




# Medical Assistance BULLETIN

<b>ISSUE DATE</b> January 16, 2025	<b>EFFECTIVE DATE</b> January 16, 2025	<b>NUMBER</b> 99-25-01
<b>SUBJECT</b>  Limited English Proficiency Requirements		<b>BY</b>  Sally Kozak Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html>.

**PURPOSE:**

The purpose of this bulletin is to advise providers that the Department of Human Services (Department) has updated the top 15 non-English languages used by Medical Assistance (MA) beneficiaries and to issue a revised top 15 non-English language tagline document. Additionally, this bulletin reminds providers of their responsibility to provide interpretation and translation services free of charge to all individuals who have Limited English Proficiency (LEP), vision limitations, and/or auditory limitations, and the federal guidelines that must be followed to accomplish this.

**SCOPE:**

This bulletin applies to all providers enrolled in the MA Program.

**BACKGROUND:**

The Department of Human Services (Department) is committed to maintaining practices that ensure meaningful access to the Department’s services and benefits by persons with LEP, vision limitations, and/or auditory limitations, in accordance with federal rules, and ensuring that no person is denied access to services and benefits as the result of their inability or limited ability to communicate in the English language.

Section 601 of Title VI of the Civil Rights Act of 1964 (Title VI), 42 U.S.C. § 2000d, prohibits any person from being excluded from participation in, denied benefits of, or subjected to discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance. Federal Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency,” issued August 11, 2000, requires

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html>

recipients of federal financial assistance to ensure that their programs and activities take reasonable steps to provide meaningful access to services for individuals with LEP, and thus do not discriminate on the basis of Title VI's prohibition against national origin discrimination. Reasonable steps may include the provision of language assistance services, such as written translation and oral language assistance.

Title III of the Americans with Disabilities Act (ADA) of 1990 prohibits discrimination in public accommodations, such as pharmacies, professional offices of health care, hospitals, or other service establishments, against people with disabilities, including people with vision and/or auditory limitations. The ADA requires public accommodations to make reasonable modifications in policies, practices, and procedures for individuals with physical or intellectual disabilities, which includes facilitating effective communication with individuals who have vision and/or auditory limitations by providing appropriate auxiliary aids and services, such as sign language interpreters and alternative formats.

On May 18, 2016, the Department of Health and Human Services' Office for Civil Rights (OCR) issued the final rule, "Nondiscrimination in Health Programs and Activities", which implemented Section 1557 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148). Section 1557 did not preempt or replace other civil rights laws, but instead expanded the LEP requirements for covered entities. The final rule defined covered entities as health programs or activities receiving federal financial assistance. Information about Section 1557 may be viewed at: <http://www.hhs.gov/civil-rights/for-individuals/section-1557>.

The MA Program receives federal financial participation and pays enrolled providers for Medicaid services. Enrolled providers are considered covered entities due to their receipt of federal Medicaid funds. As such, MA enrolled providers must comply with the regulations and requirements related to services to individuals with LEP, vision and/or auditory limitations, including providing interpretation and translation services free of charge to MA beneficiaries.

On August 11, 2017, the Department issued MA bulletin 99-17-11, titled "Limited English Proficiency Requirements," to advise providers of their responsibility to provide interpretation and translation services free of charge to all individuals who have LEP, vision limitations, and/or auditory limitations, and the federal guidelines that must be followed. The bulletin identified the top 15 non-English languages used among MA beneficiaries and issued a document with taglines representing these top 15 non-English languages.

**PROCEDURES:**

Effective with the issuance of this bulletin, the Department has determined the top 15 non-English languages used among MA beneficiaries in the Commonwealth to be:

1. Spanish	6. Haitian Creole	11. Bengali
2. Chinese - Mandarin	7. Vietnamese	12. French
3. Nepali	8. Ukrainian	13. Cambodian
4. Russian	9. Chinese; Cantonese	14. Korean
5. Arabic	10. Portuguese	15. Gujarati

Covered entities may add additional non-English language taglines to their written communications, if they wish, that better suit the particular LEP population in their immediate geographic area. However, the 15 languages mentioned above must be included. OCR has translated samples of taglines for use by covered entities into 64 languages, which may be viewed at:

<http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>.

