

LANGUAGE ACCESS PLAN FOR LIMITED ENGLISH PROFICIENT INDIVIDUALS

State Agency: New York State Department of Health

Effective Date of Plan: 5/30/2017

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PART 1 – INTRODUCTION

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

Statement of Agency Services to the Public:

The New York State Department of Health (Department) protects and promotes the health of the people of New York by preventing epidemics and the spread of disease; promoting healthy lifestyles for children and families; protecting against hazards in homes, work, communities and the environment; assuring access to high quality health care; and preparing for and responding to emergencies. As part of the Department’s mission to promote healthy lifestyles and to protect the health of the people of this State, the Department seeks to ensure that all individuals, including those with limited ability to read, speak, write or understand English, are able to access our services, programs and activities.

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

PART 2 – ASSESSING LEP POPULATION LANGUAGE NEEDS

The estimated total number of individuals in our service area is: Approximately 19,795,791- the NYS population in 2015.

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

Language	Estimated Number of LEP Individuals Who Speak this Language
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Spanish	1,240,490
Chinese	350,976
Russian	130,296
Haitian Creole	68,509
Korean	61,833
Italian	58,200

Source: U.S. Census Bureau, 2010-2014 American Community Survey

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

- U.S. Census data (including American Community Survey data)
- Agency data on client contacts
- School system data
- Information from community organizations that serve LEP individuals

Names of organizations: AIDS Community Organizations/Providers.

- Information from other government agencies

Names of agencies: NYS Agencies including Department of Corrections and Community Supervision, Office of Mental Health, Office of Children and Family Services, Office of Temporary and Disability Assistance, Department of Motors and Vehicles; County Social Service agencies; and school districts statewide.

- Other (describe) Migration Policy Institute (www.migrationinformation.org) and Office of Minority Health and Health Disparities Prevention

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

Upon initial contact with any of the Department program areas, providing direct public services, language needs are determined and documented by program staff. Additional data is gathered from contact with social workers that assist the LEP individual; advocacy groups; Department contractors; and local municipal staff.

Frequency of contact is based on the LEP individual's level of need and may occur in various settings or circumstances. Some examples of contacts with LEP individuals include, but are not limited, to the following: (1) contacts occurring when the LEP individual applies to obtain services or benefits under programs administered by the Department; (2) contact with LEP individuals through the AIDS Institute wherein the Department staff contact known partners of persons infected with HIV or AIDS, or conduct HIV/STD testing in the field; (3) contact with LEP individuals when such individuals seek information or documentation maintained by the Department, including birth,

death or marriage certificates; and (4) during the course of the Department's monitoring and oversight role, which includes home/health care facility visits, surveillance, and inspections, such as inspections of summer camps and restaurants.

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

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

- LEP individuals are informed directly by our staff

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

- Brochures or flyers about language assistance services

- In public areas of the agency

- Elsewhere in the agency's service areas

- Signs posted about language assistance services

- In public areas of the agency

- Elsewhere in the agency's service areas

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

What are the LEP populations targeted? In addition to the languages indicated in the chart in Part 2 of this Plan, outreach may be conducted to LEP populations based on community need.

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

- Telephonic voice menu providing information in non-English languages

In which languages: The New York State of Health has individual telephonic prompts for Spanish, Russian, Cantonese, Mandarin, Haitian Creole and an additional prompt for all other languages.

- Other (describe) The Department's website informs the public about free language assistance services. It also offers translated links to current public and community health

concern announcements, emergency disease notifications, the New York State of Health, the AIDS Institute and Rape Crisis and Sexual Violence Prevention Program.

PART 4 – PROVISION OF LANGUAGE ASSISTANCE SERVICES

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

- "I Speak" posters or visual aids

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

- Other (describe) Self-identification by the individual during the encounter; referral from an outside source.

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

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

- Telephonic interpreting service

- Other (describe) Self-identification by the individual during the encounter; referral from an outside source.

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

Language assistance needs are documented in a centralized intra-agency database, accessible to all employees in the various programs within the Department. The information derived from the database will assist the Language Access Coordinator in evaluating the effectiveness of the Plan and the services being provided.

A. Oral Interpreting Services

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

For in-person encounters: The need for an oral interpreter may be determined by reception staff with the assistance of bilingual staff members, “I Speak” posters, self- identification by

the LEP individual, or through a referral from outside sources. “I Speak” posters have been distributed to staff.

By telephone: Telephone contacts to programs from LEP individuals are handled by telephonic interpreting services under contract with the Department. In addition, bilingual staff may assist with calls when available.

