

Centers for Medicare & Medicaid Services Language Access Plan

Draft: July 26, 2024

Planned Publication Date: August 12, 2024

Contents

Contents	2
Introduction	3
Language Access Policy	3
Goal	3
Purpose and Authority	4
Policy Statement	5
For More Information	6
Elements and Action Steps	7
Element 1: Assessment and Needs Capacity	8
Element 2: Interpretation Language Assistance Services	9
Element 3: Written Translations	11
Element 4: Policies, Procedures, Practices	13
Element 5: Notification of the Availability of Language Assistance at No Cost	14
Element 6: Staff Training	15
Element 7: Assessment & Accountability: Access, Quality, Resources, Reporting	16
Element 8: Consultations with Health Care and Human Services Partners	17
Element 9: Digital Information	19
Element 10: Grant Assurance and Compliance by Recipients of HHS Funding	21
Appendices	22
Appendix A: Definitions	22
Appendix B: Language Access Related Resources	28

Introduction

Language Access Policy

In accordance with the U.S. Department of Health and Human Services (HHS)' 2023 Language Access Plan¹, the Centers for Medicare & Medicaid Services (CMS) shall provide access to timely, quality, language assistance services to individuals with limited English proficiency.²

Individuals who do not speak English as their primary language or who have a limited ability to read, write, or understand English may be limited English proficient (LEP) and may be eligible to receive language assistance in a manner that permits them to communicate effectively with CMS and have meaningful access to and participate in the services, activities, programs, or other benefits administered by CMS.³ A person with LEP may have difficulty speaking or reading English and could benefit from an interpreter who will translate to and from the person's primary language. An individual with LEP may also need documents written in English translated into their primary language so that they can understand important documents related to CMS' services. (See Appendix A – Definitions for an explanation of the terms used in this document.)

Goal

CMS is the federal agency that provides health coverage to more than 150 million through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace®. CMS works in partnership with the entire health care community to improve quality, equity, and outcomes in the health care system. This plan establishes a strategy to ensure that CMS takes reasonable steps to ensure that individuals with LEP have meaningful access to CMS programs and services. While this document provides a plan for how CMS will take reasonable steps to provide meaningful access to individuals with LEP, aspects of this plan may also relate to effective communication with individuals with disabilities. The CMS Language Access Plan covers both oral and written communication. Accessible or alternate

¹ The Department of Health and Human Services (HHS) Language Access Plan 2023.

https://www.hhs.gov/sites/default/files/Language-Access-Plan-2023_0.pdf

² This plan is primarily focused on taking reasonable steps to provide meaningful access for individuals with LEP, however, CMS recognizes the requirements for effective communication with persons with disabilities under the Americans with Disabilities Act, Section 504 and Section 508 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act. While this plan does not primarily focus on effective communication with individuals with disabilities, many aspects of this plan also apply to ensuring that agencies are communicating effectively with persons with disabilities and, therefore, the plan does make reference to some, but certainly not all, effective communication requirements.

³ An individual who does not speak English as their preferred language and who has a limited ability to read, write, speak, or understand English in a manner that permits them to communicate effectively with CMS and have meaningful access to and participate in the services, activities, programs, or other benefits administered by CMS. 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 and may not be proficient in ASL or any other recognized sign language.

<https://www.census.gov/topics/population/language-use/about/historical.html>

format materials, such as braille, large print, or audio formats, are available by request through the CMS Office of Hearings and Inquiries (OHI).

Purpose and Authority

This plan is designed to ensure that CMS takes reasonable steps to ensure meaningful access for individuals with LEP to programs and activities administered and funded by CMS in accordance with Title VI of the Civil Rights Act of 1964 and Section 1557 of the Patient Protection and Affordable Care Act, Executive Orders 13166, 13985, 13995, 14031, and 14091, and the HHS Equity Action Plan issued in April of 2022. Collectively, these authorities set overarching goals for CMS to improve access to its programs and activities for persons with LEP and ensure that entities funded by CMS also take reasonable steps to provide meaningful access for persons with LEP.⁴

Section 504 of the Rehabilitation Act of 1973, as amended (Section 504), requires CMS to take appropriate steps to ensure that it communicates effectively with people with disabilities, including people who rely on sign language to communicate. This may include people who are deaf or hard of hearing, are blind or low vision, or have speech-related or other disabilities.⁵ Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), requires CMS to ensure that its electronic and information technology, including websites, electronic documents, and software applications, are accessible to individuals with disabilities. This plan does not contain an exhaustive list of requirements to comply with Section 504, Section 508, and other disability rights laws, but CMS must comply with the requirements for effective communication with persons with disabilities under the Americans with Disabilities Act,⁶ Section 504⁷ and 508⁸ of the Rehabilitation Act, and Section 1557 of the Affordable Care Act.

The CMS Language Access Plan, hereafter referred to as the Language Access Plan or “LAP,” is used for internal management of the agency’s language access program. This plan does not create or extend any benefit or obligation enforceable by law against the Department of Health and Human Services, the Centers for Medicare & Medicaid Services, its officers, employees, or any other individual organization affiliated with the Agency. References are provided for informational purposes only and do not constitute an endorsement of the content of those sources. The CMS Office of Equal Opportunity and

⁴ Under Title VI of the Civil Rights Act of 1964 and implementing regulation, failure of a recipient of federal financial assistance to take reasonable steps to provide meaningful access for persons with LEP to covered programs and activities could violate Title VI.