Providers who need assistance in accessing or providing for language assistance services may contact:

<b>Participation In:</b>	<b>Phone Number to call:</b>	<b>Website to access:</b>
MA Fee-for-Service	Bureau of Fee-for-Service Programs:  1-866-872-8969	For LEP: <a href="https://www.pa.gov/en/agencies/dhs/resources/for-providers/limited-english-proficiency-services.html">https://www.pa.gov/en/agencies/dhs/resources/for-providers/limited-english-proficiency-services.html</a>  For sign language interpreters: <a href="https://www.pa.gov/en/agencies/dhs/resources/aging-physical-disabilities/sign-language-interpretation-for-medical-appointments.html">https://www.pa.gov/en/agencies/dhs/resources/aging-physical-disabilities/sign-language-interpretation-for-medical-appointments.html</a>
MA Managed Care	Call the Special Needs Unit of their respective MCO. Providers should refer to their provider handbook for contact information on getting assistance.	Ask the Special Needs Unit for the appropriate website.  Pennsylvania Medicaid Managed Care Organization Directory: <a href="https://www.pa.gov/en/agencies/dhs/resources/medicaid/hc/hc-mco.html">https://www.pa.gov/en/agencies/dhs/resources/medicaid/hc/hc-mco.html</a>

To comply with the federal law, MA providers are reminded that they are required to do the following:

- Post taglines in the top 15 non-English languages used by individuals in the Commonwealth (Attachment). The taglines must be posted in physical and online locations where they can be easily seen by members of the public to alert individuals with LEP to the availability of language assistance services.
- Include taglines in at least the top 15 non-English languages used in the Commonwealth, in large-sized significant communications such as outreach publications or written notices.
- Include taglines in at least the top two non-English languages in the Commonwealth, Spanish and Chinese-Mandarin, in small sized significant communications such as postcards.

- Provide appropriate auxiliary aids and services, such as alternative formats and sign language interpreters, free of charge where necessary for effective communication.
- Provide language assistance services, which may include translation services. Providers are not to use low-quality video remote interpreting services or rely on unqualified staff and/or translators when providing language assistance services.
- Post a notice of individuals' rights that includes information about communication assistance that is available for individuals with LEP.
- Make all programs and activities provided through electronic information technology accessible to individuals with disabilities, unless doing so would impose undue financial or administrative burdens or would result in a fundamental alteration in the nature of the covered entity's program or activity.

**OBSOLETE:**

MA Bulletin 99-17-11, titled "Limited English Proficiency Requirements," issued August 11, 2017, is obsoleted with the issuance of this bulletin.

**RESOURCES:**

OCR issued guidance that identified some strategies that providers can employ to comply with Title VI, which may be viewed at:

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>.

A Federal Interagency Website containing information on how to comply with the Civil Rights Act of 1964 and provide interpretation and translation services to persons who have LEP: [www.lep.gov](http://www.lep.gov).

**ATTACHMENTS:**

Taglines Representing the Top Fifteen (15) Non-English Languages in Pennsylvania

## Taglines Representing the Top Fifteen (15) Non-English Languages in Pennsylvania

**ATTENTION:** If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) or speak to your provider.”

### Spanish

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) o hable con su proveedor.

### Chinese; Mandarin

**注意:** 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-xxx-xxx-xxxx (文本电话: 1-xxx-xxx-xxxx) 或咨询您的服务提供商。”

### Nepali

**सावधान:** यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।”

### Russian

**ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-xxx-xxx-xxx (TTY: 1-xxx-xxx-xxx) или обратитесь к своему поставщику услуг.

### Arabic

**تنبيه:** إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-xxx-xxx-xxxx (1-xxx-xxx-xxxx) أو تحدث إلى مقدم الخدمة.”

### Haitian Creole

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) oswa pale avèk founisè w la.”

## Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-xxx-xxx-xxxx (Người khuyết tật: 1-xxx-xxx-xxxx) hoặc trao đổi với người cung cấp dịch vụ của bạn.”

## Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-xxx-xxx-xxxx (ТТТ: 1-xxx-xxx-xxxx) або зверніться до свого постачальника».

## Chinese; Cantonese

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-xxx-xxx-xxxx（TTY：1-xxx-xxx-xxxx）或與您的提供者討論。」

## Portuguese

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) ou fale com seu provedor.”

## Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।”

## French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-xxx-xxx-xxxx (TTY : 1-xxx-xxx-xxxx) ou parlez à votre fournisseur. »

## Cambodian

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។”

## **Korean**

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-xxx-xxx-xxxx(TTY: 1-xxx-xxx-xxxx)번으로 전화하거나 서비스 제공업체에 문의하십시오."

## **Gujarati**

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો."