

# Language Access Worker Guides CDDPs and Brokerages



## Language Access Preface

This guide summarizes requirements and provides instructions for Community Developmental Disabilities Programs (CDDPs) and Brokerages related to language access services, including interpretation, translation, and alternate formats.

The Office of Developmental Disabilities Services (ODDS) is committed to providing culturally and linguistically appropriate communication services to people who have different communication needs. This means providing communication services to a wide spectrum of people including people who primarily communicate in a language other than English, people who are Deaf, Deafblind, Hard of Hearing, and those with communication, intellectual, developmental, or learning disabilities.

This guide includes relevant timelines, helpful resources, and instructions that will support Case Management Entities (CME) in meeting state and federal language service requirements. Many CME requirements are included in contracts between ODDS and CMEs, including the requirement to provide language access services. This guide consolidates and explains how to fulfill contract requirements and federal language access regulations.

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## Language Access Terms

This guide includes the following terms:

- **Interpretation** is the process of conveying a message from one language to another in real-time, enabling communication between individuals who speak different languages.
- **Translation** is the process of converting written text from one language to another while preserving the original meaning, style, and tone of the content.
- **Alternate formats** are different ways of presenting information as an accommodation, such as providing materials in large print, high contrast, braille, audio, or electronic formats.
- **Oregon Qualified or Certified Health Care Interpreter** are individuals who:
  - Communicate with a person with limited English proficiency
  - Accurately interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in sign language, into English
  - Sight translate documents from a person with Limited English Proficiency (LEP)
  - Interpret the oral statements of other persons into the language of the person with limited English proficiency or into sign language
  - Sight translate documents in English into the language of the person with limited English proficiency
  - Certified Health Care Interpreters have demonstrated 80 working professional hours as a health care interpreter, while Qualified Health Care Interpreters meet all other requirements but only have 40 working professional hours.
- **Oregon Qualified Court Interpreter** means a person who is readily able to:
  - Communicate with the non-English-speaking person and;
  - Can orally transfer the meaning of statements to and from English and the language spoken by the non-English-speaking person;
  - Interpret in a manner that conserves the meaning, tone, level, style and register of the original statement, without additions or omissions.
  - Qualified Interpreter does not include any person who is unable to interpret the dialect,

slang or specialized vocabulary used by the party, victim or witness.

- **Government Conversational Interpreters** are persons who:
  - Are available for all language services outside of those requiring a Health Care or Court certified/qualified/registered interpreter.
  - May be used in non-legal, "conversational" settings.
  - Can be utilized in urgent circumstances in administrative proceedings.



## Guiding Principles for Language Services

To ensure person-centered, equitable and timely support consider the following:

- Ask people and their representatives if they need language services. Do not make assumptions about their language access needs.
- Plan ahead: schedule an interpreter as soon as you know that one will be needed.
- When CME staff cannot attend a meeting for which they have organized language services, they must arrange for the service provider (such as a nurse, behavior professional, or employment professional) to review and sign the [Interpretation Notice to Proceed \(NTP\) Form](#) for approval at the meeting's conclusion.
- When an interpreter is providing services, take a very brief pause after each statement. This helps the interpreter to interpret in real time.
- During a session requiring interpretation, communicate with the person directly; do not face the interpreter when conveying information to the person and refrain from saying to the interpreter, “tell them \_\_,” or , “do they \_\_?”
- It is important to honor the preferences of the person receiving services, including those based

on gender and culture. Ask people if they have any preferences related to their language access services.

- It is important to consider language dialect and variation, such as the differences between Spanish spoken in Mexico and Spanish spoken in Spain and note them in translation or interpretation requests.
- With permission, it may be important to share information about a person's trauma history with the interpreter if it is relevant to the meeting. This can help the interpreter prepare for emotional reactions and plan for ways to soften their language. Always approach these topics with care and respect, while adhering to privacy standards, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- When arranging for ASL (American Sign Language) interpretation services, it's crucial to ensure your language access providers use only state licensed ASL interpreters. Following [recent legislation](#), all ASL interpreters are required to obtain a state license by June 9, 2024. This ensures that the interpreters you work with are compliant with the latest regulatory standards and are qualified to provide the highest quality of service.
- To ensure inclusivity in service planning for Deaf individuals affected by language deprivation, a successful language access strategy is to request a Deaf Interpreters (DIs) alongside ASL interpreters. DIs, with their specialized training and deep understanding of Deaf culture, are helpful for bridging communication gaps for those with unique needs, enhancing accessibility, and promoting full participation in services.