⁵ See 45 C.F.R. § 85.51.

⁶ Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131-12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub. L. 110-325, 122 Stat. 3553 (2008)), prohibits discrimination on the basis of disability by public entities. The ADA regulations generally designate HHS as the agency with responsibility for investigating complaints of discrimination in “programs, services, and regulatory activities relating to the provision of health care and social services.” 28 C.F.R. § 35.190(b)(3).

⁷ Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), prohibits discrimination against otherwise qualified individuals on the basis of disability in programs and activities receiving financial assistance from HHS (45 C.F.R. § 84), and programs or activities conducted by HHS (45 C.F.R. § 85).

⁸ Section 508 of the Rehabilitation Act of 1973 (29 USC § 794(d)) prohibits discrimination on the basis of disability in information and communication technology as they relate to programs and activities conducted by HHS.

Civil Rights (OEOCR) is available to address questions regarding Title VI of the Civil Rights Act, Section 1557 of the Affordable Care Act, Section 504 of the Rehabilitation Act, and other applicable anti-discrimination laws. Please submit questions via email to: CMSCivilRightsProgram@cms.hhs.gov.

Policy Statement

In alignment with its nondiscrimination policy⁹ and federal laws, CMS takes reasonable steps to provide meaningful access, by means of language assistance services, to its programs and activities to current and potential CMS stakeholders (e.g., beneficiaries, consumers, recipients) with limited English proficiency (LEP). The Language Access Policy applies to all programs and activities administered by CMS, as well as to programs and activities conducted by entities receiving funding from CMS. While this plan is primarily intended to promote meaningful access to CMS components' programs and activities for individuals with LEP, many aspects of this plan also apply to ensuring that CMS is communicating effectively with people with disabilities, including those with print disabilities and those who are deaf or hard of hearing and may require a different auxiliary aid or service, such as support in a sign language from another region or country or the procurement of a Deaf or Certified Deaf Interpreter.

Responsibilities

It is the responsibility of CMS to:

- a. Provide timely communications (oral and written) between CMS and the person with LEP and ensure that the communication is not impaired as a result of the individual's limited English proficiency.
- b. Inform the public of the availability of no-cost language assistance services.
- c. Ensure that recipients of CMS grants comply with federal laws and provide language assistance services in accordance with CMS policy.
- d. Ensure that language assistance services provided by CMS are done so by individuals trained and qualified to interpret and/or translate between English and a second language.
- e. Conduct routine quality assurance and improvement processes consistent with other services provided by CMS.
- f. Ensure that language assistance services are embedded within CMS' disaster preparedness, response, and recovery policies.

The CMS Language Access Plan consists of elements and action steps necessary to provide appropriate language assistance services. These services include, but are not limited to, qualified sign language interpreters on-site or through video remote interpreting (VRI) services. For written translations, at a

⁹ Nondiscrimination Policy: The Centers for Medicare & Medicaid Services (CMS) does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities. This applies whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities. <https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice#:~:text=CMS%20doesn't%20exclude%2C%20deny,CMS%20directly%20or%20through%20a>

minimum, notice of availability of free language assistance and any appropriate auxiliary services shall be provided in the top 15 languages spoken by people with LEP in each covered area.¹⁰

Benchmarks

To ensure that CMS makes progress in the four major areas identified by the 2022 Equity Action Plan, this Language Access Plan will incorporate short- and long-term action steps designed to significantly enhance CMS' capacity to provide: 1) webpages in languages other than English; 2) telephonic and video or virtual interpreting services; 3) program and benefit information in languages other than English; and 4) federal funding for language assistance services.

Leadership and Governance

The Agency will designate an official that leads the development, implementation, and monitoring of the CMS Language Access Plan and its elements. The Agency will ensure appropriate engagement across the entire organization, which could include appointing LAP Liaisons and holding regular meetings.

For More Information

Comments and questions regarding the CMS Language Access Plan may be directed to:

OFFICE OF EQUAL OPPORTUNITY AND CIVIL RIGHTS (OEOCR)

Centers for Medicare & Medicaid Services

Director, OEOCR

7500 Security Boulevard

North Building, Room N3-22-16

Baltimore, Maryland 21244-1850

Main Number: (410) 786-5110

FAX Number (410) 786-9549

Email: CMSCivilRightsProgram@cms.hhs.gov

¹⁰ CMS will use the United States Census American Community Survey (ACS) data to identify the 15 most commonly spoken languages in each covered area.

Elements and Action Steps

CMS is committed to providing appropriate language access services. Significant work is already underway. CMS will leverage these efforts, obtain buy-in, and incorporate feedback from CMS components and critical stakeholders. CMS will ensure that activities are well-planned and coordinated, consistent with agency capacity, to realize the Agency's goals over approximately the next five to eight years.

CMS will also continue to augment its provision of language access services and is dedicated to enhancing its capacity to provide appropriate webpages, interpreting services, program and benefit information, and federal funding for language assistance services.

Element 1: Assessment and Needs Capacity

Summary: All HHS agencies are expected to annually assess the extent that language assistance or in-language material was requested and/or accessed or otherwise needed by their customers, including beneficiaries and/or other health care and human services partners, and develop a budget request to meet anticipated language assistance needs for the coming year.

