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Virginia Department of Medical Assistance Services

LANGUAGE & DISABILITY ACCESS PLAN

2026



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CONTENTS

1. Introduction 8

2. Our Commitment to the LEP and the Disability Community: Language and Disability Access Resources 9

3. Purpose 13

4. DMAS Language and Disability Access Plan Coordinator 14

5. Scope 15

5.1 Title VI of the Civil Rights Act of 1964 15

5.2 Americans with Disabilities Act (ADA), Title II 16

5.3 Section 1557 of the Patient Protection and Affordable Care Act, May 18, 2016 16

5.4 Executive Order 12250, Leadership and Coordination of Nondiscrimination Laws, issued November 2, 1980 16

6. Dissemination 16

7. Revisions 16

8. Four-Factor Analysis and DMAS Needs Assessment 17

9. DMAS Four Factor Analysis 19

9.1 Factor One: Demographics - LEP and Disability Populations to be Served or Encountered – Identifying language trends 19

9.1.1 LEP Population 19

9.1.2 People with Disabilities 22

9.2 Factor Two: Frequency of Contact with LEP Individuals and Individuals with Disabilities 23

9.2.1 Phone Communications 23

9.2.2 Written Communications 24

9.2.3 Digital Communications 24

9.3 Factor Three: Nature and Importance of the Program, Activity, or Service 26

9.4 Factor Four: Resources Available and Costs 27

9.4.1 Verbal interpretations and Written Translations 27

9.4.2 Spanish Bilingual Staff 28

9.4.3 Auxiliary Aids 29
9.4.4 Accessible Webinars 29
10. DMAS Language and Disability Access Compliance Standards 31
10.1 Oral Interpretations 31
10.1.2 Phone Interpreting Services 31
10.1.3 On-site and virtual Interpreting Services 32
10.2 Written Translations 32
10.3 Auxiliary Aids and Accessibility Requirements 33
10.4 Notice Requirements 34
10.5 Grievance Policies and Procedures 35
11. Language Access Standards for Contractors, Sister Agencies, and Providers 36
12. Five Strategic Initiatives from the 2021 Language and Disability Access Plan 37
12.1 Language and Disability Access Training 37
12.1.1 Objective 37
12.1.2 Implementation Strategy 37
12.1.3 Outcome Measures 38
12.1.4 Implementation Timeline 39
12.2 Accessibility, Quality Control and Technology 39
12.2.1 Objective 39
12.2.2 Implementation Strategy 39
12.2.3 Outcome Measures 39
12.2.4 Implementation Timeline 41
12.3 Plan Dissemination to Internal Staff and External Stakeholders 41
12.3.1 Objective 41
12.3.2 Implementation Strategy 41
12.3.3 Outcome Measures 41
12.3.4 Implementation Timeline 42
12.4 Monitoring Trends in the Need of Language Access 42
12.4.1 Objective 42
12.4.2 Implementation Strategy 42

12.4.3 Outcome Measures 43
12.4.4 Implementation Timeline 43
12.5 Stakeholder Consultation 43
12.5.1 Objective 43
12.5.2 Implementation Strategy 44
12.5.3 Outcome Measures 44
12.5.4 Implementation Timeline 44
Conclusion 45
Appendix A: Acts, Acronyms, and Definitions 46
Appendix B: Verbal Interpretation Services Available through the MCO Plan 50
Appendix C: DMAS Policy and Procedure for Civil Rights Complaints 51
Appendix D: DMAS Non-Discrimination Statement 61
Appendix E: DMAS Language Taglines 62
Sources 64



The Virginia Department of Medical Assistance Services complies with all applicable Federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The mission statement of the Department of Medical Assistance Services is "to improve the health and well-being of Virginians through access to high quality health care coverage." This Language and Disability Access Plan will ensure that the mission can be met for all Virginians, including those with limited English proficiency (LEP) and individuals with disabilities.

The two main overarching principles in the plan are:

(1) that LEP individuals and individuals with disabilities be made aware that certain language assistance services and auxiliary aids are available free of charge and

(2) that the services and aids be provided in a timely manner.

Both of these factors must be met in order for DMAS to properly serve the LEP population and those members of the public with disabilities.

This Language and Disability Access Plan identifies the measures DMAS will take to ensure meaningful access to language and disability assistance services throughout the entire Medicaid process, including accessing information about the Medicaid program, completion of an application, obtaining medical services, and participation in the appeals process.



1. Introduction

The Virginia Department of Medical Assistance Services (DMAS or the Agency) has prepared this Language and Disability Access Plan (the Plan), which defines the actions that will be taken and monitored on an ongoing basis by DMAS to ensure meaningful access to all of the Agency's programs, services, and activities for LEP individuals and individuals with disabilities. DMAS is the single state agency responsible for the administration of Virginia's Medicaid program under Title XIX of the Social Security Act[1] and the Family Access to Medical Insurance Security (FAMIS) program, which is the State Children's Health Insurance Program (CHIP) under Title XXI. Medicaid and CHIP are administered at the federal level by the United States Department of Health & Human Services (HHS), whose goal is to protect the health of all Americans and provide essential human services.[2]

The DMAS mission statement is "to improve the health and well-being of Virginians through access to high quality health care coverage," and, accordingly the Agency provides health insurance to eligible adults, children, pregnant women, elderly adults, and individuals with disabilities.

2. Our Commitment to the LEP and the Disability Community: Language and Disability Access Resources

DMAS is committed to providing language access services and reasonable accommodations to Medicaid applicants and members with disabilities and those with LEP. This includes the availability of language assistance services and auxiliary aids throughout the entire Medicaid process, including accessing information about the Medicaid program, completion of an application, obtaining medical services, and the appeals process.

DMAS will make every effort to ensure individuals who need services will receive them from qualified interpreters, translators, and auxiliary aids suppliers in order to access in a meaningful way the programs and services that they qualify for, in accordance with federal and state laws. Meaningful access is defined as language assistance and auxiliary aids services that result in accurate, timely, and effective communication with the LEP individual and individuals with disabilities.

The following is a list of DMAS' guaranteed language and disability access services:

- An Agency-wide written language and disability access plan with written standard policies and procedures.
- Timely and qualified language access services for LEP individuals and auxiliary aids for individuals with disabilities, all provided at no cost.
- An in-house Coordinator to manage language and disability access services.
- A record of the LEP member's preferred written and spoken language during Medicaid enrollment and ongoing case management captured in the Virginia Case Management System (VaCMS)**.**
- Brochures, flyers, and vital documents available for translation upon request.
- LEP individuals and people with disabilities are informed about their right to free language and disability access services at any point of contact with DMAS:
    - Language taglines and alternative format notices included with vital member communications, web pages, and the DMAS reception area.
    - Language and Disability Access Posters and "Point to Your Language"[3] cards available at the DMAS Reception area.

- DMAS and DMAS subcontractors' websites and digital applications largely available in Spanish and in other languages.
- DMAS and DMAS subcontractors' call centers equipped to:
    - Assist callers who are deaf or hard of hearing
    - Assist LEP individuals with language access services
- Verbal interpreting services available to members and providers through all five Managed Care Organizations (MCO). **See Appendix B**.

Contact information for DMAS and DMAS main subcontractors

DMAS:

Agency/Contractor	Contact Number	TDD/TTY Number	Website
Department of Medical Assistance Services (DMAS) General Information	804-786-7933	TDD: 1-800-343-0634	http://www.DMAS.Virginia.gov

DMAS main subcontractors:

Agency/Contractor	Contact Number	TDD/TTY Number	Website
Cover Virginia **Information about Virginia's Medicaid and FAMIS programs for children, pregnant women and adults.** **Information about health insurance options available through Virginia's Insurance Marketplace.** **Apply for Medicaid online, telephonically, by paper. Cover VA includes a search function to search for application assisters.**	1-833-5CALLVA (1-833-522-5582)	TDD: 1-888-221-1590	https://coverva.dmas.virginia.gov/

Agency/Contractor	Contact Number	TDD/TTY Number	Website
Medical Transportation Management (MTM)- Medicaid transportation	1-636-561-5686	TTY: 711	https://www.mtm-inc.net/virginia
Acentra Health (formerly KePRO) Service Authorization (fee-for-service members)	1-888-827-2884 or 1-804-622-8900	TTY: 711	https://dmas.kepro.com/
Aetna Better Health of Virginia	1-800-279-1878	TTY: 711	https://www.aetnabetterhealth.com/virginia
United Healthcare Community Plan	1-844-752-9434	TTY: 711	https://uhccp.com/virginia
Anthem Health Keepers Plus	1-800-901-0020	TTY: 711	https://anthem.com/vamedicaid
Sentara Community Plan	1-800-881-2166	TTY: 711	https://www.sentarahealthplans.com/
Humana Healthy Horizons	1-844-881-4482	TTY: 711	https://www.humana.com/medicaid/virginia/contact-us
DentaQuest	*General Member Services: 1-888-278-7310	* Hearing Impaired Line: 1-800-466-7566	www.DentaQuest.com

- **Fee-for-service members can search for providers that speak other prevalent non-English languages at** https://vamedicaid.vaxix.net/Search
- **Managed Care Organization (MCO) members can find providers by language as follows: Provider directory with the option to search providers by spoken language**

MCO Plan	Online	Over the phone
United Healthcare Community Plan	https://connect.werally.com/medicalProvider/root	1-866-622-7982
Anthem Health Keepers Plus	https://mss.anthem.com/va/care/find-a-doctor.html	1-800-901-0020

MCO Plan	Online	Over the phone
Sentara Health Plans	https://www.sentarahealthplans.com/find-doctors-drugs-and-facilities Click on "Advanced Search"	1-757-552-7401
Aetna Better Health	https://www.aetnabetterhealth.com/virginia/find-provider The results can be filtered by language	*CCC Plus: 1-855-652-8249 *Medallion: 1-800-279-1878
Humana Healthy Horizons	https://www.humana.com/medicaid/virginia/support/provider-directories	1-844-881-4482



3. Purpose

The goal of the Plan is to ensure that the Agency provides services effectively to those with LEP and individuals with disabilities in accordance with applicable federal and state laws.

