers in encounters.

### **Element 3: Written Translations**

ASFR does not administer benefits or assistance programs or services for individuals or their families. ASFR is not involved in the process for determining eligibility or providing notices of rights or denial, or loss or decreases of services or benefits for any HHS programs or services. As a result, ASFR does not maintain or produce vital documents<sup>1</sup> referenced under element 3. Generally, documents produced by ASFR are developed for Congress or other federal partners and may be posted on the HHS website for transparency. ASFR aims to include plain language in these documents to the extent possible and works with other Office of the Secretary partners to comply with applicable requirements under Section 508.

Action Steps:

- ASFR, the identified staffdiv coordinator(s) will partner with other HHS staff divisions to leverage existing LEP assistance services to address any barriers in ASFR encounters. ASFR will develop actionable steps to address any barriers in encounters. Actionable steps will be developed within a 180-day timeline, after any barriers are identified.
- ASFR will continue to comply with applicable requirements under Section 508 of the Rehabilitation Act for any publications posted.

### **Element 4: Policies, Procedures, Practices**

ASFR will annually review and, as necessary, update, and implement its written policies and procedures to ensure it is taking reasonable steps to provide individuals with LEP meaningful access to agency programs and activities.

Actions:

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<sup>1</sup> Vital documents are defined more extensively in Appendix B of the HHS Language Access Plan (accessible here: [https://www.hhs.gov/sites/default/files/Language-Access-Plan-2023\\_0.pdf](https://www.hhs.gov/sites/default/files/Language-Access-Plan-2023_0.pdf)) but generally refer to all paper or electronic written material that contains information that is critical for accessing a component's programs or activities or is required by law.

- Identify an ASFR representative to coordinate the monitoring of any encounters for the elements in this plan. The main office phone number for ASFR is: 202-690-6883. Current points of contact:
  - Miriam Cabezas, Office of Budget
  - Felix Lorenzo, Office of Grants
- The ASFR representatives will participate in HHS or Office of the Secretary Language Access Steering Committee meetings or other applicable meetings or trainings.

### **Element 5: Notification of the Availability of Language Assistance at No Cost**

HHS is committed to ensuring meaningful access to its programs and activities by persons with LEP, including raising awareness of the availability of language assistance at no cost.

ASFR does not administer benefits or assistance programs for individuals or families, nor does it manage any programs that are required to determine eligibility for such benefits, and therefore does not have or produce any vital documents that assist in accessing programs. In plain language, ASFR will proactively inform individuals with LEP, through the HHS website as applicable, that language assistance is available at no cost through HHS.

#### **Action Steps:**

- ASFR, through the identified coordinators, will work with the Office of the Assistant Secretary for Public Affairs (ASPA) in the Office of the Secretary on the inclusion of any language on the HHS website, where budget information is posted annually, that language assistance is available at no cost to the customer and provide instruction on how to access that assistance, including under Section 508 of the Rehabilitation Act.

### **Element 6: Staff Training**

ASFR does not administer benefits or assistance programs for individuals or families, nor does it manage any programs that are required to determine eligibility for such benefits, and therefore has no front line or managerial staff as understood and referenced in this element.

Nonetheless, as referenced in the elements above, ASFR will monitor encounters with the public to determine the frequency of contacts with LEP persons and, as necessary, develop policies to ensure effective communication with such persons.

#### **Action Steps:**

- ASFR will work with other staff divisions to leverage any trainings that may be available to raise awareness on language assistance general. The ASFR Language Access Plan coordinator would attend the training.
- ASFR coordinators will highlight this language access plan for ASFR component leaders on a yearly basis at a minimum to maintain awareness of the plan.

### **ELEMENT 7: Assessment & Accountability: Access, Quality, Resources, Reporting**

To increase availability and quality of language assistance services, HHS is committed to establishing an infrastructure to annually assess its language assistance program and make recommendations for improvements.

As referenced in the elements above, ASFR will monitor encounters with the public to determine the frequency, if any, of contacts with individuals with LEP and develop policies to ensure effective communications as needed. ASFR will document any record of language assistance provided, document financial and staff resources dedicated to providing language assistance, and report annually on progress made on implementation of this plan to the HHS Language Access Steering Committee.

