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# LANGUAGE AND DISABILITY ACCESS ASSESSMENT: DMAS



**JANUARY 6, 2026**

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Implementation Roadmap

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# I. INTRODUCTION

The Virginia Commonwealth University (VCU) Partnership for People with Disabilities conducted the 2024 Language & Disability Access Assessment to understand how Virginia residents with Limited English Proficiency (LEP) and/or disabilities access services across 11 Health and Human Resources (HHR) agencies. The effort's objective was to improve equity and overall resident experience. It did not include an assessment of legal compliance. This document summarizes findings from the Access Assessment, offers a potential governance model, and includes the proposed agency implementation plan and assessment outcomes. The proposed implementation plan synthesizes actions that agencies, the Office of the Secretary of HHR (OSHHR), and other stakeholders may consider to address improvement opportunities identified during the assessment.

## A. LANDSCAPE ASSESSMENT

The project team conducted a landscape assessment to understand the current state of accessibility across the HHR agencies. The landscape assessment and associated analyses consisted of 40 interviews completed with 33 agency points of contact (POCs), subject matter experts (SMEs) from all agencies, and 9 community-based advocacy organizations. In addition, the project team reviewed 16 agency policies and strategic reports and 22 results of surveys conducted with HHR agencies. This assessment produced a perspective for the Department of Medical Assistance Services (DMAS) across four dimensions.

**THE STRATEGY** analysis reviewed agencies' access strategies, proposed implementation plans, and budgets. This review indicated that one out of eleven (1/11) agencies have strategies finalized for both language and disability and 6/11 agencies have draft language and/or disability access strategies. 4/11 agencies report having a line-item in the budget for language and disability accommodations. 3/7 resident-facing agencies report current or anticipated challenges cascading their access strategies once finalized.

**THE PEOPLE** analysis reviewed whether agencies have access coordinators and provide accessibility training. This review indicated that the majority of resident-facing agencies (4/7 agencies) still need to determine who in the agency is responsible for coordinating access (e.g., either assigning responsibility to current roles or creating new roles). On accessibility training, the majority of agencies (4/7 resident-facing agencies) report not consistently providing accessibility training.

**THE PROCESS** analysis reviewed data collection and reporting as well as coordination internally and externally (e.g., with contractors). This review indicated variation in data collection (e.g., one resident-facing agency reported having a robust data collection process to track resident accommodation needs). In addition, most agencies (10/11) reported insufficient resources (e.g., staff, funds) to ensure that vendors and contractors comply with accessibility requirements. Underscoring

the need for local coordination, 6/7 resident-facing agencies provide services through local entities, 4/7 resident-facing agencies provide services through local units of the agency, and 4/7 resident-facing agencies provide services through semi-autonomous local partners.

**THE SYSTEMS** analysis leveraged the Department of Justice (DOJ) four-factor framework to review ways that agencies could improve service delivery. This examination revealed that there are improvement opportunities in the tracking and reporting of accommodation costs: only 1/11 of agencies reported costs for both LEP and disability accommodations.

## **B. DEEP DIVE ASSESSMENTS**

In addition to the landscape assessment of all agencies, the project team conducted deep dive assessments of the Virginia Department of Social Services (VDSS) and the Department of Behavioral Health and Developmental Services (DBHDS). The project team used “journey mapping” to understand the experience of residents with LEP and/or disabilities accessing services. The approach (see the “Journey Map Playbook” on the Accessibility Materials site) involved interviewing 22 residents with lived experience and engaging 20 local sites (e.g., Community Services Boards (CSBs), Local Departments of Social Services (LDSSs)). This review indicated five barriers to accessibility.

**FORMS AND NOTICES:** Applications, forms, and notices shared with residents can be long, involve complicated wording, include undefined acronyms, use small text, and offered in limited languages.

**DIGITAL PLATFORMS:** Platforms used to collect information from residents (e.g., online application portals) may have limited translation options or encounter problems with translation accuracy. In addition, platforms are slow and often crash.

**INFORMATIONAL RESOURCES:** Channels that share information about services with residents (including websites), may not adhere to access standards, may not be translated, and can be overly complex.

**INTERPRETATION SERVICES:** Non-English and American Sign Language (ASL) interpretation, both in-person and through remote channels like telephone or zoom may have challenges with quality, accuracy, and consistency.