## Policy Summary

### Existing federal law, ODHS policy, and ODDS-CME contracts require that:

- CMEs must offer and provide language access services including translation, interpretation, and alternate formats at no cost to people applying for or receiving services, or their representatives when applicable.
- CMEs must inform people seeking these services that these services are free.
- CMEs must provide timely spoken or sign language interpretation for people applying for or receiving services, or their representatives who request them.
- CMEs must provide timely and responsive materials to people applying for or receiving services, or their representatives who request alternate formats or translated documents.

### Examples of Existing responsibilities include:

- Providing spoken language interpretation for an eligibility meeting when the applicant's preferred language is not English.
- Arranging translation of an ISP for a guardian whose preferred language is Vietnamese.
- Providing a braille or audio recording version of a service agreement for a designated representative who is blind.
- Providing ASL interpretation at an ISP meeting for a person who is Deaf.
- Providing communication access real-time translation (CART) captioning in virtual meetings.

### New requirement:

Beginning in June 2023, CMEs will be required to provide an additional translation service, called "translation into English", for quality assurance and service access purposes. [Translation into English](#) requirements only apply when a CME authors a document in a language other than English, for example, a Vietnamese-speaking case manager develops a service agreement in Vietnamese for a Vietnamese-speaking individual. CMEs should initiate a request for an English translation within five (5) days of creating the document in another language. (This implies the initiation, not the completion, of the translation process within this timeframe.)

Applicable [federal law and ODHS policy are linked](#) at the end of this guide.

## Accessing ODDS-funded Language Services

ODDS is responsible for funding interpretation and translation services for items marked (L) in the [ODDS Expenditure Guidelines](#), including Professional Behavior Services, Nursing Services, Discovery, and certain Employment Services meetings, as indicated in the tables below. Consult with your CME for information on the language access services that are the CME's responsibility. Be sure to follow your CME's guidelines and procedures for these services.

*Table 1 Responsibilities for Funding Interpretative Services*

(Select hyperlinks for more information on ODDS funded services)

Meetings Needing Interpretation	CME Responsible	ODDS Responsible	OHA/Provider Responsible
Intake and Eligibility meeting	X		
Administrative Examinations			X
Individual Support Plan (ISP) team meeting	X		
<a href="#">Professional Behavior Services (PBS) meeting</a>		X	
<a href="#">Employment Services meetings (not Vocational Rehabilitation)</a>		X	
<a href="#">Nursing Services related meetings</a>		X	
Other meetings related to case management	X		
Meetings requiring American Sign Language (ASL) interpretation	X		

*Table 2 Responsibilities for Funding Translation & Alternative Format Services*

Document to Translate from English into Person/Family's Language or Convert to an Alternate Format	CME Responsible	ODDS Responsible
Eligibility Determination (content only, not form)	X	
Individual Support Plan (ISP) (content only, not form)	X	
Service Agreement (content only, not form)	X	
<a href="#">Positive Behavior Support Plan (PBSP)</a>		X
<a href="#">Discovery Profile</a>		X

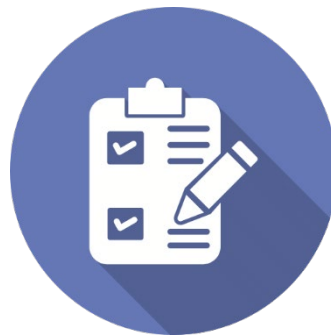
Document to Translate from English into Person/Family's Language or Convert to an Alternate Format	CME Responsible	ODDS Responsible
<a href="#">Nursing Care Plan</a>		X
ODDS-issued Form (template only, not content)		X
Documents created by the CME in the preferred language of the person being served needing translation to English	X	

**NOTE:** People applying for or receiving services have the right to obtain all information contained in their service record or CME-maintained files in accordance with OAR (Oregon Administrative Rule) 411-005-0010 Disclosure of Information to the Client or Third Party. (There are instances in which information in a record may need to be redacted if it is protected information involving another individual) If a person, guardian, or representative requests other written documents, such as CME progress notes, they must be provided and if applicable, translated or in an alternate format.