Each year, CMS will assess the extent that language assistance or in-language material was requested and/or accessed or otherwise needed by CMS customers, including beneficiaries, and/or other health care and CMS partners, and develop a budget request to meet anticipated language assistance needs for the coming fiscal year. CMS will, on an ongoing basis, assess the language assistance needs of current and potential CMS customers to inform policy, processes, and budgeting necessary to increase awareness of and implement language assistance services that increase access to respective programs, activities, and services for persons with LEP. This assessment will include 1) identifying the non-English languages, including American Sign Language (ASL) or other sign languages, spoken by the population likely to be accessing or otherwise in need of and eligible for the Agency's services, and 2) the barriers – including resource barriers – that hinder provision of effective interpretation and written communication with individuals with LEP.

Action Steps: In progress

- a. On an annual basis, CMS will continue to assess its policies and practices concerning language assistance services to ensure the agency's language assistance services are adequate to meet customer needs and advise agency officials on updating the agency language access plan as needed.
- b. On an annual basis, CMS will assess budgetary needs to meet anticipated language assistance services to inform the budget request and formulation process for future fiscal years.
- c. Within one year of publication of this Plan, CMS will assess its programs and activities to determine language assistance services gaps and opportunities in order to determine appropriate prioritization of program enhancements, associated resource needs, and anticipated timelines.
- d. Within one year of publication of this Plan, CMS will have an approach in place to enhance language assistance services consistent with CMS' anticipated implementation schedule.

Element 2: Interpretation Language Assistance Services

Summary: All HHS agencies are expected to take steps to provide appropriate interpretation language assistance services (e.g., face-to-face, virtual (video/webinars), and/or telephone encounters), free of charge, that address the needs identified in Element 1. Each HHS agency will establish a point of contact for individuals with LEP, such as an office, official, e-mail address, or phone number to access this service.

CMS will take reasonable steps to provide access to interpretation services to ensure meaningful access to and an equal opportunity to participate fully in the services, activities, programs, or other benefits administered or funded by CMS. CMS will take reasonable steps to ensure that all interpreters CMS uses are qualified to provide the service and understand and apply interpreter ethics and client confidentiality needs. The definition of a qualified interpreter is in Appendix A. People with disabilities are entitled to appropriate auxiliary aids and services where necessary to afford them an equal opportunity to benefit from CMS' programs and activities. Auxiliary aids and services include, but are not limited to, qualified sign language interpreters both on-site or through video remote interpreting (VRI) services.

Language assistance may be provided through a variety of means, including qualified bilingual and multilingual staff, and contractors who are qualified interpreters providing in-person, telephonic, remote voice, and video or any other type of interpreting. CMS will not rely on a minor child to interpret or facilitate communication for individuals with limited English proficiency and/or individuals with disabilities, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there are no other interpreters available. Also, CMS may not rely on an adult who is not qualified as an interpreter to interpret or facilitate communication for individuals with limited English proficiency and/or individuals with disabilities, except in an emergency involving imminent threat to the safety or welfare of an individual or public where there are no other interpreters available, or when the individual requests an accompanying adult serve as an interpreter. It is also imperative that the public knows that the agency will provide interpreting services free of charge.

Although appropriateness of an interpreter will vary by performance need, context, and setting, generally, the interpreter should have subject matter competence in the topic(s) that will be interpreted by demonstrating relevant educational background or professional experience in those topics. Qualified interpreters are also needed to ensure culturally appropriate and accurate interpreting. Notably, interpreters do not have to be certified to be qualified, as not all languages have certification available.

CMS employees who are hired to provide translation or interpretation services will be assessed based on evidence of relevant experience and education in a related field and are expected to demonstrate proficiency in the services they are expected to perform in the position as part of the interview process. For example, a candidate for a bilingual translator position may be asked to translate CMS content without the aid of assistance tools (e.g. Google Translate) and/or to provide samples of healthcare-related translation projects. Existing employees in these roles are regularly assessed using commonly accepted tools to determine improvement or maintenance of their level of proficiency in these skills. To the extent that CMS hires contractors to provide these services, CMS will follow commonly established procedures to allow for fair competition, and contractors will be required to show how they assess, train, monitor, and evaluate the skill level and quality of the services their staff provide. Employees and

contract staff will not be considered qualified to perform these services simply on the basis of being bilingual/multilingual and/or having knowledge of sign language.

CMS currently provides comprehensive oral interpretation services for consumers of the Medicare and Health Insurance Marketplace® programs through toll-free hotlines operated by competitively selected interpretation contractors. Language interpretation service is communicated and accessed through multi-language prompts.

In addition, the Agency operates an on-demand language interpretation contract, which enables any employee to access and incorporate interpreters in over 100 languages when engaging with the public. The Agency will assess the feasibility of implementing interpretation services on its main telephone number, which is fully automated and does not connect to a live operator.

CMS will take reasonable steps to establish a single point of contact within CMS to develop procedures for the agency to provide any additional interpretation language assistance services and develop or otherwise provide staff training and contractor protocols to ensure all employees with public contact can access interpretation language assistance services as needed and in a timely manner.

CMS currently uses both in-house staff and contractor services to provide language assistance services, including written translation, interpretation, and transcreation. The Agency will continue to assess its existing in-house and contractor language resources to determine any gaps and what, if any, additional resources may be needed. Where appropriate, the Agency will include funding and staffing requests in its annual budget submission and acquisition forecast to plan for and procure additional resources.