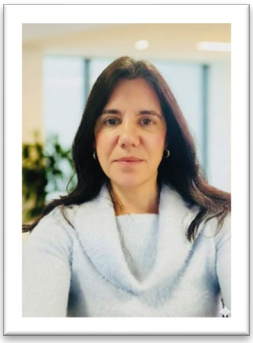
First, the Plan will help Agency management and staff understand their roles and responsibilities with respect to overcoming barriers to Agency services for LEP individuals and individuals with disabilities. The Plan is a management document that outlines how the Agency has language and disability assistance tasks, with deadlines and priorities, and how it will allocate the resources necessary to maintain compliance with language and disability access requirements under federal and state law. It describes how the Agency will implement the service delivery standards delineated in the policy directives, including the manner by which it will address the language and disability service and resource needs identified in the DMAS needs assessment evaluation.[4]

Second, the Plan will set forth standards, operating principles, and guidelines that govern the delivery of language access services. The Plan is made available to the public so that LEP individuals and individuals with disabilities will understand that language assistance and auxiliary aids are available free of charge.

Finally, the Plan will provide the "how to" for staff and stakeholders, and will specify the steps to follow to provide language services, gather data, and deliver services to LEP individuals and individuals with disabilities. Procedures will be set forth as internal guides for DMAS staff to follow and will be shared internally by Agency e-mail and SharePoint.

4. DMAS Language and Disability Access Plan Coordinator

The DMAS Civil Rights Unit Manager is the designated employee that leads the development, implementation, and monitoring of the DMAS Plan and its elements. Comments and/or questions regarding the Plan may be directed to:

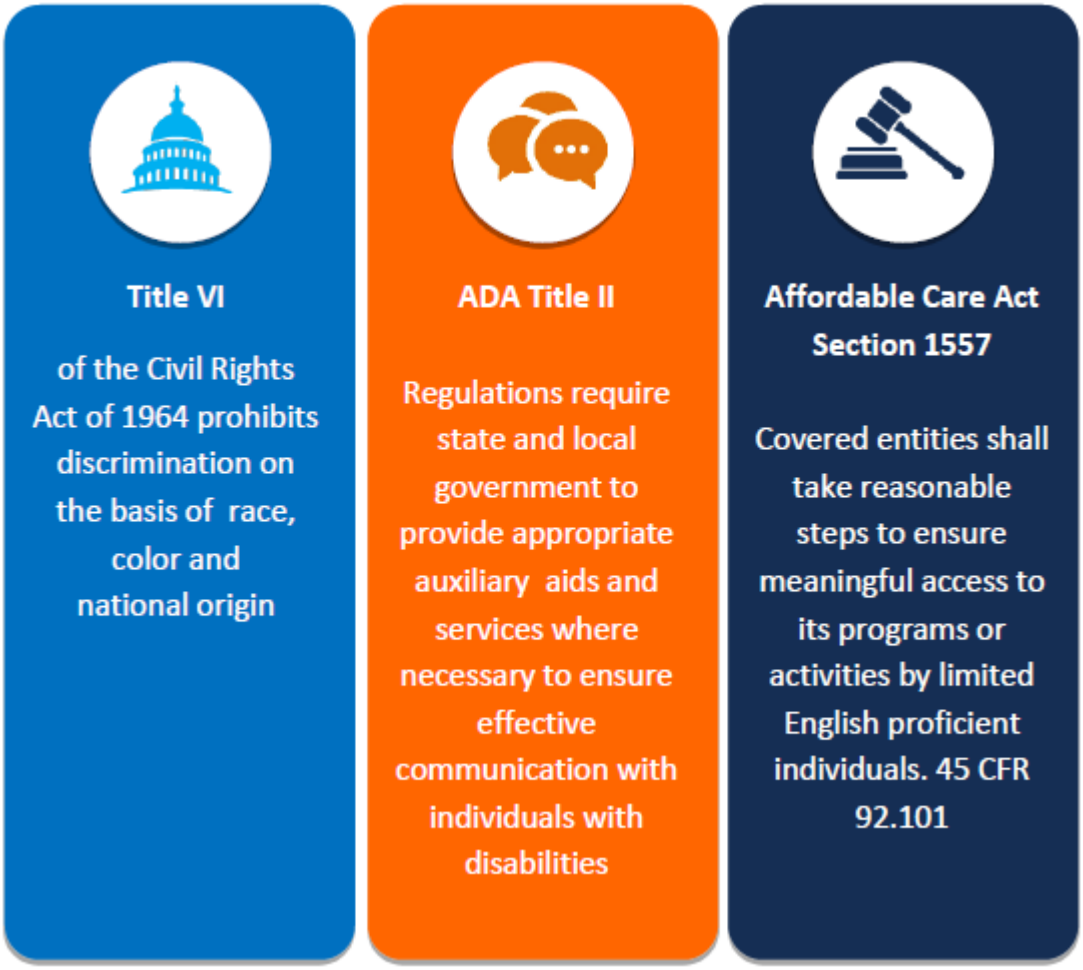


Montserrat Serra
DMAS Civil Rights Unit Manager
VA Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219
Phone: (804) 482-7269 (direct)
Montserrat.Serra@DMAS.Virginia.Gov
CivilRightsCoordinator@DMAS.Virginia.Gov



5. Scope

The main framework for this Plan is based on the following federal and state authority that prohibit discrimination in HHS funded health programs or activities:



5.1 Title VI of the Civil Rights Act of 1964[5]

Prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. Failure by a program recipient to provide meaningful access to LEP persons can constitute national origin discrimination. 45 C.F.R. § 80.3(a) provides that, "[n]o person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies."

5.2 Americans with Disabilities Act (ADA), Title II[6]

Requires state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities.

5.3 Section 1557 of the Patient Protection and Affordable Care Act, May 18, 2016[7]

Covered entities shall take reasonable steps to ensure meaningful access to its programs or activities by limited English proficient individuals. 45 CFR 92.101.

5.4 Executive Order 12250, Leadership and Coordination of Nondiscrimination Laws, issued November 2, 1980[8]

Requires that federal agencies and entities that receive federal funding coordinate their Title VI enforcement efforts under the guidance of the Federal Coordination and Compliance Section of the Department of Justice Civil Rights Division.

6. Dissemination

A copy of the Plan will be posted on the Department's primary websites (www.dmas.virginia.gov and https://coverva.dmas.virginia.gov/), as well as the internal staff SharePoint page. Copies in alternative format (large print, braille, audio, accessible electronic format and other formats) will be provided upon request. The Plan will be maintained by the DMAS Civil Rights Unit Manager, and copies will be distributed upon request to individuals or organizations serving persons with disabilities or who are LEP.

7. Revisions

The Plan will be monitored and updated on an ongoing basis, but at least annually. If federal or state government releases new demographic data for the Commonwealth of Virginia, DMAS will review the data and update the Plan accordingly, and report changes and updates annually to the executive leadership team. Staff shall be notified of all changes/updates to departmental operating procedures for language and disability access within 30 days of such changes.

8. Four-Factor Analysis and DMAS Needs Assessment

DMAS utilizes a self-assessment structure based on a Four-Factor Analysis:

- **Demographics**: The number or proportion of the LEP population eligible to be served or likely to be encountered;
- **Frequency of Contact**: The regularity with which LEP individuals interact with the organization/program;
- **Nature**: The importance of the program/service/activity to peoples' lives;
- **Availability of resources and costs**: The balance between achieving meaningful access without creating excessive financial burdens on the organization.

In order to periodically assess if the Agency and its stakeholders communicate effectively with LEP individuals and individuals with disabilities, and in order to determine if there are any further initiatives to be implemented to improve program access, the DMAS Civil Rights Unit Manager conducted an individualized Agency-wide needs assessment. The initial Agency's self-assessment evaluation serves as a baseline and was performed by conducting one-on-one meetings with DMAS division directors to research all language and disability access initiatives at that time and to collect all feedback necessary to document and implement the Plan.

The main areas addressed during those meetings were:

- **Areas of interaction and identification of external stakeholders needed to identify the main public touchpoints with DMAS and its Medicaid program:** (1) Application & correspondence, (2) Eligibility policies & procedures, (3) Access to & receipt of services, (4) Member appeals, and (5) Identify the Agency's stakeholders and those that provide services on behalf of the Medicaid program.
- **Types of Interaction:** (1) in person, (2) phone, (3) digital [Web, email], (4) print [outreach materials, correspondence and member handbooks/guidance], and (5) public service messages in the media.
- **Identification & assessment of the LEP and disabled community.**

- **Language assistance (LA) and auxiliary aids services resources**.
- **Availability of training of staff on policies and procedures.**
- **Availability of notifications of free language assistance services & auxiliary aids.**
- **Monitoring of language assistance & auxiliary aids usage.**

Note for DMAS staff only: Appendix M: Needs Assessment Questionnaire



9. DMAS Four Factor Analysis

9.1 Factor One: Demographics - LEP and Disability Populations to be Served or Encountered – Identifying language trends

9.1.1 LEP Population

According to the 2024 Census Bureau American Community Survey ACS 5-Year Estimates, the most common non-English language spoken in Virginia by prevalence order were **1. Spanish, 2. Arabic, 3. Chinese, (Incl. Mandarin, Cantonese), 4. Korean, 5. Vietnamese, 6. Tagalog (Incl. Filipino), 7. Amharic, Somali, or other Afro-Asiatic languages, 8. Persian (Incl. Farsi, Dari), 9. Urdu, 10. French, 11. Hindi, 12. Yoruba, Twi, Igbo, or Other Languages of Western Africa, 13. Telugu, , 14. German, 15. Nepali, Marathi, or other Indic languages, 16. Other Indo-European languages, 17. Russian.**

Table 1: 2024 Census Bureau American Community Survey ACS 5-Year Estimates B16001 LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER

Language	Estimated Population (Total Virginia Population 8,215,710)
Spanish	649,137
Arabic	63,341
Chinese (incl. Mandarin, Cantonese)	58,783
Korean	57,773
Vietnamese	51,638
Tagalog (incl. Filipino)	47,619
Amharic, Somali, or other Afro-Asiatic languages	44,750
Persian (incl. Farsi, Dari)	37,590
Urdu	35,592
French (incl. Cajun)	34,166
Hindi	32,571
Yoruba, Twi, Igbo, or other languages of Western Africa	26,028
Telugu	25,958
German	22,734
Nepali, Marathi, or other Indic languages	21,104
Other Indo-European languages	20,395
Russian	17,870

Bengali	17,721
Other languages of Asia	17,420
Portuguese	14,546
Tamil	13,069
Gujarati	10,407
Japanese	9,965
Thai, Lao, or other Tai-Kadai languages	9,421
Italian	9,247
Punjabi	8,697
Other and unspecified languages	8,379
Swahili or other languages of Central, Eastern, and Southern Africa	7,852
Malayalam, Kannada, or other Dravidian languages	7,647
Haitian	7,536
Ilocano, Samoan, Hawaiian, or other Austronesian languages	7,528
Ukrainian or other Slavic languages	7,454
Yiddish, Pennsylvania Dutch or other West Germanic languages	5,762
Greek	5,726
Khmer	4,737
Serbo-Croatian	4,253
Polish	3,564
Armenian	2,166
Hebrew	1,829
Other Native languages of North America	660
Hmong	216
Navajo	50
TOTAL	**1,432,901**

Within the Medicaid population, and according to a DMAS Medicaid member language count report performed in June 2026, during 2025, there were **2,798,565** Virginians enrolled in Medicaid and **8.87%** of its Medicaid enrollees (**227,925** members) had **self-declared** themselves as speakers of other languages. The top five predominant non-English languages among Medicaid enrollees is comprised of members who speak **(1) Spanish**, with **178,881** Medicaid members, **(2) Arabic**, with **8,286** members, **(3) Farsi** with **7,213** members, **(4) Vietnamese** with **3,539** members, **(5) Amharic** with **3,040** members. From that same report, the counted number of members that use Sign Language was **223**.



Note for DMAS staff only:
See Appendix L: Medicaid Members Language Count

Table 2 - Top 5 spoken languages among Virginia Medicaid members. Data pulled 6/26.

Language Name	YR 2025COUNT
English	2,570,640
Spanish	178,881
Arabic	8,286
Farsi	7,213
Vietnamese	3,539
Amharic	3,040
Sign Language	223
Other	7,811
Total Member Count	**2,798,565**

The language self-declaration is initiated during the Medicaid application process where all applicants voluntarily report their preferred spoken and written language, if different than English. Once that language information is reported at the time of application or during any other case management period, it is captured in VaCMS, which allows DMAS to identify all languages (including sign language) spoken by its members. Because the Virginia Medicaid Member Language Count report originates from member's self-declaration of their preferred spoken language, DMAS recognizes certain limitations to the current language capturing method. When LEP members do not specify their preferred non-English spoken language, then the VaCMS defaults to English, which might result in lower counts of non-English languages spoken among its members.

DMAS member counts reports show that the LEP population within the Medicaid members is increasing: there were **215,284** self-declared LEP members in 2024 compared to **227,925** self-declared LEP members in 2025 (**5.87% increase**). DMAS is taking into consideration this LEP member population increase and is addressing language access needs in a proactive manner.

9.1.2 People with Disabilities

According to the 2024: ACS 5-Year Estimates 12.5% of Virginians (1,058,925 people) reported a disability (6.2% had an ambulatory difficulty, 5.2% had a cognitive difficulty, 5.5% had an independent living difficulty, 3.4% had a hearing difficulty, 2.4% had a self-care difficulty and 2.3% had a vision difficulty). Respondents of the study who reported having any one of the six disability types are considered to have a disability, but because some may report more than one disability type, the individual figures sum up greater than the total.

Table 3 –U.S. Census Bureau. "Disability Characteristics." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810.

Disability measure	Number of Virginians	Percentage
Any disability	**1,058,925**	**12.5%**
Ambulatory difficulty	495,450	**6.2%**
Independent living difficulty	360,842	**5.5%**
Cognitive difficulty	412,502	**5.2%**
Hearing difficulty	286,066	**3.4%**
Self-care difficulty	189,521	**2.4%**
Vision difficulty	194,056	**2.3%**



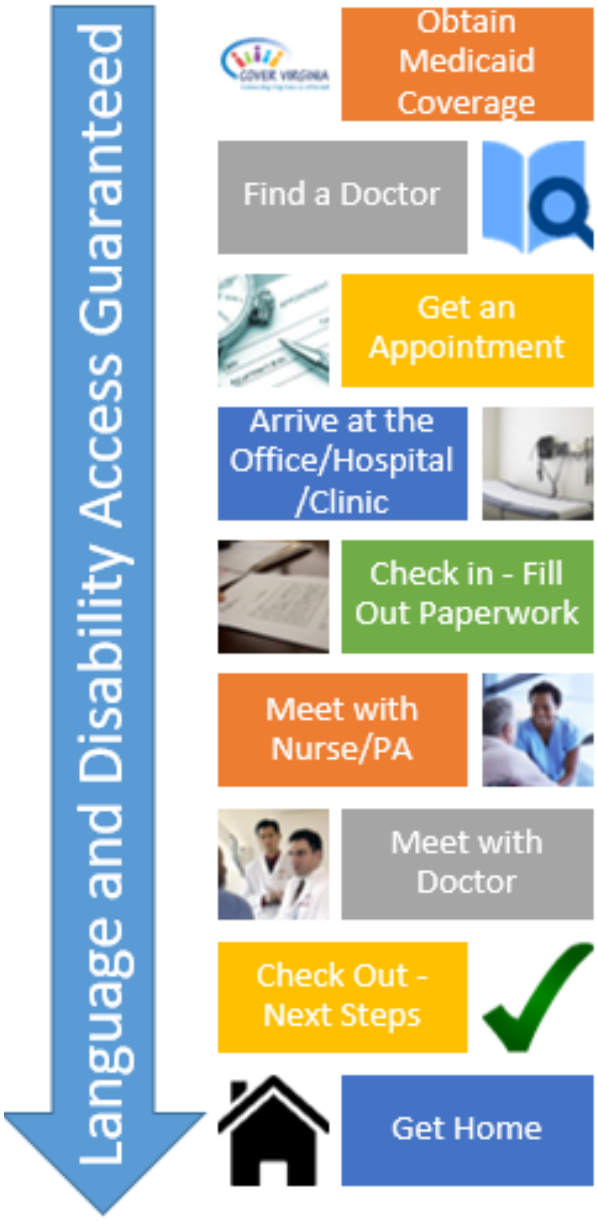
9.2 Factor Two: Frequency of Contact with LEP Individuals and Individuals with Disabilities

In addition to member contact directly with DMAS, other member and public interactions are handled through Agency contractors and partner agencies such as Virginia Department of Social Services (VDSS), Virginia Department of Behavioral Health and Developmental Services, Virginia Department of Health (VDH), Cover VA, and the Virginia Medicaid managed care organizations, to name a few.

9.2.1 Phone Communications

DMAS' main contracted call centers are Cover VA and the Virginia Managed Care Helpline.[9] Both call centers are equipped to handle calls from LEP individuals through phone interpreting services or through Spanish-speaking bilingual representatives. Upon request, both call centers also provide free written translation services in any of the top 15 spoken languages in VA for Medicaid notices that applicants or members might request to have translated into their language.

In **2025**, the Cover VA call center took a total of **172,668** calls that needed language assistance services. (**139,267** of those calls were taken by Spanish speaking bilingual staff and **33,401** calls were taken with phone interpreting services). Additionally, the Cover VA call center answered **96 Text Telephone (TTY)** calls in 2025. In Fiscal Year 2026 the Virginia Managed Care Helpline took a total of **11,876** calls requesting interpreting services, with **10,345** of those calls being in Spanish. Additionally, Spanish-speaking bilingual staff handled **23,542** Spanish calls.



Note for DMAS staff only: See Appendix N: Phone Language Access Services Report

When individuals call the main DMAS agency phone number, automated prompts allow them to select assistance in English, Spanish, or other languages. Callers who select Spanish or another language are routed to the DMAS receptionist, who uses a language line service to provide interpretation assistance as needed. All DMAS divisions are also equipped with language line services. During the year 2025, the DMAS agency handled a total of **2,418** calls with phone interpreting services. The receptionist is also equipped to handle calls through a TDD system.

9.2.2 Written Communications

DMAS interacts largely with its member population in writing to inform them about program and services eligibility or if there are any changes or updates in their coverage. Since 2019, the Agency implemented an initiative to enhance member communications and to improve outreach and enrollment with the LEP population and those with disabilities. As part of this initiative the Agency developed a plan of action to rewrite Medicaid eligibility notices generated by VaCMS to improve readability, including using clear and plain language, include a non-discrimination statement (**See Appendix D: DMAS Non-Discrimination Statement),** and improve member understanding of information requests and eligibility determinations. As of today, Medicaid eligibility communications are available in five languages (Spanish, Arabic, Amharic, Vietnamese, and Urdu), based on the member's selected language preference. These updates reflect the Agency's commitment to providing meaningful access to all members, regardless of language ability or disability.

Note for DMAS staff only: See Appendix H: DMAS Routine and Recurring Letter Standards

9.2.3 Digital Communications

DMAS handles digital communications with members and potential enrollees through its own Agency website www.dmas.virginia.gov and its contractors' websites and digital applications. All digital websites and portals have information available in English, and, at a minimum, in Spanish, since that is the most frequently encountered non-English language among Medicaid members. (See Table 2, Top 5 spoken languages among Virginia Medicaid members.) In addition, all DMAS digital websites and portals include language taglines that indicate the availability of language assistance services free of charge for individuals that speak other languages in the Commonwealth as required under 42 CFR § 435.905 (b)(3).[10] Furthermore, all DMAS digital communications are 508 compliant as per the ADA.[11]

The DMAS website (www.dmas.virginia.gov), and the CoverVA website (https://coverva.dmas.virginia.gov/) use Weglot Translate, a multilingual language tool that auto-translates website content into other languages such as Spanish, Traditional Chinese, Korean, Arabic, French, Vietnamese, Amharic, Russian, Persian, Hindi, Bengali, German, Tagalog, Urdu, and Yoruba. The DMAS website's most frequently accessed languages for the year 2025 were Spanish, with 30,237 translation requests, followed by Bengali with 25,154, German with 24,323, and Arabic with 24,188**.** The CoverVA website's most frequently accessed languages for the year 2025 were Spanish with 65,449 translations requests, followed by Urdu with 25,018, Amharic with 19,919, and Bengali with 19,559.

Table 4 – DMAS Website Translations.