#### **ELEMENT 8: Consultations with Health Care and Human Services Partners**

ASFR does not generally have encounters with the public. As referenced in the elements above, ASFR will monitor encounters, if any, with the public to determine the frequency of contact with LEP persons and develop policies to ensure effective communication with those individuals. Should there be any encounters with LEP persons and updates are needed to the ASFR plan, ASFR will work within the Office of the Secretary to seek input from applicable health care and human services partners, beneficiaries, and customers.

#### **ELEMENT 9: Digital Information**

HHS is committed to helping ensure individuals with LEP have digital/online access to in-language program information and services, and to help ensure they are aware of and can obtain language assistance needed to access important program information and services.

ASFR does not administer benefits or assistance programs for individuals or families, nor does it manage any programs that are required to determine eligibility for such benefits, and therefore does not have or produce any vital documents that would typically require translation services.

Additionally, HHS must also comply with applicable requirements under Section 508, which requires federal agencies to ensure that their information and communication technology, including websites, electronic documents, and software applications, are accessible to individuals with disabilities. ASFR posts a document of the budget on the HHS web page for budget information that summarizes the full agency budget documents transmitted to Congress. The target audience for this document is congressional staff and the media.

In addition to the requirements of Section 508, Section 504 requires that HHS take appropriate steps to ensure effective communication with people with disabilities, including through the provision of appropriate auxiliary aids, application of plain language principles, and services such as sign language interpreters.

Action Steps:

- ASFR will work with the Office of the Chief Information Officer (OCIO) and ASPA to ensure that translated digital content meets Section 508 requirements to improve access for people with disabilities.

**ELEMENT 10: Grant Assurance and Compliance by Recipients of HHS Funding**

HHS will ensure that award recipients understand and comply with their obligations under civil rights statutes and regulations enforced by HHS that require them to provide language assistance services.

ASFR does not manage any programs or grants that provide direct benefits or assistance to any persons, or that are required to determine eligibility and ensure access to such benefits, and therefore has no "award recipients" as understood and referenced in this element.

**APPENDIX A: Definitions**

Document Terminology	Terminology Defined
Agency	Agency refers to HHS Operating Divisions (such as CDC, FDA or NIH) and Staff Divisions (such as the Office for Civil Rights or the Office of the Assistant Secretary for Public Affairs). Operating Divisions focus on specific programs and activities as authorized by Congress. Staff Divisions are part of the Office of the Secretary and serve in a coordinating role for the Department.
Applicant	Any person who inquires about or submits an application for public assistance benefits under any program or service.
Beneficiary	Anyone who has applied for and is receiving Medicare, Medicaid, or other health benefit.
Customer	Individuals, businesses, and organizations that interact with an HHS agency or program. The term customer is inclusive of beneficiaries and health care and human services partners.
Health Care and Human Services Partner	Beneficiaries, including recipients of federal financial assistance, contractors, vendors, advocacy groups, religious institutions, non governmental organizations, hospital administrators, health insurers, translators, interpreters, community health clinics, and representatives from a broad cross-section of the language access community, individuals with disabilities, etc.

Language Access	The ability of individuals with LEP to communicate with HHS employees and contractors, and meaningfully learn about, apply for, or participate in HHS programs, activities, and services.
Language Assistance Services	All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively with HHS staff and contractors and gain meaningful access and an equal opportunity to participate in the services, activities, programs, or other benefits administered by HHS.
Limited English Proficiency (LEP)	An individual who does not speak English as his or her preferred language and who has a limited ability to read, write, speak or understand English in a manner that permits him or her to communicate effectively with HHS and have meaningful access to and participate in the services, activities, programs, or other benefits administered by HHS. Individuals with LEP may be competent in English for certain types of communication (e.g., speaking or understanding), but have limited proficiency in English in other areas (e.g., reading or writing). LEP designations are also context-specific; an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g., addressing court proceedings). An individual who is deaf or hard of hearing may also have limited proficiency in spoken or written English.
Participant	Any person who has applied for and is receiving public assistance benefits or services under any HHS program or service.
Plain Language	Plain language as defined in the Plain Writing Act of 2010 is writing that is “clear, concise and well organized.”
Recipient	A person or entity who has applied for and is receiving public assistance benefits or services under any HHS program or service.
Translation	The process of converting written text from a source language into an equivalent written text in a target language as fully and accurately as possible while maintaining the style, tone, and intent of the text, while considering differences of culture and dialect.