## Administrative Examinations

For CME staff prior authorizing Administrative Examinations, follow ODHS guidance and refer to the OHA [Culturally and Linguistically Specific Services \(CLSS\) Billing Guide](#) and the [Administrative Examinations and Reports Provider Guide](#).

Medicaid providers should follow OHA guidance for [Fee-for-Service Reimbursement for Interpreter Services](#).





## Interpretation Overview

In-person or scheduled virtual interpreting is a service in which a person from a contracted agency provides interpretation. Interpretive services [funded by ODDS](#) are those listed in the [ODDS Expenditure Guidelines](#) and must be scheduled in advance and are not available on demand.

During an in-person or virtual interpretation, the interpreter is present either in person or virtually to facilitate communication between users of different languages. The person's Service Coordinator or Personal Agent is responsible for coordinating these interpretation services.

The availability and response time of interpreters may vary based on factors such as the state location, language requested, and vendor. CMEs are expected to arrange interpretation promptly after scheduling a meeting with a person or their representative who uses a language other than English or uses sign language.


Only appropriately qualified vendors can provide interpretation services. CMEs may choose to use other vendors for language access services; however, for services eligible for ODDS funding, they must use the contracted vendors listed on the NTPs. ODDS doesn't require bilingual case managers, assessors, and eligibility specialists to conduct interpretation. However, if these staff members can speak a person's preferred language well, and they choose to, they don't need an interpreter. For instance, an English-Russian bilingual case manager may conduct an ISP meeting in Russian for a Russian-speaking family without the need for an interpreter.

## ODDS-funded Interpretation Scheduling Instructions

To access ODDS-funded interpretation for Behavior, Nursing, Discovery and certain Employment Services meetings as outlined in the [ODDS Expenditure Guidelines](#), CMEs will need to call or email to schedule the meeting with an approved vendor and fill out the Notice to Proceed (NTP) form. The NTP is required for each interpretation appointment involving behavior, nursing, and employment services. Approved vendors are aware that after providing the service, they need to send both the NTP and invoice to the ODDS Operations Administration Unit at [cau.invoice@odhs.oregon.gov](mailto:cau.invoice@odhs.oregon.gov).

**CME Steps:**

Open the [Interpretation Notice to Proceed fillable form](#) which includes the updated ODDS approved Interpreting Services Vendor list:

 ODHS/ODDS <b>Interpreting Services - NOTICE TO PROCEED</b>	
<p><b>Purpose:</b> This Interpreting Services – NOTICE TO PROCEED (NTP) form is used to request Interpreting Services for approved Individuals and their families, guardians, or caregivers by Oregon Department of Human Services (ODHS) Office of Developmental Disability Services (ODDS) and Case Management Entities (CME) Authorized Representative(s) or Appointee(s) from approved contractors holding active Interpreting Services Contracts with ODDS.</p> <p><b>Form Instructions:</b> All Sections and boxes need to be completed as described below. If a box is not applicable to the request, please write N/A. Where signatures are required, electronic is acceptable or an attached email from the authorized signer indicating the section approved.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Section 1 – to be filled out by ODDS/CME Authorized Representative or Appointee</li> <li><input type="checkbox"/> Section 2 – to be filled out by Requestor</li> <li><input type="checkbox"/> Section 3 – to be filled out by Requestor</li> <li><input type="checkbox"/> Section 4 – to be filled out by Interpreter</li> <li><input type="checkbox"/> Section 5 – to be filled out by ODDS/CME Authorized Representative or Appointee</li> <li><input type="checkbox"/> Section 6 – to be completed by Contractor</li> </ul> <p><b>Attachments:</b> 1. Approved Contractor List 2. Language List</p>	
<b>Section 1: ODDS / CME Information</b>	
Agency:	Contact Name:
Address:	City State Zip
Street	City State Zip
Contact Phone:	Contact Email:
<b>Section 2: Interpreting Services Contractor Information</b>	
Contractor Legal Name:	Contract No.:
Contact Name:	Contract Exp.:
Physical (For in-person assignments):	
Address:	City State Zip
Street	City State Zip
Billing Address:	City State Zip
Street/PO Box	City State Zip
Office Phone:	Email: Fax:
Interpreter Phone:	Interpreter Email:

**Section 1 Instructions:**

<b>Section 1: ODDS / CME Information</b>			
Agency: <b>1</b>	Contact Name: <b>2</b>		
Address: <b>3</b>	Street	City	State Zip
Contact Phone: <b>4</b>	Contact Email:		

The designated ODDS/CME Authorized Representative or Appointee should complete section 1:

1. **Agency:** Enter the CME name.
2. **Contact Name:** Provide the name of the ODDS/CME Authorized Representative or Appointee overseeing this.
3. **Address:** State the CME's address.
4. **Contact Phone & Email:** List the CME's contact phone numbers and email addresses.

**Section 2 Instructions:**

Section 2: Interpreting Services Contractor Information			
Contractor Legal Name: <b>1</b>		Contract No.: <b>2</b>	
Contact Name: <b>3</b>		Contract Exp.: <b>2</b>	
Physical (For in-person assignments):			
Address: <b>4</b> Street		City	State Zip
Billing Address: Street/PO Box		City	State Zip
Office Phone: <b>5</b>	Email:		Fax:
Interpreter Phone:	Interpreter Email:		

After selecting a language contractor from the list, the designated ODDS/CME Authorized Representative or Appointee should complete section 2:

- Contractor Legal Name:** Enter the name of the language services contractor.
- Contract No. & Contract Exp.:** This is listed next to the vendor name on the [Notice to Proceed fillable form](#).
- Contact Name:** The person organizing the service on behalf of the language services contractor.
- Address Information:** Provide the vendor agency's physical address if the service will be conducted in person. The billing address is required for both in-person and virtual services.
- Phone Numbers and Email Addresses:** Please provide the communication details for the language services vendor contact responsible for organizing the service, and if available, include the contact information for the interpreter who will provide the services.

## Section 3 Instructions:

Section 3: Service Requirements			
Client Name: <b>1</b>		Client Prime: <b>2</b>	
Service Category: (NOTE: Use Government Conversational unless a heavy medical focus is requested; if needed, the Interpreting Services Contractor can provide guidance on which box to check.)			
<b>3</b> <input type="checkbox"/> Government Conversational <input type="checkbox"/> Health Care Certified <input type="checkbox"/> Health Care Qualified			
Requested language: <b>4</b>			
Requested delivery format: <input type="checkbox"/> Remote preferred <input type="checkbox"/> In-Person preferred, flexible <input type="checkbox"/> In-Person <b>5</b>			
Brief description of purpose for service ( <i>i.e.</i> medical appointment, etc.): <b>6</b>			
Appointment Date(s): <b>7</b>		Start Time: <b>8</b>	
Interpreter Arrival Time ( <i>15 min. prior to start time</i> ): <b>9</b>		Anticipated End Time:	
Appointment Address: Street <b>10</b>		City	State Zip
Contact Name: <b>11</b>		Contact Phone:	
Special Instructions: ( <i>equipment needed, etc.</i> ) <b>12</b>			

The designated ODDS/CME Authorized Representative or Appointee should complete section 3:

- Client Name:** Name of the person receiving I/DD services.
- Client Prime:** Unique prime number for the person receiving I/DD services.
- Service Category:** Consult with the contractor to determine if a [Health Care Certified or Health Care Qualified](#) interpreters is more applicable, in most cases Governmental Conversational is selected.
- Requested Language:** Specify the language needed for interpretation.
- Requested Delivery Format:** Indicate the preference for how the service will be delivered.
- Purpose Description:** Briefly describe the reason for the interpretation service.
- Appointment Date:** Scheduled date for the appointment.
- Start & End Time:** Indicate the beginning time of the appointment and when it is expected to end.
- Interpreter Arrival:** Inform the interpreter to be present 15 minutes before the scheduled time.

- 10. **Appointment Address:** State the physical location for in-person interpretation or note "virtual" for online sessions.
- 11. **Contact Details:** Provide the name and phone number of the contact for the I/DD service recipient, which could be the client.
- 12. **Special Instructions:** Please provide any relevant details for this interpretation session. If you want a courtesy phone reminder from the interpreter to the individual to remind them ahead of time about the appointment, please include that request in this section and include the Individual or Client’s name and contact information.