LANGUAGE NAME	NUMBER OF TRANSLATION REQUESTS YEAR 2025	PERCENTAGE OF TRANSLATIONS REQUEST
Spanish	**30,237**	**10%**
Bengali	**25,154**	**8%**
German	**24,323**	**8%**
Arabic	**24,188**	**8%**
French	**24,119**	**8%**
Hindi	**23,578**	**8%**
Korean	**23,066**	**7%**
Vietnamese	**22,953**	**7%**
Amharic	**22,909**	**7%**
Tagalog	**22,543**	**7%**
Traditional Chinese	**22,117**	**7%**
Urdu	**21,903**	**7%**
Yoruba	**21,481**	**7%**
Persian	**0**	**0%**
Russian	**0**	**0%**
TOTAL	**308,571**	**100%**

Table 5 – Cover Virginia Website Translations

LANGUAGE NAME	NUMBER OF TRANSLATION REQUESTS YEAR 2025	PERCENTAGE OF TRANSLATIONS REQUEST
Spanish	**65,449**	**25%**
Urdu	**25,018**	**10%**
Amharic	**19,919**	**8%**
Bengali	**19,559**	**7%**
Traditional Chinese	**16,483**	**6%**
Arabic	**16,347**	**6%**
Vietnamese	**13,701**	**5%**
Russian	**12,844**	**5%**
Tagalog	**12,656**	**5%**
Korean	**12,655**	**5%**
Persian	**12,496**	**5%**
Yoruba	**12,017**	**5%**
German	**11,735**	**4%**
French	**11,729**	**4%**
TOTAL	**262,608**	**100%**

9.3 Factor Three: Nature and Importance of the Program, Activity, or Service

Medicaid covers a broad array of health services such as primary care, acute care, long term services & supports, behavioral health, addiction and recovery treatment services, and limited dental care.

Medicaid also administers certain benefits through innovative programs through approved waivers of certain federal law provisions, which help the Commonwealth to implement the programs and provide additional services that may not normally be available under the traditional Medicaid program.

The vast majority of Medicaid enrollees in Virginia lack access to other affordable health insurance, and that is why DMAS recognizes the importance of providing necessary services through the Medicaid program for all Virginians.



9.4 Factor Four: Resources Available and Costs

9.4.1 Verbal interpretations and Written Translations

DMAS has selected two vendors procured by the Department of General Services, Division of Purchases and Supplies (DGS/DPS), for translation and interpreting services in any language for DMAS internal agency needs. The DMAS Civil Rights Unit Manager serves as the administrator for both contracts. Additionally, DMAS uses the service agreement with the Virginia Department for the Deaf and Hard of Hearing (VDDHH) for American Sign Language interpretations.

- **Lionbridge:**
  - Provides phone interpretation services for all DMAS divisions. Each division has its own phone interpreting services PIN#.
  - Provides document translations in any available language. Service requests processed by DMAS Civil Rights Unit Manager at CivilRightsCoordinator@DMAS.Virginia.Gov.
- **Propio LS LLC**
  - Provides in-person and virtual interpretation. Service requests processed by DMAS Civil Rights Unit Manager at CivilRightsCoordinator@DMAS.Virginia.Gov.
- **Virginia Department for the Deaf and Hard of Hearing (VDDHH)**
  - Provides American sign Language interpretation in-person and virtual. Service requests processed by DMAS Civil Rights Unit Manager at CivilRightsCoordinator@DMAS.Virginia.Gov.

The total Agency's **telephonic interpretation costs** during year 2025 was **$17,003**. The total **outsourced translation costs** during year 2025 was **$35,468.** It is important to note that the translation costs do not include the expense of Spanish translations, as these are handled internally by the DMAS Civil Rights Compliance Specialist.

Note for DMAS staff only: See Appendix O and Q

9.4.2 Spanish Bilingual Staff

Although the language line service mentioned above is the DMAS preferred language resource to use when communicating with Spanish-speaking individuals, due to the high frequency of interactions with Spanish speakers, the Agency has also identified a list of competent and qualified Spanish bilingual staff who are able to handle calls in Spanish, as well as provide written translations at the discretion and approval of their supervisors. All DMAS Spanish bilingual staff that perform interpreting and translating functions must be trained and assessed for their language competency level and must meet the following ability requirements:

- Demonstrate proficiency in and ability to communicate information accurately in both English and in Spanish and identify and employ the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization, or sight translation);
- Have knowledge in both languages of specialized terms or concepts related to the Medicaid program and its services, or any particular vocabulary and phraseology used by the LEP individual;
- Understand and follow confidentiality and impartiality rules to the same extent the Department's employee for whom they are interpreting and/or to the extent their position requires;
- Understand and adhere to their role as interpreters without deviating into role as counselor, legal advisor, or other roles;
- Follow the standards of etiquette when communicating with individuals who are LEP by demonstrating respect and maintaining ethical business practices;
- Be able to show sensitivity to the individual's culture; and
- Avoid any conflict with the roles of an interpreter, and be able to identify those situations when a certified interpreter/translator needs to be used instead.

The DMAS Civil Rights Unit Manager maintains a list of DMAS bilingual staff who have been approved to perform interpreting and translation functions in Spanish. If assistance is needed in any other languages, DMAS utilizes the language line service referenced above.

Note for DMAS staff only: See Appendix R: Spanish Language Assessment for DMAS Bilingual Staff

9.4.3 Auxiliary Aids

The DMAS Civil Rights Unit Manager serves as the monitor for the auxiliary aids contract with Access-USA who provides alternate forms of communication requested by the hearing and vision impaired.

- **Access-USA:**
  - Provides braille, large format, audio tapes, and other accessibility services.
  - Service requests processed by the DMAS Civil Rights Unit Manager at CivilRightsCoordinator@DMAS.Virginia.Gov

9.4.4 Accessible Webinars

DMAS uses Virginia Relay Remote Conference Captioning (RCC) services on public facing webinars and includes automated live captioning through webinar platforms. Webinar recording transcriptions are available to participants after the webinar session is complete. DMAS staff can book any of these services through the DMAS Civil Rights Unit Manager.



10. DMAS Language and Disability Access Compliance Standards

DMAS meets federal and state laws and regulations with the following standard performance in accordance with Title VI of the Civil Rights Act of 1964,[12] Section 1557 of the Affordable Care Act (ACA),[13] the Americans with Disabilities Act (ADA),[14] and Section 508 of the Rehabilitation Act of 1973.[15] The specific written policies to meet the requirements of federal and state laws and regulations are set forth in the appendix to this Plan.

Note for DMAS staff only: See Appendix G and Appendix I. For quick reference on the standard procedures, please see Appendix J.

10.1 Oral Interpretations

All DMAS staff are required to make verbal interpretation services available to the LEP population in all languages by phone or in person, and in a timely manner. All DMAS divisions have immediate access to Lionbridge's phone interpreting services in any language, and they can schedule an in-person qualified interpreting service (including sign language) with the DMAS Civil Rights Unit Manager. In-person, and virtual interpreting requests need to be submitted to the DMAS Civil Rights Unit Manager at least five business days from the face-to-face scheduled appointment.



Figure 1- Point to your language card

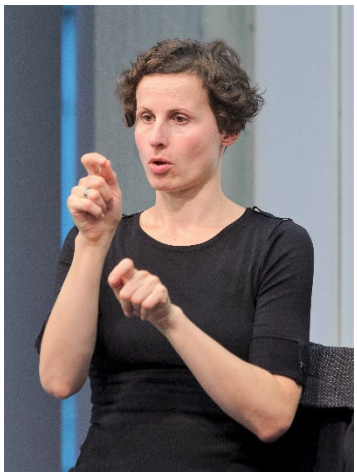
10.1.2 Phone Interpreting Services

For walk-ins and calls from LEP individuals, DMAS staff will identify first the non-English language being spoken (for walk-ins, DMAS staff will show a "Point to Your Language Card"

to the LEP individual and will ask them to identify the language they speak).[16]

Once the non-English language has been identified, the staff person will call the **Lionbridge** phone interpreting services line and will initiate a three-way call with the LEP individual and the Lionbridge interpreter on the line. DMAS staff will provide their own division's PIN# when requesting the interpreting service.

Note for DMAS staff only: See Appendix O: Lionbridge's list of Phone Interpreting Pin# for DMAS Divisions



10.1.3 On-site and virtual Interpreting Services

For face-to-face and virtual encounters with an LEP or deaf/hard of hearing person that have formally arranged an appointment, staff will contact the DMAS Civil Rights Unit Manager at least five business days prior to the encounter to schedule an on-site interpreter. The request can be placed via email at CivilRightsCoordinator@DMAS.Virginia.gov, and included in the email will be the appointment date/time for when the interpreter will be needed, and the language requested, **including sign language**.

10.2 Written Translations

DMAS staff is also required to make written translations of vital documents (website content, provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, among others) available in other languages upon request, if the language group exceeds the 5% or 1,000 mark when doing so is a reasonable step to providing meaningful access to health care coverage for an LEP individual.



Because Spanish is the most common non-English language spoken in the Commonwealth of Virginia and among Medicaid individuals, DMAS has determined as part of this Plan that it will routinely translate into Spanish any vital written materials (provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, among others).

As part of this Plan, DMAS has set benchmarks in the Strategic Initiatives section in this Plan for continued translations into the remaining languages over time. To ensure meaningful access with those that speak other languages, DMAS written communications include a non-discrimination statement and language taglines informing individuals where to call to receive free language assistance and free alternate methods of communication. **See Appendix E: DMAS Language Taglines**.

Figure 1 – Example of Language Taglines

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call 804-786-7933 (TTY:1-800-343-0634).

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 804-786-7933 (TTY: 1-800-343-0634).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 804-786-7933 (TTY:1-800-343-0634)번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 804-786-7933 (TTY:1-800-343-0634).

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 804-786-7933（TTY:1-800-343-0634）。

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 804-786-7933 (رقم هاتف الصم والبكم: 1-800-343-0634).

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 804-786-7933 (TTY:1-800-343-0634).

10.3 Auxiliary Aids and Accessibility Requirements



DMAS staff must provide auxiliary aids and services to the deaf or hard of hearing, and those who are blind and visually impaired at no cost, and in a timely manner, including, but not limited to qualified sign language interpreters, closed captioning, text telephone (TTYs), and information in alternative formats (large print, braille, audio, accessible electronic format and other formats), when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities.

Large print is defined as eighteen (18) point font.[17] DMAS also provides production and distribution of materials (including website content) in other media formats and accessible by

both the hearing and vision impaired. Printed materials are oriented to the target population, written in plain language, and are clearly legible with a minimum font size of twelve (12) point, unless otherwise approved by the Department. Written material uses easily understood language and format, and is available in alternative formats, and in an appropriate manner, that takes into consideration those with special needs.