Action Steps: In progress

- a. Within one year of publication of this Plan, CMS will take reasonable steps to designate a point of contact for individuals with LEP, such as an office, official, e-mail address, or phone number to access interpretation language assistance services that aren't currently being met by the program-focused call centers.
- b. On an ongoing basis, CMS will continue to provide comprehensive oral interpretation services for beneficiaries and consumers of the Medicare and Health Insurance Marketplace® programs through toll-free hotlines.
- c. CMS will continue to operate an on-demand language interpretation service, which enables any employee to access and incorporate interpreters when engaging with the public.

Element 3: Written Translations

Summary: *All HHS agencies are expected to identify, translate, and make accessible in various formats, including print, online, and electronic media, vital documents, including important consumer/patient information, in an accessible format, in languages other than English in accordance with assessments of needs and capacity conducted under Element 1.*

CMS will take reasonable steps to provide accurate written translations to ensure meaningful access to and an equal opportunity to receive timely public health and social services information and to enable full participation in the services, activities, programs, or other benefits administered by the Agency as described in Element 1. A universal threshold has not been established, except with regard to the Notice of Availability of Language Assistance and Auxiliary Aids and Services, which requires translation be provided in English in at least the 15 languages most commonly spoken by persons with LEP in the state or states in which a covered entity operates. However, in addition to the translations, it is incumbent upon CMS to proactively determine for its programs and activities what constitutes vital documents and develop a strategy to consistently and reliably translate those documents into languages beyond English as audience needs are identified and as resources allow.

CMS will translate vital documents or other critical public information (especially during public health emergencies) based on its assessment of needs and capacity and develop translation strategies suitable to the medium for distribution. Translated documents should be easy to understand by intended audiences and easily accessible on the agency's website. Matters of plain language, cultural appropriateness, and health literacy will be considered for all documents, including when originally composing in English. In accordance with the HHS National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, CMS works to ensure that enrollees, providers, and the public navigate a complex health care system by communicating as clearly, plainly, and transparently as possible. Every consumer product that CMS creates is developed using plain writing principles. CMS' consumer publications are updated on a yearly or every other year cycle for content accuracy and other improvements. CMS provides many of its plain language publications in alternate formats and languages beyond English and Spanish. The "Information in Other Languages" pages on Medicare.gov and HealthCare.gov provide translations in more than 20 languages of publications on many important topics.

Machine translation or other artificial intelligence applications, or software designed to convert written text from one language to another, will be used only with the involvement of a qualified human translator before the text reaches the intended audience.

Individuals with LEP and/or who have certain communication/print¹¹ disabilities may not be literate in their country of origin's prevalent written language; alternatively, their languages might not have a written form which allows translated material to be an effective way of communicating with them. CMS provides comprehensive oral interpretation services of written materials and notices through the toll-free hotlines for Medicare and the Health Insurance Marketplace®. In addition, the Agency will deploy

¹¹ A print disability is a difficulty or inability to read printed material due to a perceptual, physical or visual disability.

appropriate methods to communicate with such individuals, including sight translation, interpretation, and/or audio/video communication. For individuals with disabilities that affect communication, the Agency will engage with the individual about the preferred method to deliver information as an alternative to written form. CMS has established processes to develop and deliver written communications and materials upon request in a customer's preferred method –e.g., Braille, large print, and audio formats.

When applicable and based on available resources, CMS will take reasonable steps to incorporate written translations of public-facing materials into information collection requests (Paperwork Reduction Act packages). This includes factoring in translation costs, translation schedules, and processing implications into the PRA development timelines.

Action Steps: In progress

- a. CMS will continue to update its consumer products on a yearly or bi-yearly cycle for content accuracy and other improvements.
- b. CMS will continue to provide language assistance services, including written translation, and transcreation for many of its programs and activities.

Element 4: Policies, Procedures, Practices

Summary: *All HHS agencies are expected to annually review and, as necessary, update and implement their written policies and procedures to ensure they are taking reasonable steps to provide individuals with LEP meaningful access to agency programs and activities.*

CMS will establish and maintain an infrastructure designed to implement and improve language assistance services within the Agency. The results of the assessment from Element 1 should be used to inform the development of policies, procedures, and practices appropriate for the Agency to promote accessibility for individuals with LEP it serves or is likely to serve.

Action Steps: In progress

- a. Within one year of publication of this Plan, CMS will assess its policies, procedures, and practices to determine language assistance services gaps and opportunities in order to ascertain appropriate prioritization of program enhancements, associated resource needs, and anticipated timelines.

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

Summary: All HHS agencies are expected to proactively inform individuals with LEP that language assistance is available at no cost through HHS or entities funded by HHS.

CMS will take reasonable steps to ensure meaningful access to programs and activities by persons with LEP, including notifying persons with LEP who are current or potential customers, about the availability of language assistance at no cost. Notification methods should include multilingual posters, signs, and brochures, as well as statements or taglines on English written applications, forms, and other informational material distributed to the public, including electronic forms such as CMS websites. The results from the Element 1 assessment should be used to inform CMS on the languages in which the notifications should be translated, but CMS health programs and activities should provide some information in the 15 most commonly spoken languages according to the most recent relevant data and vital information to the end user. At minimum, CMS must provide information about the availability of language assistance and auxiliary aids in English and in at least the 15 most commonly spoken languages in the applicable state or states according to the most recent data from the U.S. Census Bureau. CMS will notify people with disabilities that they are entitled to communication with CMS that is as effective as communication with others, including through the free and timely provision of vital information through appropriate auxiliary aids and services.