**STAFF INTERACTION WITH RESIDENTS:** Staff members may not be consistently trained on how to provide accommodations to residents.

## **C. PROPOSED IMPLEMENTATION PLAN**

Based on the improvement opportunities identified through the landscape and deep dive assessments, agency POCs, SMEs, and other stakeholders determined actions to address the improvement opportunities. These actions are summarized in the following proposed implementation plan, along with prioritization and sequencing. In addition to agency-specific actions, the project team developed a proposed governance model with cross-cutting initiatives to promote HHR-wide coordination. The proposed implementation plan and governance model provide OSHHR and the HHR agencies with a go-forward plan to improve accessibility for Virginia residents with LEP and/or disabilities.

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## **II. GOVERNANCE**

### **A. OVERVIEW**

The governance model is intended to provide a structure for reporting progress and raising challenges with the implementation of agency-specific plans and cross-agency actions. The approach aims to support HHR-wide collaboration (e.g., sharing resources, reporting best practices) and provide an opportunity to celebrate wins and problem solve roadblocks.

### **B. COMPONENTS OF THE GOVERNANCE MODEL**

The governance model consists of two stakeholder groups, the Steering Committee and the Agency Implementation Teams (AITs). The responsibilities and composition of each group are described here, pending confirmation for the respective agencies/stakeholder groups:

*Table 1: List of stakeholder groups and designated individuals for governance*

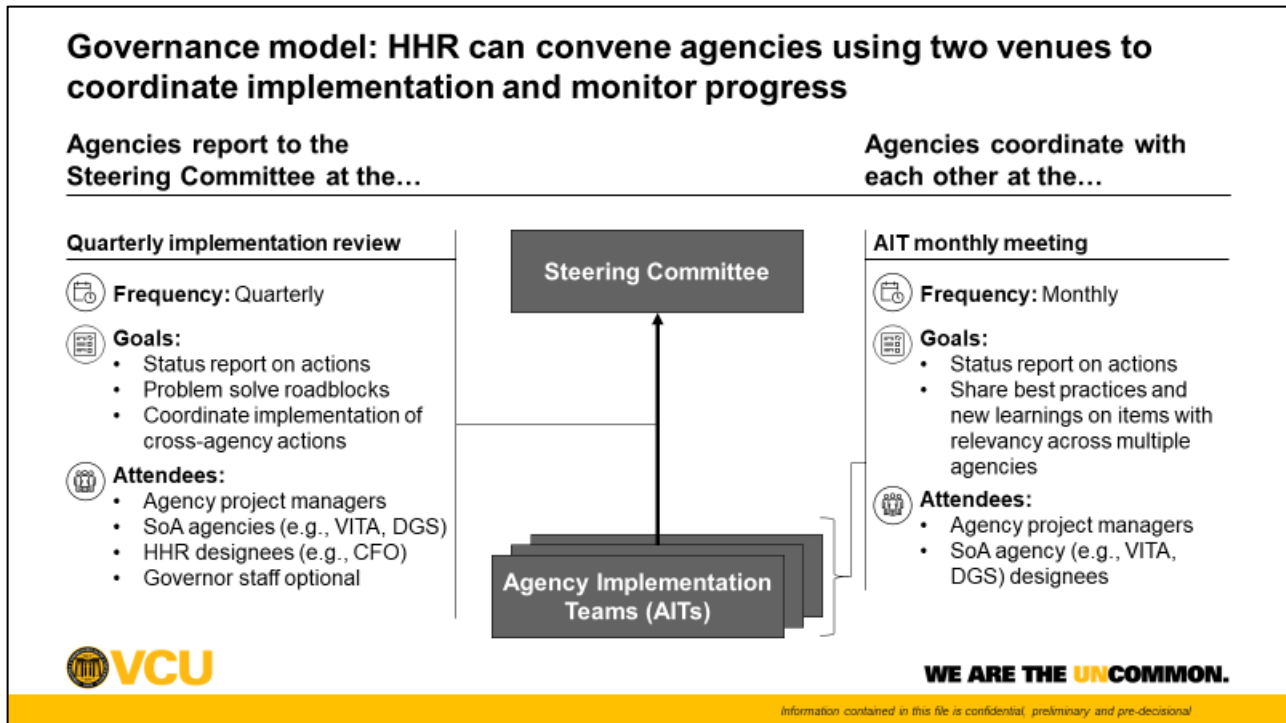
Group	Stakeholder	Individual
Steering Committee	HHR	Lanette Walker
Steering Committee	HHR	Craig Markva
Steering Committee	Secretary of Administration (SoA)	Joyce Reed
Steering Committee	Virginia IT Agency (VITA)	Melinda Stewart, Richard Matthew, Kristin Downer, Jessica Sudduth, Cheryl Truman, Joshua Jones, Stephen Smith
Steering Committee	Department Human Resource Management (DHRM)	Janet Lawson
Steering Committee	Department of General Services (DGS)	Sandra Stacy
Steering Committee	Language Content Expert	Representative to be designated
Steering Committee	Disability Content Expert	Teri Morgan
VDSS AIT	Leader	Necole Simmonds
VDSS AIT	Project Manager	Craig Fifer
DBHDS AIT	Leader	Nelson Smith
DBHDS AIT	Project Manager	Crystal Lipford
DMAS AIT	Leader	John Stanwix
DMAS AIT	Project Manager	Montserrat Serra
VDH AIT	Leader	Joseph Hilbert
VDH AIT	Project Manager	Cameron Moore
DARS AIT	Leader	Betsy Civilette
DARS AIT	Project Manager	Lisa Robertson
VDDHH AIT	Leader	Paul Steussy
VDDHH AIT	Project Manager	Karen Brimm
DBVI AIT	Leader	Wallica Gaines
DBVI AIT	Project Manager	Susan Davis
DHP AIT	Leader	Arne Owens
DHP AIT	Project Manager	Matthew Novak
VFHY AIT	Leader	Marty Kilgore
VFHY AIT	Project Manager	Andy Sorrell
VBPD AIT	Leader	Teri Morgan
VBPD AIT	Project Manager	Manager of Special Projects and Key Initiatives
OCS AIT	Leader	Scott Reiner
OCS AIT	Project Manager	Kristi Schabo