Upon completion of this section, the form should be sent to the Language Services Contractor.

**Section 4 Instructions:**

Section 4: Interpreter’s Validation – To be filled out by Interpreter		
Interpreter’s Name: <b>1</b>	Cert. # <b>2</b>	Exp. Date:
Miles Traveled to Appointment Address: <b>3</b>	Roundtrip Total:	
By signing below, interpreter attests interpreting services were offered in accordance with the above request.		
_____ Interpreter’s Signature <b>4</b>		_____ Date

The interpreter providing the language access service should fill out section 4:

- 1. **Interpreter’s Name:** Name of the person providing interpretation services.
- 2. **Cert. # & Exp. Date:** Certification number and expiration date of the interpreter’s credentials.
- 3. **Miles Traveled to the Appointment Address & Round-Trip Total:** The number of miles for an in-person interpretation appointment. If virtual, write “virtual”. Reimbursement for travel, meals and incidental expenses are an authorized expense if the interpreter travels outside of a 70-mile radius from the interpreter’s primary workstation (a residence, remote work site, or a business office) to the location of the scheduled appointment. For additional questions about mileage, please refer the interpreter back to their company.
- 4. **Interpreter’s Signature:** Interpreter will sign and date indicating the service was provided.

Upon completion of this section, the form should be sent back to the ODDS/CME Authorized Representative or Appointee.

**Section 5 Instructions:**

<b>Section 5: Services Validation – To be filled out at time of appointment</b>	
ODDS/CME Authorized Representative Name: <b>1</b>	
Date of Service: <b>2</b>	Provider Number (when applicable): <b>3</b>
<input type="checkbox"/> Service Provided as Requested <input type="checkbox"/> Client No Show <input type="checkbox"/> Short Notice Service <input type="checkbox"/> Cancellation	
Authorized Representative's Signature _____	Date _____

The designated ODDS/CME Authorized Representative or Appointee should complete section 5:

- ODDS/CME Authorized Representative or Appointee:** This should be the name of person signing off on behalf of the CME.
- Date of Service:** Include the date of the interpretation service.
- Provider Number:** If the person representing the CME is a provider, please include one's provider number.

Upon completion of this section, the form should be sent back to the Language Contractor.

**Section 6 Instructions:**

<b>Section 6: Submit Form with Invoice – To be completed by Contractor</b>
<input type="checkbox"/> Email invoice referencing associated contract number and completed NTP form to <a href="mailto:cau.invoice@odhs.oregon.gov">cau.invoice@odhs.oregon.gov</a> . Allow 45 days for payment processing.

After the meeting, the Language Contractor will send the NTP and invoice to the ODDS Operations Administration Unit at [cau.invoice@odhs.oregon.gov](mailto:cau.invoice@odhs.oregon.gov) for payment.

**Complaints**

It's essential that interpretation services meet, and address one's needs effectively. If you have concerns or feedback regarding the interpretation services provided, we encourage you to voice your thoughts.

If you have concerns or feedback about the interpretation services from any of the listed vendors, please reach out to: [ODDS.Complaints@odhsoha.oregon.gov](mailto:ODDS.Complaints@odhsoha.oregon.gov).



## Translation and Alternate Forms Overview

CMEs are required to provide alternative language and format materials, including braille, large print, or audio files, at no cost to people applying for or receiving services, or their representatives, upon request. Materials should be offered if CMEs are aware of a person's need or if a request is made. Only qualified vendors or CME staff with relevant qualifications can provide translation services as required by ODDS policy.

## ODDS Forms in Languages Other Than English

ODDS maintains a collection of forms in languages other than English on the [ODHS Forms Server](#). If you cannot locate a desired ODDS form in the language needed, you can request a translation by sending an email to the ODDS Policy Unit at [ODDS.Questions@odhsoha.oregon.gov](mailto:ODDS.Questions@odhsoha.oregon.gov) providing the form number, title, and needed language. Please allow up to 2 weeks for processing. After the form has been translated, it will also be accessible on the ODDS Forms Server.