At initial contact in the field: “I Speak” cards will be utilized by field staff and telephonic interpreting services can be employed through cell phones and other similar devices. In addition, bilingual staff may assist in the field dependent on community need, when available.

For pre-planned appointments with LEP individuals: Information concerning oral interpreter needs is gathered as appointments are made. The need for an oral interpreter may be determined by reception staff with the assistance of bilingual staff members, self-identification by the LEP individual, or through a referral from outside sources.

Other (describe): [Click here to enter text.](#)

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

For in-person encounters: Staff will utilize the “I Speak” card which includes a message that advise LEP individuals that free language assistance is available. Bilingual staff, if available and who are fluent in the language of the LEP individual, will inform the LEP individual that he or she does not need to provide his or her own interpreter and that free interpreting services will be provided.

By telephone: Staff will inform the LEP individual that he or she does not need to provide his or her own interpreter and that free interpreting services will be provided. Staff will also utilize telephonic interpreting service to notify LEP individuals.

At initial contact in the field: Staff in the field utilize the “I Speak” card to assist in identifying the language of an LEP individual. Bilingual staff, if available in the field and who are fluent in the language of the LEP individual, will inform the LEP individual that he or she does not need to provide his or her own interpreter and that free interpreting services will be provided.

For pre-planned appointments with LEP individuals: Information concerning oral interpreter needs is gathered as appointments are made. Reception staff with the assistance of telephonic interpreter or bilingual staff members when available will notify an LEP individual that free interpreting services are available.

Other (describe): Written notice, translated in the languages indicated in the chart in Part 2 of this Plan, will be provided to advise LEP individuals that free language assistance is available. In addition, the Department’s website includes information about the availability of free language assistance services and a contact number for further assistance.

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

LEP individuals that come into contact with our agency will be informed of the availability of free interpreting services. Generally, an LEP individual may not use a family member, friend, or a minor as an interpreter. However, **during emergencies** an LEP individual will be permitted to use a minor, a family member or friend as an interpreter. Upon request, an LEP individual may also be permitted to use a minor, a family member or friend as an interpreter for routine matters, such as asking the location of the office, hours of operation or rescheduling an appointment. Where the interaction with the LEP individual occurs at the agency's office, and an individual is permitted to use an interpreter of his or her choosing, he or she must fill out a written consent/waiver form.

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

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

When it is determined that an interpreter is needed, programs arrange interpreter services for scheduled appointments; telephonic interpreter services are utilized as needed; or bilingual staff are identified that may assist the LEP individual when available.

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

Oral interpreting services are documented in a centralized intra-agency database, accessible to all employees in the various programs within the Department. The information derived from the database will assist the LAC in evaluating the effectiveness of the Plan and the oral interpreting services being provided. The Department also utilizes interpreting services obtained through a statewide contract, which provides on a monthly basis detailed reporting on the services provided to LEP individuals.

Competency and confidentiality

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

Language parenthetic staff are tested through Civil Service for spoken-language proficiency. Department multilingual staff volunteers self-identify their ability to read, write and speak a language other than English. Where the Department utilizes independent interpreting services, that vendor will implement quality assurance standards to guarantee that its interpreters are trained and are linguistically and culturally competent.

The issue of confidentiality pertaining to the use of interpreters is addressed as follows:

All Department staff in programs identified as covered programs under Health Insurance Portability and Accountability Act (HIPAA) are trained in HIPAA and confidentiality compliance. Interpreters under contract with the State must comply with confidentiality requirements, including applicable HIPAA requirements. The training provided to staff will address the importance of confidentiality. Furthermore, independent interpreters will enforce standards of confidentiality in accordance with NYS Law.

Maintaining a list of oral interpreting resources

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

- Bilingual staff members who work directly with LEP individuals

Number of staff and languages spoken: A total of four staff are in parenthesis language titles: three for Spanish, one for Chinese.

- Bilingual staff members who provide oral interpreting when necessary

Number of staff and languages spoken: Approximately 100 staff collectively speak 18 languages, including the languages listed in the chart in Part 2 of this Plan and Arabic, Fanti, French, German, Greek, Hindi, Romanian, Polish, Portuguese, Ukrainian, Chao Chow and Vietnamese.

- Telephonic interpreting service

Names of vendors: Providers under the NYS Office of General Services (OGS) Statewide Administrative Services Contract.