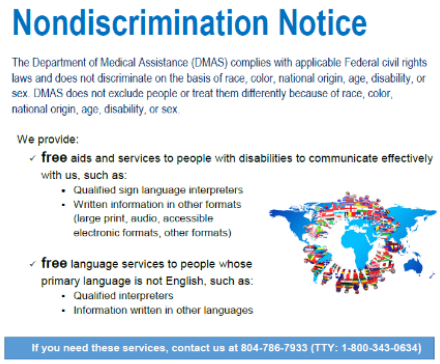
All DMAS websites and digital portals must meet conformance with federal and state laws, particularly Section 508 of the Rehabilitation Act of 1973,[18] and the Web Content Accessibility Guidelines (WCAG) 2.0, Level AA. These standards are also supported by CMS[19] and VITA.[20] An Accessibility Statement is posted on the DMAS website and includes the email address accessibility@dmas.virginia.gov for users to contact if they experience difficulty accessing the website content.

DMAS includes video captioning for any videos posted on the DMAS website or portal. Requests for video captioning needs are fulfilled internally by the DMAS IT department who will add them during the video post-production phase. For live closed captioning needs for Webinars, DMAS is able to provide that service through Virginia Relay. Closed captioning requests can be sent to CivilRightsCoordinator@DMAS.Virginia.gov.

Note for DMAS staff only: See Appendix I: Policy and Procedure for Providing Auxiliary Aids and Services for Persons with Disabilities, and Appendix I-A: Language and Disability-Guidelines for Documents and Presentations.

10.4 Notice Requirements

DMAS recognizes the importance to communicate to beneficiaries, applicants, and members of the public that free language assistance and alternate forms of communications will be provided when needed, and that the Agency does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities.


Nondiscrimination Notice

The Department of Medical Assistance (DMAS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DMAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- **free** aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- **free** language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact us at 804-786-7933 (TTY: 1-800-343-0634)

DMAS staff conveys that information in a non-discrimination statement and language taglines written in the top 15 spoken languages in the Commonwealth of Virginia[22] on all vital written notifications to the members and potential enrollees. The name, telephone number, and TTY number to contact the DMAS Civil Rights Unit Manager is also included in addition to instructions on how to file a complaint**. *See Appendix D: Non-Discrimination Statement and Appendix E: DMAS Language Taglines.***

10.5 Grievance Policies and Procedures

DMAS has designated the DMAS Civil Rights Unit Manager as the neutral administrator of the Virginia Medicaid grievance process to ensure that DMAS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DMAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. DMAS takes seriously any complaints or allegations that an individual(s) has been discriminated against in the attempt to receive healthcare benefits on the basis of race, color, national origin, age, disability, or sex, or any other classification protected by federal and state civil rights laws.

DMAS has established a grievance procedure to provide a means through which Medicaid applicants and beneficiaries can raise allegations or complaints of discrimination and receive prompt attention and resolution. In addition, the procedures highlight the steps taken to review and resolve these kinds of complaints in a timely manner and in accordance with applicable federal and state civil rights laws and regulations, and DMAS policies and procedures. Grievance complaints must be filed with the DMAS Civil Rights Unit Manager within 60 days of the alleged discriminatory act, unless good cause exists to extend the timeframe as defined in the policies and procedures. **See Appendix C: DMAS Policy and Procedure for Civil Rights Complaints.**

11. Language Access Standards for Contractors, Sister Agencies, and Providers

DMAS will require its contractors and collaborating agencies to adhere to language access standards consistent with this Plan. These language access standards will be set forth in inter-agency agreements (IAG) and/or memorandums of understanding (MOU) with collaborating agencies serving similar LEP populations as DMAS. These IAGs and MOUs will include provisions to share best practices to enhance language access services across agencies.

Contracts between DMAS and its contracting entities include language access standards and monitoring provisions to ensure compliance. The managed care contracts with Cardinal Care include policies of nondiscrimination for its contracted entities and communication standards for individuals with LEP.

Note for DMAS staff only: See Appendix P: Sample of standard verbiage to be used in contracts/agreements with language and disability access requirements and Appendix F: Language Access Guidance for Providers.



12. Five Strategic Initiatives from the 2021 Language and Disability Access Plan

Ensuring language and disability access is integral to the DMAS core values of Service, Collaboration, Trust, Adaptability and Problem Solving. This Plan will be evaluated each year to determine what strategic initiatives can further DMAS' commitment to serving the LEP and disability populations. Below are the current five concrete strategic initiatives. In addition to monitoring this Plan and investigating grievance complaints, these initiatives will be overseen by the DMAS Civil Rights Unit Manager. These initiatives will ensure that no one is denied access to or meaningful participation in the Medicaid program because of language or disability.

12.1 Language and Disability Access Training

12.1.1 Objective

To develop language and disability access related training, as well as linguistic and cultural competency training, for Agency staff to ensure effective communication with LEP individuals and individuals with disabilities. DMAS qualified bilingual staff that currently provide language assistance services for the Agency will be also trained on translation and interpretation best practices.

12.1.2 Implementation Strategy



In 2021, in collaboration with the DMAS training unit, the DMAS Civil Rights Unit Manager developed and implemented training courses to cover staff training regarding language and disability access policies and procedures. All current and new DMAS staff are being trained on their obligation to provide meaningful access to information and services for LEP individuals and individuals with disabilities. Training seeks to make staff aware of the following:

- DMAS' obligation to provide meaningful access to LEP individuals and individuals with disabilities;
- Cultural competency and non-discrimination;

- Language and disability access policies, procedures, and protocol in responding to LEP individuals and individuals with disabilities contacting the Agency via telephone, written communications, and in-person contact that would include:
  - The Agency's civil rights obligations to individuals with LEP and people with disabilities;
  - The Agency's policies and procedures for ensuring effective communication with individuals with LEP and disabilities;
  - Using DMAS telephonic interpretation services;
  - Requesting an in-person interpreter, a document translation or auxiliary aids;
  - Working with interpreters;
  - How to communicate effectively and respectfully with LEP individuals and individuals with disabilities;
  - How staff track and record language preference information;
  - How staff inform LEP individuals and individuals with disabilities about available language and auxiliary aids assistance;
  - How staff will identify the language needs of LEP individuals and individuals with disabilities;
  - How to use bilingual staff for LEP services and which staff are authorized to provide in-language service; and
  - How staff will process language access complaints and grievances.

A refresher training will be provided biannually to all employees to be updated on any federal and state regulations changes along with new data related to population trends. The training materials are posted on the DMAS Civil Rights SharePoint page so that they can be accessed at any time needed.

12.1.3 Outcome Measures

- Report on DMAS staff that has completed the training.
- List of training events and presentations by date, format, and number of participants.
- Training content updates report with content implementation details and dates.
- Track the number of discrimination complaints related to language and disability access services and provide training revisions and adjustments to improve effectiveness and respect in communications with LEP individuals and individuals with disabilities.

12.1.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Develop Civil Rights training for all Agency staff	Completed	Dec-2021	Completed
Implement Civil Rights training for all Agency staff	Completed	Ongoing	Ongoing
Complete training content biennial refresher	Completed	July 2024	Completed

12.2 Accessibility, Quality Control and Technology



12.2.1 Objective

DMAS will institute procedures to assess the accessibility, accountability, quality of language assistance activities, and adoption of new technology to improve language and disability access.

12.2.2 Implementation Strategy

DMAS will create a quality control plan to include:

- Quality service assessments of translation and interpretation services from external vendors
  - Review call drop percentages from phone interpreting services
  - Timely availability of phone interpreters
  - Accuracy of document translations
- Quality service assessments of translation and interpretation services from internal bilingual staff
  - Ensure that language skills from bilingual staff meet the quality standard
  - Promote and recommend hiring for more Spanish-speaking staff
- Ensure all DMAS written and digital content materials adhere to language and disability access standards and regulations. Make changes to the Plan and its procedures on an annual basis.
- Stay informed on the latest technologies used to improve language and disability access

12.2.3 Outcome Measures

- Language services usage report (verbal interpretation/written translations)
- Bilingual staff assessment report

- Feedback summary report with implemented actions on comments received related to language and disability access quality of service
- DMAS translation initiatives report with estimated completion dates and language resource costs
- Plan updates report
- Policies and procedures updates report.

12.2.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Document the quality control plan	N/A	Dec-2020	Completed
Develop policies and procedures for language skills assessment for Spanish/English bilingual staff	N/A	Dec-2020	Completed
Perform language skills assessment to all Spanish bilingual staff	Ongoing	Dec- 2020-Ongoing	Ongoing
Develop policies and procedures to ensure all Agency's written and digital content materials adhere to language and disability access standards and regulations.	N/A	Mar-2022	Completed
Make changes to the Plan and its procedures on an annual basis and report annually to the DMAS Executive Leadership Team.	Ongoing	Jan 2022-Ongoing	Ongoing
Develop language and disability access usage report for the Agency	N/A	Dec-2020	Completed

12.3 Plan Dissemination to Internal Staff and External Stakeholders

12.3.1 Objective

Establish methods for communicating to employees, external stakeholders, Medicaid members and potential enrollees the availability of the Language and Disability Access Plan, its policies and procedures and related LEP and disability population trends.

12.3.2 Implementation Strategy

DMAS will develop a comprehensive communication plan that will include:

- Strategy for the LEP and individuals with disabilities communities:
  - Include the Plan and its policies and procedures on the DMAS internet website
  - Share member language counts on a DMAS website dashboard
- Strategy for the Agency's internal staff:
  - Notify when the Plan has been signed
  - Disseminate the Plan to DMAS employees utilizing electronic mail and publishing the Plan under the DMAS Civil Rights internal SharePoint page
  - Provide annual notification to DMAS staff of updates made to the Plan

12.3.3 Outcome Measures

- DMAS Civil Rights website page traffic statistics
- Track SharePoint Civil Rights' page number of visits

12.3.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Document the Communication Plan	N/A	Dec-2020	Completed
Upload electronic copy to the DMAS website	N/A	Jun-2021	Completed
Develop Internal SharePoint Civil Rights Page	N/A	Oct-2020	Completed
Make plan available in Spanish	N/A	Dec-2021	Completed
Share member language counts on a DMAS website dashboard	December 2026	March-2026	Completed

12.4 Monitoring Trends in the Need of Language Access

12.4.1 Objective

To collect and update data by "language spoken/used," and disability, in order to assess the effectiveness of the Medicaid program and services for LEP and disability populations served. Collected data will be used for planning, budgeting, and implementation purposes of current and future Plans when providing language assistance and disability accommodations, as well as for adjustment purposes at the end of each fiscal year.