*Table 2: Description of the QIR and AIT Monthly Meeting*

Convening	Quarterly Implementation Review (QIR)	AIT Monthly Meeting
Frequency	Quarterly	Monthly
First convening	September 6, 2024	September 2, 2024
Convener	Lanette Walker	Craig Markva
Goals	Status report on actions Problem solve roadblocks Coordinate implementation of cross-agency actions	Status report on actions Share best practices and new learnings on items with relevancy across agencies
Attending stakeholders	HHR SoA (including VITA and DGS) AIT leaders AIT project managers	AIT project managers SoA (including VITA and DGS)



Exhibit 1: Example governance model



# III. PROPOSED IMPLEMENTATION PLAN

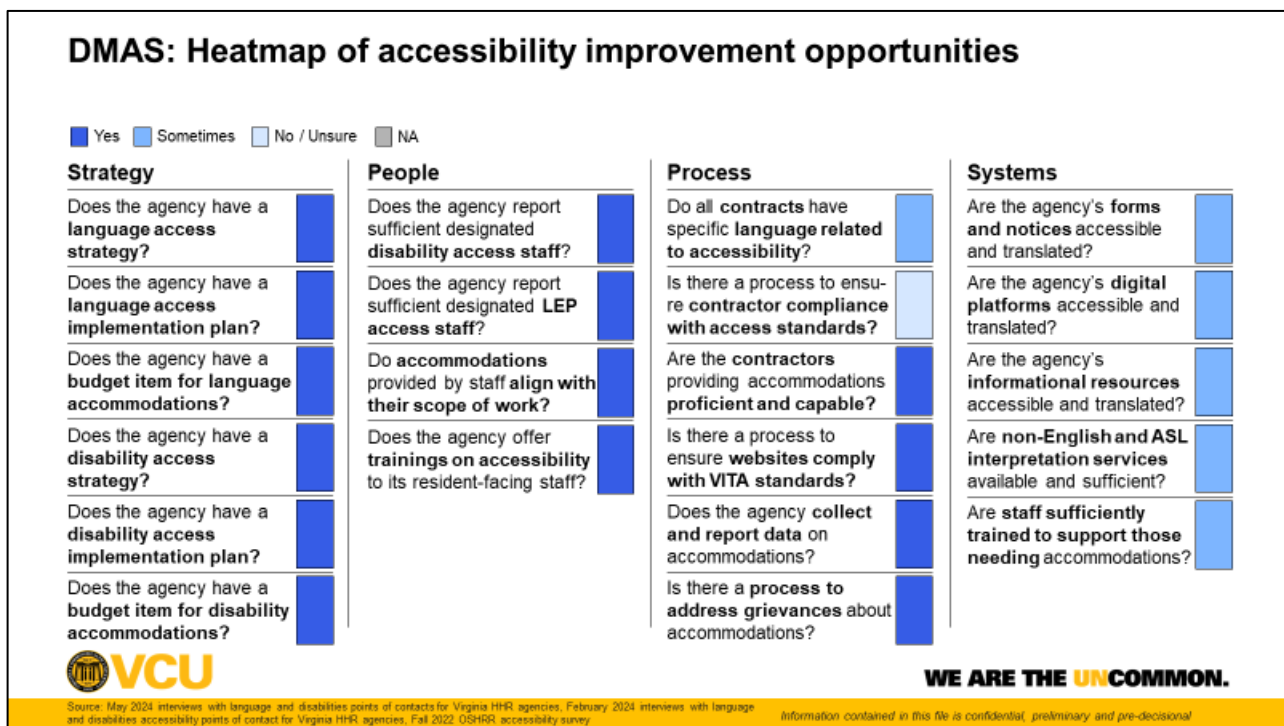
Agency-specific proposed implementation plans address the accessibility improvement opportunities identified for each agency. These actions in the following proposed implementation plan were developed based on external research; insights from HHR agency leaders, POCs, and SMEs; and analysis of accessibility improvement opportunities at each HHR agency.

## A. DMAS

### 1. DMAS Proposed Implementation Plan

The Department of Medical Assistance Services identified **14 priority improvement opportunities** to address through this proposed implementation plan over the next 18 months and beyond commensurate with available funding/authority. The proposed implementation plan focuses on ensuring effective oversight and collaboration with vendors/contractors and improving the accessibility of systems, in addition to other prioritized improvement opportunities. The actions and approach reflect the potential plan agency leadership and designated POCs collaborated to author through multiple in-person and virtual working sessions in May 2024.

### 2. Summary of Agency Improvement Opportunities



### 3. DMAS Proposed Implementation Plan

Component	DMAS prioritized improvement opportunities
Process	<ul style="list-style-type: none"> <li>The agency does not universally apply processes to ensure contractors are held accountable to accessibility standards (e.g., updates to contracts, performance review processes)</li> </ul>
Forms and notices	<ul style="list-style-type: none"> <li>The Medicaid application is long, difficult to understand, and uses undefined terminology</li> <li>Forms often use difficult and complex language and acronyms without explanation</li> <li>Forms often ask too many questions</li> </ul>
Digital platforms	<ul style="list-style-type: none"> <li>Resident-facing data platforms may not conform to accessibility requirements, are often long, and are difficult to understand</li> <li>Staff are not required to follow standard guidance when developing digital platforms</li> <li>There is minimal, if any, DMAS jurisdiction over some referral sites and resident portals that collect resident information</li> <li>Vendors/contractors may not consistently adhere to VITA Accessibility Standards</li> </ul>
Informational resources	<ul style="list-style-type: none"> <li>Informational resources have inconsistent conformance with accessibility standards</li> <li>Staff would benefit from knowing which accessibility requirements to follow when creating informational resources</li> </ul>
Interpretation services	<ul style="list-style-type: none"> <li>There is limited insight to the quality of interpretation services provided</li> <li>Staff experience inconsistent access to interpreter services for less prevalent languages</li> </ul>
Staff interactions with residents	<ul style="list-style-type: none"> <li>Some staff do not receive adequate training to support resident accommodation needs</li> <li>More opportunities are needed for interagency collaboration and learning from accessibility subject matter experts</li> </ul>

## B. ASSESSMENT OUTCOMES

### PROCESS

#### Action: Embed oversight language into contracts to ensure vendor compliance with access standards

##### 1. Completed

- Met with the DMAS Procurement and Contract Management (PCM) Division to review de current procurement and contract management processes.
- Assessed how language and disability access requirements are addressed across:
  - Future contracts
  - Contract renewals, modifications, and amendments

- Open procurements
- Developed standardized contract language requiring compliance with:
  - Title VI of the Civil Rights Act (LEP meaningful access)
  - Title II of the Americans with Disabilities Act (effective communication and auxiliary aids)
- Drafted proposed revisions to key procurement tools to ensure consistent inclusion of access requirements:
  - DMAS Standard Contract Document (Appendix J)
  - Functional and Technical Requirements Traceability Matrix (RTM) (Appendix H)
  - Purchase Requisition Word Template
- Created a standardized oversight contract letter to address language and disability access requirements in existing contracts and open procurements.

## **2. In-Progress**

- Internal review and approval of proposed contract language for inclusion in procurement templates (Appendix J, Appendix H, and Purchase Requisition template).
- Coordination with PCM to add the Civil Rights Unit to the master reviewer list for:
  - Contract renewals
  - Modifications and amendments
- Finalization of standardized oversight contract letter to be used in:
  - Open procurements at time of award
  - Contract renewals and amendments

## **3. Improvement Areas**

- Formalize and implement a consistent compliance review checkpoint for civil rights, language access, and disability access in all stages of contracts.
- Evaluate opportunities to further align contract oversight language with evolving federal guidance and CMS requirements.

# **FORMS AND NOTICES**

## **Action: Simplify language in forms and notices**

### **1. Completed**

- Identified the five most frequently downloaded DMAS forms and notices in coordination with the DMAS webmaster.
- Reviewed federal and state plain language guidance to inform revisions and ensure alignment with best practices.
- Notified form and notice owners of the initiative and formally requested revisions to simplify language and improve readability.

### **2. In-Progress**

- There are no tasks in progress. This initiative has been completed.

### **3. Improvement Areas**

- Formalize a plain language review checkpoint before publication of new or revised forms and notices.
- Encourage teams to use the existing plain language style guide during updates of forms and notices.

### **Action: Establish agency standards for resident forms and notices**

#### **1. Completed**

- Reviewed existing federal and state guidance related to language access, disability access, and plain language requirements for resident-facing forms and notices.
- Updated the Routine and Recurring Language Standards policy and procedures to reflect current access requirements and best practices.
- Finalized and posted the updated standards to the DMAS SharePoint site to ensure staff access to current guidance.
- Published an article in the DMAS Dispatch (DMAS internal newsletter) to notify staff of the updated standards and reinforce expectations.
- Coordinated and delivered a Lunch and Learn training to educate staff on the updated standards and their application when drafting forms and notices.

#### **2. In-Progress**

- There are no tasks in progress. This initiative has been completed.

#### **3. Improvement Areas**

- Continue reinforcing awareness of the established standards through internal newsletters and reminders.
- Continue covering plain language standards as part of Civil Rights training,

### **Apply plain language standards to Medicaid applications**

#### **1. Completed**

- Worked with a DMAS-contracted vendor to conduct an independent review of the paper/PDF application, including:
  - Assessment of readability and accessibility
  - Coordination of stakeholder interviews and work sessions
  - User testing with individuals and application assisters
  - Distribution and collection of a user survey
- Gathered feedback from multiple stakeholders to identify barriers, areas of confusion, and opportunities to simplify language.
- Completed stakeholder interviews, work sessions, and user testing activities.
- Consolidated stakeholder feedback and testing results into a findings report delivered to DMAS.

#### **2. In-Progress**

- There are no tasks in progress. This initiative has been completed.

#### **3. Improvement Areas**

- Incorporate plain language and accessibility review earlier in the application development and revision process.
- Use findings from stakeholder feedback and user testing to inform future revisions to the Medicaid application and related materials.

## DIGITAL PLATFORMS

### **Action: Ensure staff and vendors/contractors apply new standards for interactive digital platforms**

#### **1. Completed**

- Conducted initial training for DMAS workgroups on the new standards, including participation in VITA special topic sessions and integration of accessibility recommendations into DMAS website planning.
- Established internal website governance practices, and review process.

#### **2. In-Progress**

- Ongoing compliance with ADA standards for all DMAS-owned and DMAS-governed digital platforms in coordination with VITA and vendor partners, with a conformance deadline of April 2026.
- Monitor the implementation of HB2541 requirements (Governor Youngkin signed), which will impact procurement, policy, and IT starting April 2026.

#### **3. Improvement Areas**

- Continue reinforcing accessibility standards for digital.

### **Action: Incorporate digital platform standards into vendor contracts (including Cover Virginia)**

#### **1. Completed**

- Coordinated with VITA to obtain more robust accessibility language for use in the procurement process.

#### **2. In-Progress**

- Integrate accessibility language into vendor contracts, including planning for monitoring and enforcement of standards.

#### **3. Improvement Areas**

- Continue alignment with VITA guidance and upcoming HB2541 requirements to maintain consistency across agency procurements.

## INFORMATIONAL RESOURCES

### **Action: Ensure DMAS and DMAS-contracted websites meet accessibility standards**

#### **1. Completed**

- DMAS website and most DMAS-contracted websites currently meet State/VITA accessibility threshold (81%).
- Staff have been informed of website accessibility standards and initial guidance has been shared.

## **2. In-Progress**

- VITA is drafting more robust procurement language for all agencies, including a requirement for vendors to provide a Voluntary Product Accessibility Template (VPAT).

## **3. Improvement Areas**

- Continue ongoing monitoring and documentation efforts as federal and state requirements evolve.

### **Action: Review agency and community partner websites**

#### **1. Completed**

- Identified key websites important to DMAS operations that are not overseen by DMAS or DMAS vendors (e.g., CommonHelp, State-Based Marketplace).
- Participated in VITA special-topic accessibility training and provided best-practice resources and guidance.

#### **2. In-Progress**

- Establish relationships with website owners to explore opportunities to improve accessibility.

#### **3. Improvement Areas**

- Provide resources and support to external website owners to enhance accessibility.

## **INTERPRETATION SERVICES**

### **Action: Conduct review of quality and ensure process for quality assurance**

#### **1. Completed**

- Contracted a separate vendor to review a sample of translated documents and interpretation services.
- Conducted a full Quality Assurance (QA) review of 15 translated documents across multiple languages using standardized error categories (Accuracy, Locale Convention, Style and Register, Fluency, Terminology, Instructions, Layout, Source) and severity levels (Critical, Major, Minor, Preferential, Repeat).
- Conducted QA review of 10 audio recordings of interpreted meetings, including appeal hearings, using the same standardized error categories and severity levels.
- Documented all findings in detailed Quality Assurance Reports.
- Developed a translation style guide to address terminology inconsistencies.
- Identified minor and a few critical issues; shared feedback with primary language services vendor to improve future work.

#### **2. In-Progress**

- There are no tasks in progress. This initiative has been completed.

#### **3. Improvement Areas**

- Continue to incorporate QA review process into future language service contracts to maintain consistent quality and accessibility.
- Ensure systematic follow-up to track and resolve critical findings from QA reports.

**Action: Connect residents with interpreter services****1. Completed**

- Updated and disseminated training standards to instruct staff on how to connect residents with interpreter services.
- Included interpreter service training in the Lunch and Learn session held on February 11, 2025.

**2. In-Progress**

- There are no tasks in progress. This initiative has been completed.

**3. Improvement Areas**

- Continue to evaluate the effectiveness of training in practice and adjust protocols if gaps are identified.
- Make sure staff always have current guidance on interpreter services and update it as needed.

## **STAFF INTERACTION WITH RESIDENTS**

**Action: Expand subject matter expertise for language and disability access****1. Completed**

- Created a list of possible training opportunities, including recurring internal and external training, for staff to build expertise in language and disability access.
- Explored training and certification opportunities for current staff.

**2. In-Progress**

- There are no tasks in progress. This initiative has been completed.

**3. Improvement Areas**

- Continue to monitor and update training opportunities to ensure staff maintain and expand subject matter expertise.
- Strengthen partnerships with external agencies to share resources, best practices, and capacity-building opportunities.

**Action: Develop guidelines for staff-resident interactions****1. Completed**

- Key touchpoints for providing accommodations have been identified and summarized.
- Comprehensive staff training was launched in 2022; the Training Refresher was launched in 2024.
- Updated the plan and Policies & Procedures to reflect current guidelines.
- Refresher training reminders were sent to staff who had not completed the training.

**2. In-Progress**

- There are no tasks in progress. This initiative has been completed.

**3. Improvement Areas**



- Continue to monitor staff completion of training to ensure all employees are trained on staff-resident interactions.
- Update training and guidelines as strategies, resources, and accessibility requirements evolve.

**Action: Journey Map the end-to-end resident experience**

**1. Completed**

Initial planning completed to identify the three most frequent resident interactions.

**2. In-Progress**

The creation of the Journey Map is on hold until funding is secured.

**3. Improvement Areas**

Develop and implement the Journey Map to improve resident interactions once funding is secured.