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

Names of individuals/organizations and languages: [Click here to enter text.](#)

- Other (describe) [Click here to enter text.](#)

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

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

- Procedure for accessing each interpreter or service

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

Mandatory training is required for all staff who could have contact with the public.

B. Translations of Written Documents

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

Documents determined to be vital include intake and consent forms; notice of rights, requirements and responsibilities; and such others that contain pertinent information to assist in accessing program benefits. Programs within the Department will determine which documents are considered to be vital and in need of translation. The Public Affairs Group will review all forms and documents the program has identified as being vital prior to translation. All translated documents will be reviewed and monitored as part of our Language Access Plan.

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

Upon receiving a document or correspondence from an LEP individual in their primary language, the said document or correspondence will be sent to the selected vendor for translation in a timely manner.

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

LAP Work Group liaisons in all Department programs will review documents for plain language compliance prior to translation.

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

	Publication	Title	Languages
1.	9211	HIV Uninsured Care Programs	English
2.	9371		Spanish
3.	9197		Chinese
4.	9198		Russian
5.	9199		Italian
6.	9200		Korean
7.	9214		Haitian Creole
8.	9372		French
9.	1040	ADAP Plus	English
10.	1041		Spanish

11.	9802		Chinese
12.	9804		Russian
13.	9803		Italian
14.	9807		Korean
15.	9806		Haitian Creole
16.	1051		French
17.	0240	HIV Counseling, Call for Facts	English
18.	0241		Spanish
19.	0193		Chinese
20.	0197		Russian
21.	0195		Italian
22.	0196		Korean
23.	0194		Haitian Creole
24.	9192	New York State Confidentiality Law & HIV	English
25.	9193		Spanish
26.	9175		Chinese
27.	9181		Russian
28.	9178		Italian
29.	9180		Korean
30.	9177		Haitian Creole
31.	9300	PNAP: We can work together to stop the spread of HIV	English
32.	9301		Spanish
33.	9303		Chinese
34.	9305		Russian
35.	9302		French
36.	9305		Italian
37.	9304		Korean
38.	9306		Haitian Creole
39.	9331		Khmer
40.	9308		Laotian
41.	9306		Polish
42.	9304		Vietnamese
43.	9236		Staying on Schedule: Tips for Taking Your HIV Medicines
44.	9237	Spanish	
45.	9300	Chinese	
46.	9308	Russian	
47.	9303	Italian	
48.	9307	Korean	
49.	9365	Haitian Creole	
50.	9001	Need Help Paying for Prep (AIDS Institute)	English
51.	9002		Spanish
52.	9003		Chinese
53.	9004		Russian
54.	9007		Italian
55.	9006		Korean
56.	9005		Haitian Creole
57.	9008		French
58.	9146		English

59.	9147	Prep Yourself Against HIV (Brochure)	Spanish
60.	9148		Chinese
61.	9172		Russian
62.	9150		Italian
63.	9173		Korean
64.	9149		Haitian Creole
65.	9151		French
66.	0532	Early Intervention Program: A Parent's Guide (58-pages Booklet)	English
67.	0533		Spanish
68.	4805		Chinese
69.	0500		Russian
70.	4803		Italian
71.	4810		Korean
72.	4802		Haitian Creole
73.	4804		Arabic
74.	4848		Bengali
75.	4801		French
76.	4806		Greek
77.	4807		Hmong
78.	4808		Japanese
79.	4809		Khmer
80.	4811		Laotian
81.	4847		Punjabi
82.	4813		Vietnamese
83.	4814	Yiddish	
84.	0503	Newborn Screening	English
85.	0504		Spanish
86.	0498		Chinese
87.	0500		Russian
88.	0612		Italian
89.	0603		Korean
90.	0506		Haitian Creole
91.	0508		Vietnamese
92.	0548		Resource Directory for Children with Special Health Care Needs
93.	0549	Spanish	
94.	4816	Chinese	
95.	4817	Russian	
96.	0551	Italian	
97.	0557	Korean	
98.	0558	Haitian Creole	
99.	4818	French	
100.	0554	Find out more about WIC	Polish
101.	4081		English
102.	4082		Spanish
103.	4258		Chinese
104.	4259		Russian
105.	4085		Italian
106.	4086	Korean	