12.4.2 Implementation Strategy

DMAS will continue to utilize the VaCMS system to track the languages spoken by LEP individuals. Quarterly member languages reports will continue to be pulled from the MMIS system, until the transition to the new MES portal is fully implemented.

To ensure the best accuracy on the languages spoken among the Medicaid members, the DMAS Civil Rights Unit Manager will work with the DMAS Healthcare Analytics Division to

establish guidelines on best practices when pulling member language count reports to ensure data accuracy.

The DMAS Civil Rights Unit Manager assesses the Agency's contracts/agreements with its contractors and partnered agencies to ensure subcontractors' compliance with providing services to persons with disabilities and persons who are LEP.

The data monitoring will critically assess progress and adjust the language and disability access plan on a continuing basis.

12.4.3 Outcome Measures

- DMAS Quarterly member language reports
- Main DMAS contractors/agencies language usage reports
- Report on contracts and Agency agreements that have incorporated their applicable standard verbiage for language and disability access compliance

12.4.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Collect preferred spoken language data among Va Medicaid members	N/A	Jan-2018-Ongoing	Ongoing
Monitor Va Medicaid language count reports	N/A	Dec-2020-Ongoing	Ongoing
Document the standard requirements for member language counts to ensure data accuracy (to include language counts within the 5 and older population)	Dec-2025	May 2024	Complete

12.5 Stakeholder Consultation

12.5.1 Objective

DMAS will consult with partners and stakeholders, including individuals with limited English proficiency and people with disabilities and their families in identifying LEP and disability population needs in order to assess and develop strategies on an ongoing basis to enhance language and disability access to Medicaid programs and services.



12.5.2 Implementation Strategy

DMAS will form a Forum on Language and Disability Access that will be represented by the LEP and disability communities, advocacy organizations, refugee resettlement organizations, and other state agencies with overlapping LEP individuals and people with disabilities.

DMAS will also use studies, reports, or other relevant material produced by stakeholders as forms of stakeholders' input.

DMAS will create and conduct outreach to engage with stakeholders and develop an effective system to gather feedback on language and access services by implementing mechanisms that record stakeholder input regarding meaningful access to DMAS programs and services.

DMAS will share its Plan with stakeholders on an annual basis to receive input regarding meaningful access to DMAS' programs and activities.

12.5.3 Outcome Measures

- Compile a library of studies and reports produced by stakeholders that will be stored at the Civil Rights SharePoint page
- Develop a feedback summary report with implemented actions on comments received from stakeholders related to language and disability access quality of service
- Develop a community stakeholder calendar that will contain the dates of stakeholder's interactions with DMAS (such as focus group meetings, webinars and presentations)

12.5.4 Implementation Timeline

Action Item	Tentative Completion Date	Completion Date	Status
Define stakeholder consultation strategy and format	Dec-2022	January 2023	Completed
Implement stakeholder consultation	Jan-2023	May 2023	Ongoing

Conclusion

This Language and Disability Access Plan shows our commitment to improve the health and well-being of Virginians by removing any communication barriers among the LEP and the disability communities. This Plan is also our Agency guidance to meet legal Federal and state requirements that prohibit discrimination on the basis of race, color, national origin, sex, age, disability, religion, and it will be reviewed annually to ensure we are consistently in compliance with those regulations.

The Virginia population is changing, and the number of LEP individuals and people with disabilities keeps increasing at a substantial rate. At DMAS, we know how critical language and auxiliary aids services are for the LEP and the disabled communities, and we want to make certain that these communities are offered equitable opportunities to access Medicaid.

DMAS welcomes feedback to strengthen this Plan. Comments can be submitted to the DMAS Civil Rights Unit Manager via e-mail at CivilRightsCoordinator@DMAS.Virginia.Gov or by mail at Department of Medical Assistance Services, Attn: Civil Rights Unit Manager, 600 E. Broad Street, Richmond, VA 23219.

Appendix A: Acts, Acronyms, and Definitions

Americans with Disabilities Act (ADA)

Requires state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities (Title II).

Auxiliary Aids and Services

Is making aurally delivered materials available to individuals who are Deaf and Hard of Hearing and includes; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual limitations; acquisition or modification of equipment or devices; and other similar services and actions. These auxiliary aids and services will enable individuals to fully benefit from and participate in Departmental programs and services. See 45 C.F.R. § 84.52(d) (3); 28 C.F.R. § 35.104; and P.L.110-325, the ADA Amendments Act of 2008.

Closed Captioning

Closed captioning is the process of displaying text on a television, video screen, or other visual display to provide additional or interpretive information

Certified Interpreter

A person who is certified by the National Registry of Interpreters for the Deaf (RID) or other national or state interpreter assessment and certification program.

CHIP (Children's Health Insurance Program)

Health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

Civil Rights Act

Comprehensive U.S. legislation intended to end discrimination based on race, color, religion, or national origin. It assures nondiscrimination in the distribution of funds under federally assisted programs (Title VI).

CMS (Center for Medicare and Medicaid Services)

Federal agency within the U.S. Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

Consecutive interpretation

The interpreter converts the words into the target language after the speaker delivers one or two sentences.

Disability

A condition that substantially limits a major life activity, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working.

Discrimination

The failure to treat persons equally because of their race, sex, color, age, religion, marital status, national origin, political beliefs, or disability.

DMAS Civil Rights Unit Manager

This is an individual charged with implementing the requirements of Titles I and II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act; ensuring the provision of auxiliary aids and services for customers with disabilities, requiring auxiliary aids and services to ensure effective access to services offered by the Department.

FAMIS (Family Access to Medical Insurance Security)

Is a comprehensive health insurance program for uninsured children from birth through age 18. FAMIS is administered by the Virginia Department of Medical Assistant Services (DMAS) and is funded by the state and federal government.

Language Assistance Services

(1) Interpretation. Interpretation is an oral language assistance service. Oral language assistance service may come in the form of "in-language" communication (a demonstrably qualified staff member communicating directly in an LEP person's language) or interpreting. (2) Translation. Translation is a written communication service. Translators convert written materials from one language into another. They must have excellent writing and analytical ability, and because the translations that they produce must be accurate, they also need good editing skills.

Limited English Proficient (LEP)

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.

MCO (Managed Care Organization)

A health plan contracted to provide medical services and coordinate health care services through a network of providers.

Patient Protection and Affordable Care Act

Provides numerous rights and protections that make health coverage more fair and easy to understand, along with subsidies (through "premium tax credits" and "cost-sharing reductions") to make it more affordable.

Sight translation

Refers to the process of reading a document or piece of writing in the original language, and translating it out loud in the target language.

Sign language

A system of communication using visual gestures and signs, as used by deaf people.

Simultaneous interpretation

An interpreter translates the message from the source of language to the target language in real-time.

Summarization interpretation

Involves listening/watching/reading a message (oral, signed or written) and then interpreting the essence or summary of that message.

Social Security Act (Title XIX)

Enacted in 1965, Title XIX of the Social Security Act established regulations for the Medicaid program, which provides funding for medical and health-related services for persons with limited income; mainly covering pregnant women, adults with dependents, people with disabilities and the elderly.

TTY/TDD. TTY (Teletypewriter) or TDD (Telecommunications Device for Deaf)

Devices that are used with a telephone to communicate with persons who are Deaf and Hard of Hearing or who have speech limitations by typing and reading communications.

US Department of Health and Human Services (HHS) – Office for Civil Rights.

The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI of the Civil Rights Act of 1964, as amended, Title IX, Section 504, the Age Discrimination Act of 1978, and the Omnibus Budget Reconciliation Action of 1981, as amended.

US Department of Justice (DOJ) – Office for Civil Rights.

The federal agency responsible for Departmental compliance with federal regulations, including but not limited to, Title VI - Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency.

Appendix B: Verbal Interpretation Services Available through the MCO Plan

Medicaid members with limited English proficiency (LEP) or those needing sign language interpretation can request free interpreting services for medical appointments **by calling their MCO's Member Services line**. Healthcare providers seeing Medicaid members in an MCO can also access these free services, which may include on-site, phone, or video remote interpreting. To ensure availability, requests should be made to the MCO in advance. While timeframes may vary, most MCOs require 3-5 business days for scheduling.

Providing language services ensures that Medicaid members receive quality care, understand their health conditions, and follow treatment plans correctly. By utilizing the free interpretation services available through Medicaid MCOs, providers can improve health outcomes, reduce costs associated with miscommunication, and comply with federal Title VI civil rights laws requiring meaningful access to care.

For more information, Medicaid members and providers should contact their MCO directly:

MCO	Member Services	Provider Relations
Aetna Better Health	1-800-279-1878 or TTY: 711	1-800-279-1878
Anthem Healthkeepers Plus	1-800-901-0020 or TTY: 711	1-800-901-0020
Sentara Community Plan **Northern Va. Kaiser Permanente**	1-800-881-2166 or TTY: 711 1-855-249-5025	1-800-229-8822 (Provider Services) 1-855-687-6260 (interpreter services specific for providers)
United HealthCare Community Plan	1-844-752-9434 or TTY: 711	1-844-284-0146 (Provider Services) 1-877-842-3210 (TTY 711) (interpreter services specific for providers)
Humana Healthy Horizons	1-844-881-4482 or TTY: 711	1-844-881-4482

Appendix C: DMAS Policy and Procedure for Civil Rights Complaints

Purpose & Scope

This policy establishes a framework to ensure that complaints of discrimination related to the provision of and/or access to Virginia Medicaid programs and services are reported and investigated by DMAS in accordance with the requirements of all applicable federal and state civil rights laws, including Section 1557 of the Affordable Care Act.

This document is the responsibility of the Appeal Division's Civil Rights Unit. All DMAS employees are responsible for complying with the policies and procedures set forth below.