Action Steps: In progress

- a. Within one year of publication of this Plan, CMS will assess its communications regarding the notification of the availability of language assistance at no cost to determine gaps and opportunities in order to ascertain appropriate prioritization of program enhancements, associated resource needs, and anticipated timelines.

Element 6: Staff Training

Summary: *HHS agencies are expected to commit resources and provide employee training as necessary to ensure management and staff understand and can implement the policies and procedures of this plan and their respective agency LAP.*

CMS will take reasonable steps to request or allocate appropriate staffing and budgetary resources to provide training as necessary to ensure that management and staff understand and can implement the policies and procedures of this plan and the HHS Language Access Plan. CMS-designed training should also ensure that all CMS employees have access to training opportunities that support their capacity and capability to provide meaningful communication to individuals with LEP.

The staff training should include the following components:

- a. Department and CMS' legal obligations to provide language assistance services
- b. Department and CMS language access resources and designated points of contact
- c. Identifying the language needs of an LEP individual
- d. How to request and provide language assistance services through multilingual employees, in-house interpreters and translators, or contracted personnel
- e. Working with an interpreter in person or on the telephone
- f. Duties of professional responsibility with respect to LEP individuals
- g. Interpreter ethics
- h. Tracking the use of language assistance services
- i. Tips on providing meaningful assistance to LEP individuals
- j. How to request translation and interpretation services
- k. How the public can file a complaint

Online training should be available to all employees on a regular basis.

To ensure that CMS employees understand the importance of and can provide both interpretation and written translation language assistance services in all their programs and activities to individuals with LEP, managers and public-facing employees should receive training on how to provide language assistance services to their customers in a timely manner. CMS will designate an office or official to regularly monitor the efficacy of language assistance training provided to managers and public-facing staff.

Action Steps: In progress

- a. Within one year of publication of this Plan, CMS will assess gaps and opportunities in staff training to determine appropriate prioritization of program enhancements, associated resource needs, and anticipated timelines.

Element 7: Assessment & Accountability: Access, Quality, Resources, Reporting

Summary: *HHS agencies are expected to regularly assess the accessibility and quality of language assistance activities available to individuals with LEP and individuals with disabilities, maintain an accurate record of language assistance services provided by the agency, document financial and staff resources dedicated to providing language assistance, and annually report progress made to fully implement the 2023 HHS Language Access Plan.*

To increase availability and quality of language assistance services, CMS will designate an office or official to establish an infrastructure to annually assess the CMS language assistance program and make recommendations for improvements.

Action Steps: In progress

- a. Within one year of publication of this Plan, CMS will designate an office or official to establish an approach to annually assess the CMS language assistance program and make recommendations for improvements, with a focus on efficacy and availability of services provided to individuals with LEP and people with disabilities, including quality of written translations and interpretation utilization of appropriate communication channels; barriers to providing services; and overall customer satisfaction with the language assistance services provided.
- b. Within one year of publication of this Plan, CMS will assess its programs and activities concerning access, quality, resources, and reporting to determine language assistance services gaps and opportunities in order to ascertain appropriate prioritization of program enhancements, associated resource needs, and anticipated timelines.

Element 8: Consultations with Health Care and Human Services Partners

Summary: *All HHS agencies are expected to take reasonable steps to consult with health care and human services partners, beneficiaries, and customers, in accordance with the 2023 HHS Language Access Plan and other federal policies, to identify language assistance needs of individuals with LEP, implement appropriate language access strategies to ensure individuals with LEP have meaningful access in accordance with assessments of customer need and agency capacity, and evaluate progress on an ongoing basis.*

CMS will take reasonable steps to engage health care and human services partners and consumers, in accordance with this and other federal policies, to identify language assistance needs of individuals with LEP, implement appropriate language access strategies to ensure individuals with LEP have meaningful access in accordance with assessments of customer need and CMS capacity, and evaluate progress on an ongoing basis. Information provided by such partners should be shared within components and CMS as a whole.

When language assistance services are not readily available or an individual with LEP or a person with a disability does not know about the availability of language assistance services, individuals with LEP and people with disabilities will be less likely to participate in or benefit from CMS' programs and services. As a result, many persons with LEP and people with disabilities might not seek out CMS' benefits, programs, and services; might not file complaints; and might not have access to critical information provided by CMS because of limited access to language assistance services. Organizations that have significant contact with persons with LEP, such as schools, religious organizations, community groups, and groups working with new immigrants can be very helpful in linking persons with LEP to CMS programs and its language assistance services. Community-based organizations provide important input into the language access planning process and can often assist in identifying populations for whom outreach is needed and who would benefit from CMS' programs and activities. They may also be useful in recommending which outreach materials CMS should translate. As documents are translated, community-based organizations may be able to help consider whether the documents are written at an appropriate level for the audience. Community-based organizations may also provide valuable feedback to the Agency to help CMS determine whether its language assistance services are meaningful in overcoming language barriers for individuals with LEP.

CMS can obtain important information and insight from health care and human services partners. This information may be critical for conducting needs assessments, capacity, and accessibility under Elements 1 and 7. Health care and human services partners can provide CMS with qualitative and first-hand data on the needs of their current and potential individuals with LEP.