107.	4254		Haitian Creole
108.	4257		Arabic
109.	4252		Bengali
110.	4253		Burmese
111.	4105		Farsi
112.	4083		French
113.	4256		Hindi
114.	4106		Karen
115.	4107		Nepali
116.	4087		Polish
117.	4088		Somali
118.	4108		Turkish
119.	4109		Urdu
120.	4255		Vietnamese
121.	4369	WIC Participants Rights and Responsibilities	English
122.	4382		Spanish
123.	4373		Chinese
124.	4380		Russian
125.	4377		Italian
126.	4378		Korean
127.	4375		Haitian Creole
128.	4370		Arabic
129.	4371		Bengali
130.	4372		Burmese
131.	4395		Farsi
132.	4374		French
133.	4376		Hindi
134.	4396		Karen
135.	4397		Nepali
136.	4379		Polish
137.	4381		Somali
138.	4398		Turkish
139.	4399		Urdu
140.	4383		Vietnamese
141.	3861	WIC Termination Letter	English
142.	3877		Spanish
143.	3865		Chinese
144.	3875		Russian
145.	3870		Italian
146.	3872		Korean
147.	3868		Haitian Creole
148.	3862		Arabic
149.	3863		Bengali
150.	3864		Burmese
151.	3866		Farsi
152.	3867		French
153.	3869		Hindi
154.	3871		Karen

155.	3873		Nepali
156.	3874		Polish
157.	3876		Somali
158.	3878		Turkish
159.	3879		Urdu
160.	3880		Vietnamese
161.	4410	WIC Fraud Booklet	English
162.	4414		Spanish
163.	4411		Chinese
164.	4413		Russian
165.	4416		Italian
166.	4415		Korean
167.	4418		Haitian Creole
168.	4412		French
169.	4417		Polish
170.	4099		WIC Food Cards Booklet
171.	4022	Spanish	
172.	4024	Chinese	
173.	4025	Russian	
174.	4027	Italian	
175.	4028	Korean	
176.	4029	Haitian Creole	
177.	3885	Arabic	
178.	3886	Bengali	
179.	3887	Burmese	
180.	3888	Farsi	
181.	4026	French	
182.	3889	Hindi	
183.	3890	Karen	
184.	3891	Nepali	
185.	3892	Polish	
186.	3894	Somali	
187.	3895	Turkish	
188.	3896	Urdu	
189.	3893	Vietnamese	
190.	1427	Handling Concerns About Care English & Services in Nursing Homes	English
191.	1440		Spanish
192.	1461		Chinese
193.	1465		Russian
194.	1463		Italian
195.	1464		Korean
196.	1462		Haitian Creole
197.	3343		Managed Care Bill of Rights
198.	3347	Spanish	
199.	3366	Chinese	
200.	3370	Russian	
201.	3368	Italian	

202.	3369		Korean
203.	3367		Haitian Creole
204.	1430	NYS Proxy Law: Appointing Your Health Care Proxy	English
205.	1431		Spanish
206.	1401		Chinese
207.	1402		Russian
208.	1409		Italian
209.	1410		Korean
210.	1408		Haitian Creole
211.	1449		Your Rights as a Hospital Patient In New York State (available on DOH website only)
212.	1450	Spanish	
213.	1510	Chinese	
214.	1511	Russian	
215.	1512	Italian	
216.	1514	Korean	
217.	1513	Haitian Creole	
218.	1437	Your Rights as a Nursing Home Resident in New York State	
219.	1438		Spanish
220.	1467		Chinese
221.	1469		Russian
222.	1467		Italian
223.	1468		Korean
224.	1835		Haitian Creole
225.	2425		NYS Immunization Information System
226.	2426	Spanish	
227.	2163	Chinese	
228.	2167	Russian	
229.	2165	Italian	
230.	2166	Korean	
231.	2164	Haitian Creole	
232.	2370	New York State Requirements for School Entrance/ Attendance	
233.	2405		Spanish
234.	2491		Chinese
235.	2495		Russian
236.	2493		Italian
237.	2494		Korean
238.	2492		Haitian Creole
239.	3301		How to Choose a Medicaid Managed Care Health Insurance Plan
240.	3310	Chinese	
241.	3304	Russian	
242.	3308	Italian	
243.	3375	Korean	
244.	3376	Haitian Creole	
245.	3309	Arabic	
246.	3307	Albanian	
247.	3305	Hebrew	
248.	3313	Hindi	
249.	3312	Laotian	