## Translations into Other Languages and Formats

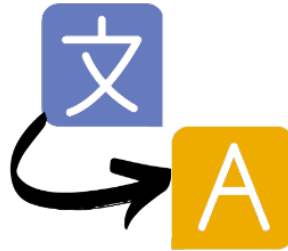
The ODDS policy unit can assist with the translation of documents related to Behavior, Nursing, Discovery, certain employment services and ODDS required forms. CMEs should send documents in Microsoft Word format via secure email to [ODDS.Questions@odhsoha.oregon.gov](mailto:ODDS.Questions@odhsoha.oregon.gov).

**Required Information:** In your email, please include the following details:

- The person's full name and prime number.
- The target language for translation.
- A summary of the document's purpose.
- Any special instructions or requirements related to the translation.

When the translated version is complete, ODDS will send it via secure email. There is no charge to CMEs for this service. Please allow approximately 2 weeks for translation.

For all other documents, like the content of an ISP or a CDDP-created form, CMEs are responsible for facilitating and funding translation and should follow their local processes.



## Translations into English

ODDS recognizes the value of bilingual/multilingual staff being able to author important documents in the primary language of the person receiving services or their representative. This includes various documents such as Individual Support Plans, service agreements, person-centered information forms, among others. This approach promotes active participation in the planning process and eliminates delays caused by translations.

When primary documents are produced in a language other than English, they must be translated into English according to CME guidelines for translation. To ensure accuracy and adherence to these guidelines, CMEs are expected to use their local vendors or established translation processes. This ensures quality assurance at the local and state level, as well as access to services, continuity of case management and service delivery. Remember to keep both versions in the person's file. **CMEs should initiate a request for an English translation within five (5) days of creating the document in another language.** (This implies the initiation, not the completion, of the translation process within this timeframe.)

CMEs are expected to be using appropriately qualified translators. Bilingual or multilingual staff, such as case managers, assessors, eligibility specialists, do not need to use translators if they are proficient in a person or their representative's preferred language. For example, an English-Russian bilingual case manager might prepare a document in Russian for a Russian-speaking family and then translate it into English to guarantee quality assurance at both local and state levels, as well as to ensure the continuity of case management and service delivery.



## POP 107: CME Language Access

While language access is not a new expectation, Policy Option Package 107 passed the Oregon Legislature in 2021 to provide dedicated funding for language access services in the developmental disabilities system. \$450,000 was allocated for CMEs for verbal interpretation and \$100,000 for translations into English. These funds were distributed to CMEs in January and May of 2023 proportionate to the number of people served.



## Legal and Policy

### Federal Requirements:

- [Guidance to Federal Financial Assistance Recipients Regarding Title VI](#)
- [Title VI of the Civil Rights Act of 1964](#)
- [Americans with Disabilities Act of 1990](#)
- [Section 1557 of the Affordable Care Act: Ensuring Meaningful Access for Individuals with Limited English Proficiency](#)

### ODHS Policies:

- [Auxiliary Aids, Alternate Formats and Language Access Services Policy](#)  
[Policy: DHS | OHA-010-013](#)
- [Bilingual and Multilingual Roles - ODHS Staff Only](#)  
[Policy: DHS|OHA-010-013-01](#)
- [Reasonable Accommodation](#)  
[Policy: DHS 060-034](#)
- [Requesting Reasonable Modifications by Client Applicants, Clients and Members of the Public Procedure: DHS-010-005-04](#)
- [Publication design, distribution and storage](#)  
[Policy: DHS | OHA-130-001](#)

**ODDS Resources:**

- [ODDS Expenditure Guidelines](#)

**Connect With Us**

If you have any specific questions about this training guide, or if you would like to provide feedback, please contact the ODDS Policy Team at [ODDS.Questions@odhsoha.oregon.gov](mailto:ODDS.Questions@odhsoha.oregon.gov).

If you have questions about language access requirements, please contact the ODHS Office of Equity and Multicultural Services Language Services Team at [OEMSLanguage.Services@odhs.oregon.gov](mailto:OEMSLanguage.Services@odhs.oregon.gov).

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact Publications and Design at 503-378-3486, all relay calls accepted, or email [dhs-oha.publicationrequest@odhsoha.oregon.gov](mailto:dhs-oha.publicationrequest@odhsoha.oregon.gov).