The term "health care and human services partners" should always include consumers, but it should also be viewed more broadly to include not only recipients of federal financial assistance, but also contractors, advocacy groups, religious institutions, non-governmental organizations, hospital administrators, health insurers, translators, interpreters, community health clinics, representatives from a broad cross-section of the language access community, individuals with disabilities, and any other relevant stakeholders. CMS may also use studies, reports, or other relevant materials produced by health care and human services partners as forms of input.

Action Steps: In progress

- a. Each year, CMS will participate in at least one listening session, hosted by CMS or HHS as a whole, to learn about challenges and opportunities for improvement in the agency’s language access efforts, and consult subject matter experts to determine whether the agency’s current language access program is effective and complies with Section 1557 of the Affordable Care Act, as well as this Language Access Plan.
- b. CMS personnel will regularly participate on at least one inter- and/or intra-agency language access working group to identify methods for improving agency proficiency in providing language assistance services, such as hiring and equitably supporting qualified bilingual and multilingual staff, and staff proficient in ASL, to provide direct “in language” communication and also ensuring the availability and effective use of contract interpretation and translation services.

Element 9: Digital Information

Summary: *All HHS agencies are expected to develop and implement written policies and procedures to ensure that, in accordance with assessments of LEP needs, the needs of people with disabilities, and agency capacity, digital information is appropriate, available, and accessible in languages other than English.*

CMS' primary consumer-facing websites, Medicare.gov and HealthCare.gov, service public customers of the Medicare and Health Insurance Marketplace® respectively. In accordance with requirements in the 21st Century Integrated Digital Experience Act (IDEA), CMS follows approved, publicly available design standards for these sites. Both sites include prominent indicators that allow users to toggle between English and Spanish language throughout the site from a consistent header, as well as a direct link from a universal footer to access all available translated materials for those programs. Users can also access information in multiple languages about the availability of toll-free hotline interpretation services, the right to request materials in languages other than English, and the process to choose a primary language in which they prefer to receive future program-related communications.

In addition to maintaining these services, CMS will take reasonable steps to designate an office or official responsible for and capable of monitoring the efficacy, quality, readability, and accessibility of translated content provided online to promote ease of use and access.

CMS will also continue to comply with Section 508 of the Rehabilitation Act of 1973 (Section 508),¹² 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. CMS will continue working with its Section 508 Program Subject Matter Experts to ensure that translated digital content meets Section 508 requirements to improve access for people with disabilities.

In addition to the requirements of Section 508, Section 504 requires that CMS 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: In progress

- a. CMS will continue to follow approved, publicly available design standards for CMS' primary consumer-facing websites, Medicare.gov and HealthCare.gov, consistent with the 21st Century Integrated Digital Experience Act (IDEA), which feature prominent indicators that allow users to:
 - 1) toggle between English and Spanish language throughout the site from a consistent header;
 - 2) use a direct link from a universal footer to access all available translated materials for those programs;
 - 3) access information in multiple languages about the availability of toll-free hotline interpretation services;
 - 4) receive information about the right to request materials in languages

¹² 29 U.S.C. 794d. Section 508 requires HHS to meet Web Content Accessibility Guidelines (WCAG) 2.0 Level A and AA for web content, including virtual meetings hosted by HHS. WCAG 2.0 is a collection of recommendations to make web content more accessible. WCAG 2.0 is available at <https://www.w3.org/TR/WCAG20/>

other than English; and 5) access information about the process to choose a primary language in which they prefer to receive future program-related communications.

Element 10: Grant Assurance and Compliance by Recipients of HHS Funding

Summary: All HHS agencies are expected to 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. Agencies are encouraged to provide funding specifically for language access, to increase the resources needed to reach the goals and benchmarks in the 2023 HHS Language Access Plan.

Recipients of federal funds must comply with federal civil rights laws and provide written notice of their legal obligation and compliance with regulations as they relate to language access. Program reviews can present opportunities for reviewers to determine if recipients are complying with program and civil rights regulations. CMS will take reasonable steps to help ensure recipients of CMS grant¹³ funding meet their program and civil rights obligations. Civil rights guidance, including information on filing complaints, and increased compliance monitoring, should be included in grant announcements, requirements, and policies. Complaints should be addressed in a timely and reasonable manner.

Action Steps: In progress

- a. Within one year of publication of this Plan, CMS will develop an approach for assessing its grant programs with regard to compliance with civil rights statutes and regulations enforced by HHS that require grant recipients to provide language assistance services.
- b. Within one year of publication of this plan, CMS will develop and disseminate guidance for grant recipients of federal funds concerning their obligation to comply with federal civil rights laws and provide written notice of their legal obligation and compliance with regulations related to language access.

¹³ For purposes of this Language Access Plan, the terms “grant” and “grant funding” refer to a segment of federal financial assistance administered through formal opportunities to which entities can apply or compete. Though HHS refers to grants and federally funded programs interchangeably, CMS differentiates grants as a subset of federally funded opportunities.

Appendices

Appendix A: Definitions

Note: Any related definitions that may be issued under Section 1557 will complement or supersede the broad working definitions set forth below.

Term	Definition
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 or is receiving Medicare, Medicaid, or other health benefit.
Bilingual/Multilingual Staff	<p>A staff member who has advanced proficiency (e.g., proficiency at or above the Federal Interagency Language Roundtable (https://www.govtilr.org/) level 3 in listening, reading, and speaking or above the American Council on the Teaching of Foreign Languages “Superior” level in listening, reading, and speaking) in English and at least one other language and has knowledge of and experience with specialized terminology necessary for meaningful communication. A staff member who only has a rudimentary familiarity with a language other than English shall not be considered Bilingual/Multilingual Staff.</p> <p>Bilingual/Multilingual Staff should not interpret or translate unless they have separately met the requirements of being a qualified interpreter or translator. Bilingual/Multilingual Staff must be given clear roles and expectations regarding whether they are performing their job duties in-language or serving as qualified interpreters or translators.</p> <p>A distinction should be made between Bilingual/Multilingual Staff who provide services directly in a non-English language (e.g., call center staff) and those who interpret, as the assessment and skills required for each differ.</p>
Certificate	An academic recognition demonstrating the successful completion of a program of study, usually based on amount of instructional time and a minimum grade.
Certification	Institutional recognition demonstrating successful passing of an examination that tests knowledge, skills, and abilities related to an occupation.

Term	Definition
Contractor	Any entity that performs work or provides services on behalf of an agency or division under a contractual agreement with reimbursement.
Customer	Individuals, businesses, and organizations that interact with an HHS agency or program. The term customer is inclusive of beneficiaries and interested parties.
Digital Information	Information, as defined in OMB Circular A-130, which the government produces and provides digitally to help individuals access HHS conducted programs and activities for which they are individually eligible to participate. OMB Circular A-130 defines digital information as any communication or representation of knowledge such as facts, data, or opinions in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual forms.
Direct “in-language” communication	Monolingual communication in a language other than English between a multilingual staff and a person with LEP (e.g., Korean to Korean).
Disaggregated Data	Data that separates out subgroups to provide the most descriptive and detailed information possible; for example, rather than using data about “Asian languages” or “Native American languages,” disaggregated data would indicate which specific languages are spoken by an individual or at the community level. Disaggregated data may also include information about varied dialects, as well as more specific national origin information.
Effective Communication	For communication disabilities, it refers to aids and services to ensure that communication with people with disabilities, such as people who are deaf or hard of hearing, is as effective as communication for people without disabilities.
Interested Party	Beneficiaries, including recipients of federal financial assistance, vendors, advocacy groups, non-governmental organizations, and representatives from a broad cross-section of the language access community, individuals with disabilities, etc.
Interpretation	The act of listening, understanding, analyzing, and processing a spoken communication in one language (source language) and then faithfully orally rendering it into another spoken language (target language) while retaining the same meaning. For individuals with certain disabilities that affect communication, this can include understanding, analyzing, and processing a spoken or signed communication in the source language and faithfully conveying that information into a spoken or signed target language while retaining the same meaning.

Term	Definition
Intersectional Data	Data that combines or otherwise includes information about more than one demographic or other characteristic; for example, intersectional data would include data regarding national origin and LEP status, and/or data regarding Native American women (thus analyzing data about the intersection of race and gender). It may also include data about literacy rates, poverty rates, familial status, or other characteristics relevant to social determinants of health.
Language Access	Is achieved when individuals with LEP have meaningful access to and can communicate effectively with HHS employees and contractors and participate in HHS programs and activities.
Language Assistance	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 D/HOH may also have limited proficiency in spoken or written English and may not be proficient in ASL or any other recognized sign language.
Machine Translation	Automated translation that is text-based and provides instant translations between various languages, sometimes with an option for audio input or output.
Meaningful Access	Language assistance that results in accurate, timely, and effective communication at no cost to the individual with LEP needing assistance. Meaningful access denotes access that is not significantly restricted, delayed, or inferior as compared to programs or activities provided to English-proficient individuals.
Participant	Any person who has applied for and is receiving public assistance benefits or services under any HHS program or service.

Term	Definition
Plain Language	Plain language as defined in the Plain Writing Act of 2010 is writing that is “clear,
Preferred/Primary Language	The language that LEP individuals identify as the preferred language that they use to communicate effectively. The language that LEP individuals identify as the preferred language that they use to communicate effectively.
Print Disability	A print disability is a difficulty or inability to read printed material due to a perceptual, physical, or visual disability.
Qualified Interpreter	<p>A bilingual/multilingual person who has the appropriate training and experience or demonstrated ability to fully understand, analyze, and process and then faithfully render spoken or signed message in one language into a second language and who abides by a code of professional practice and ethics. A child shall not be considered a qualified interpreter, nor shall a family member or employee who does not meet the minimum qualifications specified above.</p> <p>Qualified interpreters possess at least one of the following qualifications:</p> <ul style="list-style-type: none"> • A university-issued degree or certificate in interpretation or interpretation and translation in the language combination required. • Certification by a professional interpretation and translation association or union, the National Board of Certification for Medical Interpreters or other interpretation certification body in the language combination and direction required, when available. When certification is not available in a specific language combination and direction required (e.g., English to an Indigenous language), other minimum requirements can be used to assess qualification, including years of experience, references from individuals who are qualified to attest to the quality of their work, etc. • At least 3 years of professional experience in a staff position or for a full-time freelance practice dedicated to interpretation, completing work in the language combination and direction required. <p>In addition to this experience, the interpreter should demonstrate professional subject matter expertise in the topic(s) that will be interpreted by demonstrating relevant educational background or professional experience in those topics. For example, when interpreting health care information, interpreters with subject matter expertise in health and medical terminology should be utilized. Interpretation of eligibility and insurance issues may require additional expertise.</p>