250.	3306		Polish
251.	3314		Urdu
252.	3311		Vietnamese
253.	3350	Medicaid Managed Care: Consumers Guide (New York City)	English
254.	3351		Spanish
255.	3370		Chinese
256.	3371		Russian
257.	3393		Italian
258.	3392		Korean
259.	3394		Haitian Creole
260.	9213		French
261.	FORM DOH-5147 (multiple languages)		Medicaid Enrollment Submission of Application on Behalf of Applicant
262.		Spanish	
263.		Chinese	
264.		Russian	
265.		Italian	
266.		Korean	
267.		Haitian Creole	
268.		French	
269.	FORM DOH-3867 (multiple languages)	Office of Professional Medical Conduct Complaint Form	English
270.			Spanish
271.			Chinese
272.			Russian
273.			Italian
274.			Korean
275.			Haitian Creole
276.			Arabic
277.			Polish
278.	2853	Donate Life: Pass It On!	English
279.	2854		Spanish
280.	2862		Chinese
281.	2860		Russian
282.	2870		Italian
283.	2851		Korean
284.	2869		Haitian Creole
285.	2861		French
286.	2855		Donate Life: Pass It On! (Poster)
287.	2856	Spanish	
288.	2865	Chinese	
289.	2863	Russian	
290.	2871	Italian	
291.	2852	Korean	
292.	2872	Haitian Creole	
293.	2864	French	
294.	2055	Pulse Oximetry Screening for Critical Congenial Heart Disease Information for Parents and Guardians	English
295.	2056		Spanish
296.	2061		Chinese
297.	2059		Russian

298.	2063		Italian	
299.	2062		Korean	
300.	2071		Haitian Creole	
301.	2060		French	
302.	2064		Polish	
303.	2057		Pulse Oximetry Screening for Critical Congenial Heart Disease. What does a low result mean?	English
304.	2058			Spanish
305.	2067			Chinese
306.	2065			Russian
307.	2069			Italian
308.	2068			Korean
309.	2072	Haitian Creole		
310.	2066	French		
311.	2070	Polish		
312.	Form DOH-4420 (multiple languages)	Access NY Office of Health Insurance Programs		English
313.			Spanish	
314.			Chinese	
315.			Russian	
316.			Italian	
317.			Korean	
318.	Haitian Creole			
319.	1049	Medical Marijuana Patients Brochure (NYS Patient Information)	English	
320.	1168		Spanish	
321.	1172		Chinese	
322.	1173		Russian	
323.	1171		Italian	
324.	1170		Korean	
325.	1169		Haitian Creole	
326.	13026	Zika Virus Fact Sheet	English	
327.	13027		Spanish	
328.	13032		Chinese	
329.	13031		Russian	
330.	13029		Italian	
331.	13030		Korean	
332.	13028		Haitian Creole	
333.	13033		Portuguese (Brazil)	
334.	9676	Partner Services Let's Talk About You!	English	
335.	9682		Spanish	
336.	1821	Hepatitis C Testing Law Consumer Fact Sheet	English	
337.	1831		Spanish	
338.	1885	Hepatitis C Screening, Diagnosis & Linkage to Care	English	
339.	1886		Spanish	
NEW YORK STATE OF HEALTH				
340.	Publication	Title	Languages	
341.	10126	What Information You Need to Apply Fact Sheet	English	
342.	10127		Spanish	
343.	10128		Chinese	

344.	10133		Russian	
345.	10131		Italian	
346.	10132		Korean	
347.			Haitian Creole	
348.	10129		French	
349.	10211	Essential Plan Fact Sheet	English	
350.	10224		Spanish	
351.	10214		Chinese (Simplified)	
352.	11006		Chinese (Traditional)	
353.	10223		Russian	
354.	10218		Italian	
355.	10220		Korean	
356.	10216		Haitian Creole	
357.	10212		Arabic	
358.	10213		Bengali	
359.	11017		Burmese	
360.	10215		French	
361.	10217		Hindi	
362.	10219		Japanese	
363.	11015		Karen	
364.	10221		Nepali	
365.	10222		Polish	
366.	11016		Somali	
367.	11018		Swahili	
368.	11019		Tigrinya	
369.	10225		Twi	
370.	10226		Urdu	
371.	10227		Vietnamese	
372.	10228		Yiddish	
373.	10135		Enrollment Period Fact Sheet	English
374.	10136			Spanish
375.	10137			Chinese (Simplified)
376.	11035	Chinese (Traditional)		
377.	10142	Russian		
378.	10140	Italian		
379.	10141	Korean		
380.	10139	Haitian Creole		
381.	10200	Arabic		
382.	10201	Bengali		
383.	11030	Burmese		
384.	10138	French		
385.	10202	Hindi		
386.	10203	Japanese		
387.	11031	Karen		
388.	10204	Nepali		
389.	10205	Polish		
390.	11032	Somali		
391.	11033	Swahili		