Definitions

- Civil Rights Unit Manager - The person designated by DMAS to receive and process complaints or allegations of discrimination
- Complainant - The person who filed a complaint of alleged discrimination; can be an individual, individual's authorized representative, the parent or legal guardian of a minor child, or a Medicaid provider
- Complaint - An allegation that discrimination has occurred
- DMAS - Department of Medical Assistance Services, including any of its contractors
- Impacted Party - The individual who was affected by the alleged act of discrimination
- OCR – U.S. Department of Health and Human Services, Office for Civil Rights

Policy

DMAS complies with all applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DMAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. DMAS takes seriously any complaint or allegation that an individual(s) has been discriminated against in the attempt to receive healthcare benefits on the basis of race, color, national origin, age, disability, or sex, or any other classification protected by federal and state civil rights laws. To ensure that allegations or complaints of discrimination receive prompt attention, DMAS has established a procedure to review and resolve discrimination complaints in a timely manner

and in accordance with applicable federal and state civil rights laws and regulations, as well as other DMAS policies, procedures, and contract requirements.

Non-Retaliation: In accordance with the applicable federal and state civil rights laws, no DMAS employee, or other contractor or other person will intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured under those federal and state regulations, or because such person has made a complaint, testified, assisted, or participated in any manner in an investigation under these policies and procedures.

Confidentiality of Information: The existence of a Complaint and identity of Complainants is kept confidential except to the extent necessary to carry out the complaint investigation or to respond to requests from federal or state agencies authorized to receive such information. Likewise, the result of the investigation and decision on the complaint is confidential and will only be disseminated if required by law.

Procedure

The procedure documented below comprises three main steps: 1) the filing of a discrimination complaint, 2) review and determination, and 3) implementation of corrective action plans to resolve discrimination complaints.

Filing a Discrimination Complaint

A. Filing a Complaint. A Complainant may file a complaint with the DMAS Civil Rights Unit Manager by any of the following means:

- Mail/Delivery Service: Civil Rights Unit Manager, DMAS, 600 E. Broad St., Richmond, VA 23219
- E-mail: CivilRightsCoordinator@DMAS.Virginia.Gov
- Telephone: (804) 786-7933 (TTY: 1-800-343-0634)
- Fax: (804) 452-5454

The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. Complainants may receive assistance from DMAS with filing a discrimination complaint alleging that he/she may have been discriminated against on the basis of disability, age, race, color, religion, sex, national origin, or any other protected status. Complainants may also complete the Virginia Medicaid civil rights complaint form that can be accessed by the public by contacting the DMAS Civil Rights Unit Manager.

If the complaint is speculative, conclusory, or incoherent, or lacks sufficient detail to infer discrimination, then the Civil Rights Unit Manager will contact the complainant and request that

additional information be provided within 14 calendar days. At a minimum the complainant must respond with: (i) the act(s) of alleged discrimination, (ii) date(s) of the alleged discrimination, (iii) person(s) or agency that was involved in the alleged discrimination, and (iv) remedy sought. The time period that the Complainant took to file the response will be added to the total number of days DMAS has to make a decision on the Complaint.

Filing a complaint on behalf of someone else must be done with appropriate documentation of authorization to represent the impacted individual, such as a power of attorney or guardianship papers. If the information is not included, DMAS will send an authorized representative request letter with an authorized representative form, and require it to be returned in 14 calendar days. The time period it takes to return the document will extend the 60 day time period to issue a decision. Parents of children younger than 18 years-old automatically qualify as authorized representatives.

DMAS will provide, at no cost, translation or alternative communication services to any Complainant who requires communication assistance to file a discrimination Complaint due to a disability or limited English proficiency.

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Complainants may also directly file a complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR).

- Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Mail/Delivery Service: U.S. Department of Health and Human Services, Hubert H. Humphry Building 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201
- Telephone: 1-800-368-1019 (TDD: 800-537-7697)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Complaints filed with OCR are investigated by OCR, not DMAS. OCR has its own policies and procedures.

B. Recording the Complaint. The DMAS Civil Rights Unit Manager will log the information related to the Complaint in the *DMAS Discrimination Complaints Tracking Sheet.xlsx*, including:

- The identity of the party filing the Complaint, including first name, last name, mailing address, phone number, and e-mail address (if known);
- The impacted party (if different than the Complainant);

- The Complainant's/Impacted Party's relationship to DMAS;
- The alleged actor of the discriminatory treatment;
- The circumstances of the Complaint;
- The date the Complaint was filed;
- The assigned Complaint reference number; and
- DMAS's suggested resolution, when reached.

C. Timely Filing. A Complaint must be filed with DMAS within 60 calendar days of the date of the alleged discrimination. The Complaint is deemed "filed" when it is received by the DMAS Civil Rights Unit Manager, whether submitted by mail or electronic means. If a Complainant shows good cause, DMAS may extend the timeframe for filing a Complaint.

1. If the Complaint is filed outside of the 60-day time period and a reason was not given in the Complaint for the untimely filing, the Civil Rights Unit Manager will request in writing through the good cause statement letter, that the Complainant explain the circumstances for the late filing. The Complainant will have 14 calendar days from the date the DMAS letter is sent in order to file a reply. If the Complainant does not reply in that period, the Complaint will be closed as not timely filed. If the Complainant replies in that period, the Civil Rights Unit Manager will make a determination on whether good cause existed.
2. Good cause includes, but is not limited to:
    a. The Complainant or Impacted Party was seriously ill, which prevented a timely filing;
    b. There was a death or serious illness in the Complainant or Impacted Party's immediate family;
    c. An accident caused important records to be destroyed;
    d. Documentation was difficult to locate within the time limits;
    e. An attempt was made to resolve the dispute before filing a Complaint;
    f. The Impacted Party or the Complainant lacked capacity to understand the timeframe for filing a Complaint;

g. The Complainant sent the complaint to another government agency in good faith within the time limit; or

h. Unusual or unavoidable circumstances prevented a timely filing.

3. Any non-timely Complaint that is accepted due to meeting good cause will be documented in the case file stating the reason that the Complaint was accepted beyond the required filing timeline. If a request for good cause was made by DMAS, the period that the Complainant took to file the good cause response will be added to the total number of days DMAS has to make a decision on the Complaint.

4. If a good cause response is received, but the Civil Rights Unit Manager finds that it does not meet the standard for good cause, then the Complainant will be notified in writing that the Complaint is closed and the reason for the closure.

D. Record Retention. All discrimination complaints received by DMAS are logged by the Civil Rights Unit Manager in *DMAS Discrimination Complaints Tracking Sheet.xlsx*. Records are maintained for three (3) years from the closure date of the Complaint.

Review and Determination

A. Initial Review. The initial review of a Complaint will determine whether the Complaint should be investigated further, closed, or referred elsewhere.

1. The DMAS Civil Rights Unit Manager will perform an initial complaint review and will assess the following points to determine if the Complaint is valid and needs further investigation:

    a. Does the Complaint have sufficient information to conduct an investigation?

    b. Was the Complaint filed in a timely manner or is there good cause for the late filing?

    c. Was the Complaint filed by the Impacted Party or someone who has proper authorization to pursue the Complaint on behalf of the Impacted Party?

    d. Is the Complainant's issue within DMAS's legal, contractual, and/or authority to review?

    e. Is it a civil rights claim?

2. A Complaint would be invalid if:

    a. DMAS does not have legal authority to investigate the Complaint;

    b. The Complaint fails to state a violation of civil rights laws or regulations;

    c. The Complaint was not filed timely and good cause did not exist to accept the complaint;

    d. The Complainant did not submit proper authorization to represent the Impacted Party;

    e. The Complaint is speculative, conclusory, or incoherent, or lacks sufficient detail to infer discrimination and the Complainant does not provide the information the DMAS Civil Rights Unit Manager requests within 14 calendar days of the request.;

    f. The Complaint has been investigated by another federal, state, or local civil rights agency or through other internal grievance procedures, including due process proceedings, and there was a comparable resolution process pursuant to legal standards that are acceptable to DMAS or, if still pending, DMAS anticipates that there will be a comparable resolution process pursuant to legal standards that are acceptable to DMAS. DMAS will advise the Complainant that he or she may re-file within 60 days of the completion of the other entity's action if there has been no decision on the merits of the case; or

    g. The same or similar allegations based on the same operative facts have been filed by the Complainant against the same recipient in state or Federal court. DMAS will advise the Complainant that he or she may re-file within 60 days of the termination of the court proceeding if there has been no decision on the merits of the case or settlement of the court complaint.

3. Within five business days of the Complaint being filed, the DMAS Civil Rights Unit Manager will notify the Complainant in writing whether: (i) proof of authorization is needed if filing a complaint on behalf of someone else; (ii) good cause is needed due to untimely filing; (iii) additional information is needed to process the Complaint; (iv) the Complaint is invalid and the reason why (See invalid complaint letter); or (v) the Complaint will be investigated.

B. Investigation. All Complaints that are not dismissed as invalid will be investigated. This investigation may be informal, but it will be thorough,

affording all interested persons an opportunity to submit evidence relevant to the Complaint. DMAS will request that a written response be made to the Civil Rights Unit Manager by the individual/entity who was alleged to have engaged in discrimination. The Civil Rights Unit Manager will provide that individual/entity a copy of the Complaint and any other documents submitted by the Complainant. The individual/entity shall have up to 14 calendar days to file the response with DMAS unless an extension is granted by the Civil Rights Unit Manager. Following receipt of the response, the Civil Rights Unit Manager may need to contact other individuals in order to gather all of the necessary facts to complete a full investigation.

C. Written Decision. All Complaints that are not dismissed as invalid during the initial review will receive a full written decision, unless the Complainant elects to withdraw the Complaint in writing because the requested remedy was fulfilled. In those instances, the Civil Rights Unit Manager will nevertheless evaluate whether a corrective action plan is necessary based on the findings of the investigation

1. Timeline to Make a Decision: Within 60 calendar days of the Complaint being filed, the Civil Rights Unit Manager will issue a written decision to the Complainant and the individual/entity who was alleged to have engaged in discrimination. The 60-day period will be extended if good cause or additional information was requested by DMAS. The calculation for that extension is performed by adding to the 60-day deadline the number of days it took the Complainant to file a response to the DMAS request (e.g., if DMAS requested good cause and the Complainant replied 7 days after the request was made, the decision deadline would be 67 days from when the Complaint was received).

   If DMAS is unable to complete the investigation within the appropriate decision period because additional time is reasonably necessary to complete the investigation, including information requested from a provider, contractor, or other entity involved in the Complaint, the Civil Rights Unit Manager may extend the decision timeline. DMAS will notify the Complainant in writing of the delay and provide an anticipated timeframe for issuing the written decision.

   The Complainant can request a quicker decision if the standard 60-day period would jeopardize the individual's life, health or ability to attain, maintain, or regain maximum function. Documentation must support

that request and the ultimate determination is in the discretion of the Civil Rights Unit Manager.

2. Standard of Review: The Civil Rights Unit Manager will use the preponderance of the evidence standard when making a determination on whether or not discrimination has occurred. A preponderance of the evidence exists if it is more likely than not that discrimination occurred.

3. Content of Final Decision: The Civil Rights Unit Manager will fully explain the rationale for the decision and include:

    a. DMAS' jurisdiction to make a decision on the Complaint;

    b. An identification of all relevant parties to the Complaint;

    c. A summary of the alleged discriminatory action(s);

    d. A summary of the response received from the individual/entity alleged to have engaged in discrimination;

    e. A summary of any other information gathered by the Civil Rights Unit Manager during the course of the investigation;

    f. An explanation of whether there are sufficient facts to conclude by a preponderance of the evidence that discrimination occurred; and

    g. If discrimination was found, what the next steps are to address the discrimination.

The decision will also inform the Complainant that if they are not satisfied with the DMAS determination, then the Complainant has the right to pursue further administrative or legal remedies. The decision will include the contact information for the federal Office for Civil Rights.

As needed or required, the Impacted Individual will be informed of the Complaint and will be provided a copy of DMAS' final decision.

Implementation of Corrective Action Plans to Resolve Discrimination Complaints

A. **Corrective Action Plan:** Where an investigation finds that discrimination occurred, the Civil Rights Unit Manager will work with the appropriate DMAS Division to develop a corrective action plan.

    1. **Employees**: Where the Complaint involves a DMAS employee, volunteer, or contract employee, the civil rights coordinator will refer

the investigation findings and corrective action plan to the employee's division director and DMAS' Human Capital & Development Division.

2. **Providers**: Where the Complaint involves a DMAS provider or provider's employees, the Civil Rights Unit Manager will refer the investigation findings and corrective action plan to DMAS' Program Operations Division.

3. **Vendors/Subcontractors/State Agencies**: Where the Complaint involves a DMAS vendor, subcontractor, or other Virginia State Agency, the Civil Rights Unit Manager will refer the investigation findings and corrective action plan to DMAS' Procurement and Contract Management Division, as well as the applicable DMAS contract monitor/administrator.

   If the Complaint involves a privacy violation, such as not complying with the Health Insurance Portability and Accountability Act, the Civil Rights Unit Manager will also consult DMAS' Privacy Officer to develop the corrective action plan.

B. **Training Approval.** A discrimination Complaint resolution corrective action plan may consist of approved nondiscrimination training on relevant discrimination topics. Prior to use, the nondiscrimination training material shall be reviewed and approved by the DMAS Civil Rights Unit Manager.

C. **Implementation Timeline.** Time periods for the implementation of the corrective action plan and nondiscrimination training shall be designated by the DMAS Civil Rights Unit Manager.

D. **Complaint Resolution**. DMAS, in its sole discretion, shall determine when a satisfactory discrimination complaint resolution has been reached.

Related Documents

- Age Discrimination Act of 1975 (42 U.S.C. §§6101-6107)
- Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.)
- Civil Rights Act of 1964, Title VI (42 U.S.C. §§2000d - 2000d-7)
- DMAS Discrimination Complaints Tracking Sheet.xlsx
- Patient Protection and Affordable Care Act, Section 1557 (42 U.S.C. §18116)
- Rehabilitation Act of 1973, Section 504 (29 U.S.C. §701 et seq.)

- Virginia Medicaid Civil Rights Complaint Form
- Virginia Medicaid Civil Rights Complaints - Authorized Representative Letter Request
- Virginia Medicaid Civil Rights Complaints - Authorized Representative Form
- Virginia Medicaid Civil Rights Complaints - Good Cause Statement
- Virginia Medicaid Civil Rights Complaints - Invalid Complaint Letter

Revision History

Process Owner: DMAS Civil Rights Unit Manager

Date	Revision Description	Approved By
05/01/2020	Original issuance	
05/26/2022	Reformatted to new template; reviewed and edited	John Stanwix
07/05/2023	Annual review	John Stanwix
04/19/2024	Annual review	John Stanwix
07/01/2025	Annual review	John Stanwix
10/01/26	Annual review	Montserrat Serra

Appendix D: DMAS Non-Discrimination Statement

It is important we treat you fairly.

We will keep your information secure and private.

This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

This agency provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). This agency also provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call us at 1-855-242-8282 (TTY: 1-888-221-1590).

If you believe that this agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or by phone at: Civil Rights Unit Manager, DMAS, 600 E. Broad St., Richmond, VA 23219, Telephone: (804) 786-7933 (TTY: 1-800-343-0634). If you need help filing a grievance, the DMAS Civil Rights Unit Manager is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or** by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019 (TTY 800-537-7697). Complaint forms are available at **https://hhs.gov/ocr/office/file/index.html.**

This notice is available at https://coverva.dmas.virginia.gov/non-discrimination/

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If you are visually impaired and need large print or other assistance to access this document, please contact us at 1-855-242-8282 (TTY: 1-888-221-1590).

Appendix E: DMAS Language Taglines

Help in Any Language

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 804-786-7933 (TTY:1-800-343-0634).

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 804-786-7933 (TTY: 1-800-343-0634).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 804-786-7933 (TTY:1-800-343-0634)번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 804-786-7933 (TTY:1-800-343-0634).

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 804-786-7933（TTY:1-800-343-0634）。

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 804-786-7933 (رقم هاتف الصم والبكم: 1-800-343-0634).

አማርኛ (Amharic)
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 804-786-7933 (ምስማት ለተሳናቸው: 1-800-343-0634).

Urdu اردو
توجہ: اگر آپ اردو نہیں بولتے ہیں، تو آپ کے لیے لینگویج اسسٹنس سروسز مفت میں دستیاب ہیں۔ کال کریں 804-786-7933 (TTY:1-800-343-0634)۔

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 804-786-7933 (TTY:1-800-343-0634).

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 804-786-7933 (TTY:1-800-343-0634) تماس بگیرید.

Français (French)
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 804-786-7933 (TTY:1-800-343-0634).

বাংলা (Bengali)
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 804-786-7933 (TTY:1-800-343-0634)।

తెలుగు (Telugu)

గమనించండి: మీకు ఇంగ్లీషు రాకపోతే, భాషా సహాయ సేవలు మీకు ఉచితంగా అందుబాటులో ఉంటాయి. 804-786-7933 (TTY:1-800-343-0634)కి కాల్ చేయండి.

हिंदी (Hindi)
नोट: यदि आप हिंदी बोलते हैं, तो भाषा समर्थन सेवाएं आपको मुफ्त में उपलब्ध हैं। कॉल 804-786-7933 (TTY:1-800-343-0634)।

नेपाली (Nepali)
ध्यान दिनहोस्: तपाईले नेपाली बोल्नुहुन्न भने, तपाईलाई निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। 804-786-7933 (TTY:1-800-343-0634) मा कल गर्नुहोस्।

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 804-786-7933 (телетайп:1-800-343-0634).

Sources

[1] See State Plans for Medical Assistance, Sec. 1902. [42 U.S.C. 1396a], available at: https://www.ssa.gov/OP_Home/ssact/title19/1902.htm

[2] See HHS Mission Statement, available at: https://www.hhs.gov/about/index.html

[3] Point to Your Language Cards" from Lionbridge interpreting services. These cards have the phrase, "Do you speak [name of language]? We will provide an interpreter for you over the phone. There is no charge for this service." in different languages, so that an individual can point and communicate to others which language he or she speaks. These cards are available to DMAS staff

[4] Performing a needs assessment evaluation is a recommended action included in the 2021 Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, which is a document produced by the Civil Rights Division of the U.S. Department of Justice.

[5] See Title VI of the Civil Rights Act of 1964 available at: https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap21-subchapV.pdf

[6] See Americans with Disabilities Act (ADA), Title II, available at: https://www.ada.gov/ada_title_II.htm

[7] See Section 1557 of the Patient Protection and Affordable Care Act, available at: https://www.govinfo.gov/content/pkg/FR-2016-05-18/pdf/2016-11458.pdf

[8] See Executive Order 12250, Leadership and Coordination of Nondiscrimination Laws, available at: https://www.govinfo.gov/content/pkg/CFR-2019-title28-vol1/xml/CFR-2019-title28-vol1-part41.xml

[9] DMAS acknowledges that many phone contacts about applying for medical assistance services and questions about Medicaid benefits are made to the Virginia Department of Social Services ("DSS") – both through the Enterprise Customer Service Call Center and to the DSS offices in the local counties and cities. DMAS does not currently have data on these interactions, but is working to add this information into a revised Memorandum of Understanding with DSS.

[10] See 42 CFR § 435.905 - Availability and accessibility of program information, available at: https://www.law.cornell.edu/cfr/text/42/435.905

[11] See Section 508 of the Rehabilitation Act of 1973, available at: https://www.section508.gov/manage/laws-and-policies

[12] See Title VI of the Civil Rights Act of 1964 available at: https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap21-subchapV.pdf

[13] See Section 1557 of the Patient Protection and Affordable Care Act, available at: https://www.govinfo.gov/content/pkg/FR-2016-05-18/pdf/2016-11458.pdf

[14] See Americans with Disabilities Act (ADA), Title II, available at: https://www.ada.gov/ada_title_II.htm

[15] See section 508 Amendment to the Rehabilitation Act of 1973, available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index

[16] "Point to Your Language Cards" from Lionbridge interpreting services. These cards, have the phrase "Do you speak [name of language]? We will provide an interpreter for you over the phone. There is no charge for this service" in different languages, so that an individual can point and communicate to others which language he or she speaks. For internal DMAS staff only: Cards are on the K-Drive under the Civil Rights Coordinator folder.

[17] See Electronic Code of Federal Regulations (e-CFR) 42 CFR § 438.10(d) - Information requirements, available at: https://www.law.cornell.edu/cfr/text/42/438.10

[18] See Section 508 Amendment to the Rehabilitation Act of 1973, available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index

[19] See Centers for Medicare and Medicaid Services. Section 508, available at https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508

[20] See chapter 10.3.2 VITA's authority to promulgate regulations pertaining to Section 508, available at: https://www.vita.virginia.gov/policy--governance/governance/vita-rules/