Term	Definition
<p>Qualified Translator</p>	<p>A bilingual/multilingual person who has the appropriate training and experience or demonstrated ability to fully understand, analyze, and process and then faithfully render a written message in one language into a second language and who abides by a code of professional practice and ethics. A child shall not be considered a qualified translator, nor shall a family member or employee who does not meet the minimum qualifications specified above.</p> <p>Qualified translators and reviewers possess at least one of the following qualifications:</p> <ul style="list-style-type: none"> • A university-issued degree or certificate in translation in the language combination required. • Certification by a professional translation association or union, such as the American Translators Association (ATA) or other translation certification body in the language combination and direction required, when available. When certification is not available in a specific language combination and direction required (e.g., English to an Indigenous language), other minimum requirements can be used to assess qualification, including years of experience, references from individuals who are qualified to attest to the quality of their work, etc. • At least 3 years of professional experience in a staff position or for a full-time freelance practice dedicated to translation, completing work in the language combination and direction required. <p>In addition to this experience, the translator should demonstrate professional subject matter expertise in the topic(s) that will be translated by demonstrating relevant educational background or professional experience in those topics. For example, when translating health care information, translators with subject matter expertise in health and medical terminology should be utilized. Translation of eligibility and insurance issues may require additional expertise.</p>
<p>Sight Translation</p>	<p>The oral or signed rendering of written text into spoken or signed language by an interpreter without change in meaning based on a visual review of the original text or document.</p>
<p>Sign Language</p>	<p>Method of communication for people who are deaf or hard of hearing in which hand movements, gestures, and facial expressions convey grammatical structure and meaning. There is no universal sign language. Different sign languages are used in different countries or regions. For example, British Sign Language (BSL) is a different language from ASL, and Americans who know ASL may not understand BSL.</p>

Term	Definition
Taglines	Brief messages that may be included in or attached to a document. Taglines in languages other than English are used on documents (including websites) written in English that describe how individuals with LEP can obtain translation of the document or an interpreter to read or explain the document. Section 1557 and Title VI will prescribe the languages that must be included in such tagline notices but covered entities may also add more languages.
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.
Vital Document	Paper or electronic written material that contains information that is critical for accessing a component’s programs or activities or is required by law. Vital documents can include, but are not limited to: critical records and notices as part of emergency preparedness and risk communications; online and paper applications; consent forms; complaint forms; letters or notices pertaining to eligibility for benefits; letters or notices pertaining to the reduction, denial, or termination of services or benefits that require a response from an individual with LEP; written tests that evaluate competency for a particular license, job, or skill for which knowing English is not required; documents that must be provided by law; and notices regarding the availability of language assistance services for individuals with LEP at no cost to them.

Appendix B: Language Access Related Resources

- **Agency for Healthcare Research and Quality**
<https://www.ahrq.gov/teamstepps-program/resources/additional/check-back.html>
<https://www.ahrq.gov/teamstepps-program/resources/additional/cus-words.html>
- **American Translators Association**
<https://www.atanet.org/>
- **Certification Commission for Healthcare Interpreters**
<https://cchicertification.org/>
- **CMS OMH, Guide to Developing a Language Access Plan**
<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf>
- **Department of State Office of Language Services**
[Frequently Asked Questions - United States](#) [Department of State](#)
<https://www.state.gov/frequently-asked-questions-office-of-language-services/>
- **Executive Order 13166**
<https://www.lep.gov/13166/eo13166.html>
- **Federal Interagency Working Group on Limited English Proficiency (LEP) Website**
<http://www.lep.gov/>
- **Federal Plain Language Guidelines**
<http://www.plainlanguage.gov/howto/guidelines/index.cfm>
www.plainlanguage.gov/howto/guidelines/FederalPLGuidelines/TOC.cfm
- **Health Literacy Online: A Guide to Writing and Designing Easy-to-Use Health Websites**
https://health.gov/healthliteracyonline/2010/Web_Guide_Health_Lit_Online.pdf
- **International Organization for Standardization: Standards for Translation, interpreting and related technology (ASTM F43, ISO/TC 37/SC 5)**
<https://www.iso.org/committee/654486.html>
- **Interagency Language Roundtable (ILR) Website**
<http://www.govtilr.org/>
- **National Action Plan to Improve Health Literacy**
<https://health.gov/our-work/national-health-initiatives/health-literacy/national-action-plan-improve-health-literacy>

- **National Board of Certification for Medical Interpreters**
<https://www.certifiedmedicalinterpreters.org/>
- **National Council on Interpreting in Healthcare**
<https://ncihc.memberclicks.net/>
- **Health HHS Action Plan to Reduce Racial and Ethnic Health Disparities**
<https://aspe.hhs.gov/reports/hhs-action-plan-reduce-racial-ethnic-health-disparities-implementation-progress-report-2011-2014-0>
- **Office of Minority Health, Think Cultural Health: National CLAS Standards**
<https://thinkculturalhealth.hhs.gov/>
- **Office for Civil Rights: Language Access Resources**
www.hhs.gov/lep
- **Section 1557 of the Patient Protection and Affordable Care Act
Title VI of the Civil Rights Act of 1964 42 U.S.C. § 2000D ET SEQ.**
<https://www.justice.gov/crt/fcs/TitleVI-Overview>