392.	11034	How to Select a Health Care Plan Fact Sheet	Tigrinya
393.	10206		Twi
394.	10207		Urdu
395.	10208		Vietnamese
396.	10209		Yiddish
397.	10157		English
398.	10179		Spanish
399.	10180		Chinese (Simplified)
400.	10118		Chinese (Traditional)
401.	10185		Russian
402.	10183		Italian
403.	10184		Korean
404.	10182		Haitian Creole
405.	10186		Arabic
406.	10187		Bengali
407.	10181		French
408.	10188		Hindi
409.	10189		Japanese
410.	11020		Karen
411.	10190		Nepali
412.	10191	Polish	
413.	11011	Somali	
414.	11023	Swahili	
415.	11014	Tigrinya	
416.	10192	Twi	
417.	10193	Urdu	
418.	10194	Vietnamese	
419.	10195	Yiddish	
420.	10009	Immigrant Fact Sheet	English
421.	10010		Spanish
422.	10011		Chinese (Simplified)
423.	10119		Chinese (Traditional)
424.	10016		Russian
425.	10014		Italian
426.	10015		Korean
427.	10013		Haitian Creole
428.	10168		Arabic
429.	10169		Bengali
430.	11027		Burmese
431.	10012		French
432.	10170		Hindi
433.	10171		Japanese
434.	11025		Karen
435.	10172		Nepali
436.	10173		Polish
437.	11026		Somali
438.	11028		Swahili
439.	11029		Tigrinya

440.	10174		Twi
441.	10175		Urdu
442.	10176		Vietnamese
443.	10177		Yiddish

Any additional documents determined to be vital during the course of this plan will be timely translated.

The process for ensuring that translations are accurate and incorporate commonly used words is as follows:

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

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

- Contracts with language service vendors

Names of vendors: Providers under the NYS OGS Statewide Administrative Services Contract.

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

Names of individuals/organizations and languages: [Click here to enter text.](#)

- Oral translations of written documents by bilingual staff members

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

- Other (describe) [Click here to enter text.](#)

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

- Names and contact information for all resources

- Names and locations of staff members who are available to provide oral translations of written documents

- Languages in which each translation service is qualified

- Procedure for accessing each translation service

PART 5 – STAFF TRAINING

The person(s) in the agency who is responsible for the provision of training to staff in language access issues is: Brian Caldwell, Director of Staff Development.

The staff training includes the following components:

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

The methods and frequency of training are as follows:

Mandatory online training will be provided for all employees within 90 days of being hired and annually thereafter. Staff will have to complete GOER's Language Access Training and the Department's agency specific Language Access Plan training.

- On and after September 30, 2014, employees newly assigned to functions that bring them into contact with the public must complete the computer based training within 90 days of assignment to the program.
- As changes occur in the program, the training will be updated, designated program liaisons will be informed of changes to communicate to relevant staff and updates will be posted on the Department's News Site.

PART 6 – ADMINISTRATION

Monitoring

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

The LAP Work Group meets to review progress, identify gaps and develop work plans to resolve any gaps. Frequency of the LAP Work Group meetings is determined by priorities set. The Plan will be monitored by the LAP Work Group and updated as needed.

Complaints

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

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

In addition to its website, the Department requires that all programs identified by the Department as providing direct public services place notifications in reception areas indicating the availability of a complaint form in the languages indicated in Part 2. The Department utilizes the Statewide Language Access Complaint Form that provides information on the right to file a complaint and procedures to do so. The complaint form is available in the languages described in Part 2.

Additionally, the Department requires that hospitals in the State adopt and make available the “Patient’s Bill of Rights”, available in English, Spanish, Italian, Russian, Greek, Yiddish, Haitian Creole, Korean and Chinese. The following are inserts from the Patient’s Bill of Rights:

As a patient in a hospital in New York State, you have the right, consistent with law, to:

Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.

Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.

Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department’s telephone number.

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

Program staff will respond to complaints received regarding the provisions of language assistance services. The LAC will address complaints received that cannot be resolved by program staff.

All complaints must be timely forwarded to the Statewide Language Access Coordinator.

PART 7 – SIGNATURES

PART 7 – SIGNATURES

Howard Zucker M.D. N.Y.S. Commissioner of Health April 27, 2017

Head of Agency Title Date

Richard C. Juyola Affirmative Action Officer April 19, 2017

Agency LAC Title Date

Norma Ramos 5/25/17

Deputy Secretary for Civil Rights Date