Improving Access to Medicaid for People with Limited English Proficiency

April 2024

By Gabrielle Lessard, Senior Policy Counsel, Health Justice, and Ben D'Avanzo, Senior Strategist, Health Advocacy

Summary

Health care coverage is a proven method of earlier diagnoses, more effective treatment, and overall better health outcomes,[1] but language can often be a barrier to obtaining these services. People with limited English proficiency (LEP) are three times as likely as fluent English speakers to be uninsured, for a variety of reasons. First, this disparity is a reflection of their disproportionate employment in jobs that don't provide employer-sponsored coverage.[2] Second, among people in these kinds of jobs, their families, and other low-income populations, a significant number are eligible for Medicaid but unenrolled. There is no doubt that this population includes many people who are LEP or live with LEP heads of households who need assistance becoming and remaining enrolled in the program.[3] This brief will focus on the second factor and address the ways in which improvements to the Medicaid system could improve access and therefore health outcomes for LEP individuals.

The Department of Health and Human Services (HHS) recognizes that language assistance is a necessary element of the equitable delivery of its programs and activities, which includes Medicaid.[4] Federal law, and many state laws, require state Medicaid agencies to provide language assistance to people with LEP. However, the ongoing experience of enrollees and the organizations that serve them show that the language assistance being provided is insufficient. This brief provides recommendations both for state Medicaid agencies and HHS's Centers for Medicare and Medicaid Services (CMS) to address the ways language barriers prevent full access and use of the program.[5]

Background/Problem

In 2021, 8.3 percent of U.S. residents aged 5 and older had limited English proficiency, totaling more than 25 million people.[6] People with LEP speak many different languages. While Spanish is dominant in the U.S., with 16 million LEP speakers, there are 1.8 million Chinese speakers with LEP, more than 880,000 Vietnamese speakers, more than 550,000 Korean speakers, and nearly 460,000 Arabic speakers.[7] The U.S. Census has identified at least 350 different languages spoken in homes throughout the country.[8]

As compared to fluent English speakers, people with LEP are three times as likely to be uninsured.[9] It is beyond doubt that the significant population of people who are eligible for Medicaid but unenrolled include many who are LEP or live with LEP heads of households.[10] These disparities reflect the disproportionate employment of people with LEP in lower-wage jobs that are less likely to provide employer-sponsored coverage.[11]

Improving language access services is necessary to reduce disparities in access to health and health outcomes for people with LEP.[12] An extensive body of research shows that people with limited English proficiency face structural barriers in access to health care including ineffective communication, the lack of a usual source of care, and limited receipt of preventive services.[13] Research on access to the Medicaid program for people with LEP is

limited; however, one study found a positive correlation between robust state language access laws and enrollment in both Medicaid and private coverage.[14] As of the time this paper is being written, states are engaging in a high volume of Medicaid eligibility redeterminations for people who were continuously enrolled in Medicaid during the COIVID-19 public health emergency. This process, often referred to as "unwinding," has raised concerns about excessive eligibility terminations among people with LEP. NILC and other stakeholders will continue to monitor this process and encourage HHS to engage in further research.[15]

Legal Requirements

Title VI of the Civil Rights Act of 1964 requires that "No 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 subjected to discrimination under any program or activity receiving Federal financial assistance."[16] Courts have interpreted Title VI's requirements to include a right to language assistance when needed to provide meaningful access to federally funded programs, including Medicaid.[17] Executive Order 13166, issued in 2000, added dimension to federal agencies' compliance with Title VI's language access requirements by requiring agencies to develop language access plans.[18] President Biden's 2023 Executive Order 14091 makes reference to Executive Order 13166 in directing federal agencies to consider opportunities to improve their language access services with the goal of preventing and addressing discrimination and advancing equity for all.[19]

The nondiscrimination provision of the Affordable Care Act (ACA), Section 1557, and its implementing regulations build upon Title VI's protections in health care programs and settings.[20] Section 1557's regulations affirmatively require covered entities to provide accurate and timely language assistance services, including oral interpretation and translation of written materials, at no cost to consumers.[21]

Medicaid regulations also require that agencies provide access to the program to people with LEP. For example, program information "must be provided to applicants and beneficiaries in plain language and in a manner that is accessible and timely to Individuals who are limited English proficient through the provision of language services at no cost to the individual including, oral interpretation and written translations."[22] The regulations apply similar requirements to applications, redetermination materials, notices, hearings, and enrollment assistance.[23] A number of states also have language access laws, which are beyond the scope of this paper.[24]

Shortcomings in Practice

Despite these legal requirements, the available research demonstrates that existing language assistance is insufficient. A Kaiser Family Foundation study of state Medicaid agency websites and applications found that only 3232 states translated information on their Medicaid homepage into languages other than English, and only 36 translated the landing

page for their online applications. Among states providing translations the number of non-English languages ranged from just one to over 100, with a number of states using automated translation software, like Google translate, which is not intended to be used for unverified translations.[25]

Once individuals are enrolled in Medicaid, states are generally required to redetermine or "renew" their eligibility at least once a year.[26] This requirement necessitates effective communication to mitigate the risk that eligible enrollees will lose coverage for administrative or programmatic reasons. An Illinois study of LEP individuals' experience with Medicaid eligibility redeterminations conducted in 2017-2018 found that only about half the respondents were certain they had received a letter about the redetermination process. Among respondents who knew they had received a letter, virtually all received letters written in English.[27] Ninety-four (94) percent of respondents reported needing help with the redetermination form, with the majority receiving help from a community-serving organization.[28]

Thirty-nine (39) percent of the LEP participants in the Illinois study had lost Medicaid at some point in time. Nearly half reported not knowing the reason they had lost Medicaid coverage. Among those who reported knowing the reason, over three quarters cited the language of the renewal form or not understanding questions. Participants who lost Medicaid described health and financial consequences that included children missing their school enrollment deadline because they were unable to complete mandatory health screenings and a senior who lost access to the home and community-based services they needed to avoid institutionalization.[29]

A subsequent NILC analysis of language access in Medicaid eligibility redeterminations found that Medicaid call centers in 19 states were not reasonably accessible to people without proficiency in English or Spanish.[30]

States are required to develop language access plans for their Medicaid programs. The Centers for Medicare and Medicaid Services has published a guide to developing a language access plan that states can draw from in developing their plans. HHS's Title VI guidance for recipients of federal funding and the HHS Language Access Plan are also useful resources.

Recommendations to State Medicaid Agencies

Improving access to Medicaid requires consideration of the full Medicaid "life cycle": How people learn about the program, enroll, select a managed care plan, or find a provider/usual place of care, receive care, and maintain coverage. The recommendations below are steps agencies can take that focus on needs assessment, outreach, enrollment, and retention as initial areas for improvement.

Needs Assessment

The first step in providing adequate language assistance is determining the scope of the need for assistance. This analysis includes both the number or proportion of persons with limited English proficiency who are eligible to be served or likely to be encountered by the program and the frequency with which individuals with LEP engage with the program.[31] To ensure the scope is wide enough to capture the full affected population, of the analysis should include persons eligible to be served but not likely to be encountered because of factors like fear, misinformation, or a lack of knowledge.

States can establish how often people with LEP interact with their Medicaid agencies by collecting encounter data that includes primary language. HHS's Title VI guidance for recipients of federal funding discusses how recipients *can* conduct this assessment.[32] However, as HHS acknowledges, this approach does not provide insight into the frequency with which state agencies *should be* encountering people who are deterred from accessing services because of language or other barriers. Research is needed on the best approach for identifying and reaching eligible for disengaged populations.

Encounter data should be viewed in the context of the service area population. State agencies are widely aware that the United States Census Bureau collects detailed demographic information at ten-year intervals and the American Community Survey (ACS) collects data samples every year. Both the Census, which strives to be a complete count of the US population and the ACS, which is a 20% sample, provide information about languages spoken and linguistic isolation. ACS provides annual tables of household language and limited English proficiency, which can be broken down by geography and language. The Census provides five-year compilations of the data, which can be analyzed to provide more granular information.

A more accessible resource is provided by the Migration Policy Institute (MPI), which publishes annual statistics on language and education, including languages spoken at home, by state. The resource is based on ACS data but can be reviewed by people unfamiliar with the ACS data sets.[33]

The needs assessment must be revisited periodically because its variables can change over time. For example, opportunities for employment in food processing industries have driven immigrant migration from cities to rural areas of the Midwest and South.[34] As a result, non-traditional immigrant-receiving states such as Iowa and Nebraska have experienced significant increases in their LEP populations.[35]

While their Medicaid agencies operate a single statewide program, states should consider that the use of only state-wide data can mask important variations at city and other local levels.[36] More localized and current data may be available from local school districts, which are required to collect home language data for their enrolled English Learners. These data are normally aggregated at the state level, under the auspices of the State Education Agency, but may be available from individual districts. In addition, non-profit hospitals are

required to conduct community health needs assessments every three years as a condition of their tax-exempt status.[37] These data should reflect the languages spoken in the hospitals' service areas.

Other data considerations

State Medicaid agencies need to collect individual and household information to ensure accessibility for LEP individuals and their families. In many cases, bilingual navigators and application assisters will be in the best position to collect this information and share it with eligibility workers. Information on clients' primary written and spoken languages should be maintained in their files to enable the agency to prepare to provide the appropriate language assistance during subsequent encounters. As a best practice, states should collect data on the primary written and spoken language of each enrollee in the household, not only the primary applicant. States should also collect and communicate in the language of any authorized representatives or family members who may be acting for an applicant or client, such as their parent. Eligibility worker training and incentives should make accurate collection of primary language information a priority.

Data collection should account for individuals who do not read or write proficiently in any language, and non-written assistance such as video information and oral interpretation should be available to these individuals to ensure access.

States should also consider how collected language data can be used to communicate with individuals beyond enrollment. For example, in states that contract with managed care organizations (MCOs) for Medicaid services, primary language information should be provided to MCOs for proactive communication and to assist enrollees in finding providers. States that integrate their Medicaid applications and determination systems with other programs, like the Supplemental Assistance Nutrition Program or Temporary Assistance for Needy Families, should ensure that beneficiaries language data is consistent across programs.

Data on enrollment and renewals by language should be an element of program evaluation. If Census data show that a large language group exists in the state, but Medicaid program data indicates relatively low enrollment among that group, additional resources can be dedicated to outreach and enrollment support in that language.

Outreach and Enrollment

Outreach and education are particularly important for members of LEP communities, who are often immigrants or members of mixed immigration status households. Many such individuals need information about how Medicaid can help them obtain health care services, as well as reassurances regarding its impact on their immigration status.

States should partner with community-serving organizations, including community health centers, faith-based organizations, and schools in developing and conducting their outreach

and enrollment campaigns. In addition to having linguistic and cultural competency, these entities are generally well-known and trusted, and as such can help LEP community members understand and overcome fears related to the immigration consequences of benefits use. For example, the partnership between health centers serving Asian populations and state agencies conducting outreach for California's State Children's Health Insurance Program resulted in significantly high enrollment rates among Asian children. In the first months of the program, approximately 79% of San Francisco's Healthy Families enrolled children were Chinese, largely due to outreach efforts conducted in the language and targeted to the population.[38]

Simplifying Enrollment

Community partners, particularly health care providers, can play an active role in facilitating and simplifying enrollment. States can partner with hospitals to use "presumptive eligibility" to provisionally enroll individuals who appear to be eligible for Medicaid, and with other community actors to presumptively enroll children, pregnant people, and certain other individuals.[39] State Medicaid and other benefits agencies can also out-station eligibility worker who can help community members enroll at familiar and trusted locations like community health centers and schools. These strategies benefit individuals eligible for Medicaid but unenrolled generally, as well as facilitating access for people with LEP.

Written Materials

Medicaid agencies should make available their outreach materials, applications, and notices in at least the top 15 most common primary languages for their state, as provided by the HHS Office for Civil Rights, and other top languages identified in the assessment.[40] A recommended practice is to determine the prevalence of a language based on both the percentage of the population for which it is the primary language and a threshold number of speakers. For example, California requires translation of materials into threshold languages spoken by five percent of the beneficiary population or 5000 individuals.[41]

Translated material should be reviewed for accessibility as well as accuracy. Even when information is provided in-language, it may be written at too advanced a reading level, use unfamiliar terminology, or otherwise be difficult to read. For example, one study of states' Spanish-language applications found that their text averaged an 11th or 12th grade reading level, above the recommended 6th grade level.[42] Written materials should be field tested to ensure they are accessible to their intended audience.[43] Field testing can encompass several types of community review, such as focus groups, key informant interviews, or review by contracted community organizations. Field review is particularly important for translated materials, where there may be a gap between literal translations and actual usage.[44]

Any communications that are not in an individual's primary language should include prominent referrals to in-language information. These referrals typically take the form of in-

language "tag lines," but states can experiment with alternatives such as a symbol indicating language assistance.

Telephone Support

Referrals such as tag lines typically direct users to a telephone number. States should also ensure their call centers, including integrated voice prompt systems, are accessible in all languages commonly spoken by people with LEP in the state.[45] It is a best practice to have a dedicated phone number for each major language. As an example states can look to California's state-based health insurance marketplace, Covered California, which has dedicated phone lines for 13 languages.[46] When it is not possible to provide a dedicated phone number, such as for less common languages, users should be connected to interpretation services as soon as possible once their calls are connected, without having to wait through a lengthy English message or respond to voice prompts in English. When Medicaid agencies need to contact an applicant by phone, calls should be made by an eligibility worker who speaks their language or with an interpreter already on the line. States should consider using the National Health Law Program's detailed guide to assess their Medicaid call centers' accessibility for people with LEP and disabilities.

Retention

Many of the client service recommendations above are also important in ensuring that individuals with LEP maintain their Medicaid coverage once they enroll.

Bilingual staff

Bilingual staff can optimize communication with existing beneficiaries as well as during the enrollment process. Medicaid agencies should prioritize personnel practices that onboard and properly compensate individuals who speak least one common non-English language. For example, California's Dymally-Alatorre Bilingual Services Act requires counties to hire bilingual staff to be able to serve LEP populations making up more than five percent of people served by any local office or facility, and requires them to contract language assistance services when unable to meet the hiring target.[47] Medicaid agencies should use incentive pay such as bilingual bonuses to attract staff with needed language skills.[48] States facing hiring challenges should in general invest in developing a multilingual Medicaid workforce. For example, individuals who are fluent in English and a community language can be trained to be eligibility workers or for positions that put them on a pathway to those roles. Alternatively, employment skills training can be coupled with English language education.[49]

Working with Interpreters

When states work with outside contractors to provide interpreter and translation services, they should exercise due diligence in ensuring the interpreters and translators are

qualified.[50] When procuring these services state agencies should inquire how language workers are selected, trained, and tested, including an assessment of their ability to interpret or translate in specific dialects. They should agree on time expectations, such how long until to get an interpreter for different languages or turnaround times for translated documents. States should regularly audit the quality and compliance of the language services their contractors provide to ensure they are providing meaningful access for all language groups. For example, states can monitor the time individuals need to wait to connect with an interpreter for all languages encountered.

Websites

States should ensure that their website landing page and other key pages have information in their most common languages. A 2022 analysis of state Medicaid websites found that 19 states had landing pages in English only, and that 15 states provided their online applications only in English. Among the states that provided translated resources, many provided access only in English and Spanish.[51] In addition, many states that were providing multi-lingual resources were doing so with the aid of machine translation services, such as Google Translate.[52] Services like these can be inaccurate, bringing into question whether these in-language websites may be providing misleading or inaccurate information to applicants.[53] States should instead provide information processed by qualified interpreters and display basic in-language information on enrollment and other key topics prominently on their websites.

Eligibility Redetermination

One point at which clients are at particular risk of losing Medicaid coverage is eligibility redetermination. As Medicaid agencies know, they are generally required to redetermine or "renew" enrollees' eligibility at least once a year.[54] This necessity presents a risk that eligible individuals will lose their coverage for procedural or administrative reasons. These reasons include not maintaining updated contact information with their Medicaid agency or not responding to agency communications that they don't understand.

As with applications, information about Medicaid redeterminations, including notices and renewal forms, should be provided in-language. Agencies typically send redetermination communications through postal mail. Individuals with LEP are more likely than fluent English speakers to relocate homes within a year, placing them at greater risk of missing communications about redetermination.[55] States should use the United States Postal Service National Change of Address database; information maintained by state health and human services agencies, Medicaid, and CHIP managed care organizations; and other reliable sources of contact information to promote continued contact with recipients.[56]

As of the date of this report, state Medicaid agencies are conducting Medicaid eligibility redeterminations for the first time in three years, following a period of continuous enrollment during the COVID-19 public health emergency. While there is not sufficient data

to determine the impact of this "unwinding" on LEP individuals, there is widespread concern about their heightened risk of losing coverage.[57] The HHS Office for Civil Rights has provided a letter to state health officials reminding them of their obligations to provide language access and outlining best practices in maintaining enrollment of participants with LEP, and the CMS Medicaid and CHIP Learning Collaborative has provided additional recommendations for maintaining enrollment during unwinding.[58]

Recommendations to CMS

Funding

CMS should fund state agencies to compensate community organizations for their efforts, including supporting outreach and enrollment and verifying translations. This funding could be allocated in a manner similar to CMS' Affordable Care Act Navigator program, which supports organizations working on education about and enrollment in ACA plans, and the Connecting Kids to Coverage campaign, which provides grants to organizations enrolling children in Medicaid and the Children's Health Insurance Program (CHIP).[59]

Standardized Translations

CMS should assist states in translating written materials by publishing standardized translations of program-related terms in commonly spoken languages. These resources should initially be available in the 18 languages currently supported on CMS.gov, with the number of languages expanding over time.[60]

Promoting State Access to Matching Funds for Language Access Services

CMS should also identify and address the barriers that prevent states from accessing federal matching funds for language assistance services. States have the option to claim Medicaid and/or CHIP reimbursement for the cost of language assistance services, either as an administrative expense or optional covered service.[61] This funding includes an enhanced Medicaid and CHIP match rate for services provided in connection the enrollment, retention, and use of services by children in families whose primary language is not English and an enhanced Medicaid match rate for services provided to beneficiaries eligible under Medicaid expansion.[62] A minority of states have exercised the option. CMS should work with states, and as appropriate their managed care contractors, to identify the barriers that prevent states from claiming language assistance as a covered medical service or administrative expense. These findings should be used to develop recommendations to increase states' receipt of matching funds for language assistance services, including recommendations for legislative proposals.

Future Rulemaking

Although nondiscrimination laws and Medicaid regulations require states to provide meaningful access to Medicaid for people with LEP, current requirements lack specificity. CMS and the Office for Civil Rights should establish stronger and more specific regulations detailing how states should fulfill their statutory requirements, including:

- developing standards for Medicaid call centers to ensure they are accessible to people with LEP,
- defining "qualified interpreter" and "qualified translator" as used in Section 1557 regulations, and
- establishing minimum requirements for translation of documents and website pages related to enrollment and eligibility determinations.[63]

Conclusion

Medicaid plays a unique role in providing health and other related services to the nation's most economically disadvantaged populations.[64] The availability of Medicaid is particularly important for low-income people who do not receive employer-sponsored insurance, including many people with LEP.[65] Language assistance is both legally required and necessary to ensure that people with LEP have reasonable access to Medicaid, yet current language assistance practices are insufficient. There are many steps that State Medicaid agencies and CMS can and should take to improve the availability of quality language services and ensure that everyone eligible has equitable access to vital Medicaid services.

---

[1] "Report: The Importance of Health Coverage," American Hospital Association, October 2019. https://www.aha.org/guidesreports/report-importance-health-coverage

[2] Sweta Haldar, Drishti Pillai, and Samantha Artiga, "Overview of Health Coverage and Care for Individuals with Limited English Proficiency (LEP)," KFF, July 7, 2023. https://www.kff.org/racial-equity-and-health-policy/issue-brief/overview-of-health-coverage-and-care-for-individuals-with-limited-english-proficiency/

[3] *See* Jennifer Tolbert, Patrick Drake, Robin Rudowitz, and Anthony Damico, "A Closer Look at the Remaining Uninsured Population Eligible for Medicaid and CHIP," KFF, June 1, 2023. https://www.kff.org/uninsured/issue-brief/a-closer-look-at-the-remaining-uninsured-population-eligible-for-medicaid-and-chip/. The authors observe that nearly 6 in 10 of the 7.4 million nonelderly uninsured eligible for Medicaid or CHIP are people of color, including nearly 35% Hispanic/Latino.

[4] U. S. Department of Health and Human Services Language Access Plan, 2023, https://www.hhs.gov/sites/default/files/Language-Access-Plan-2023_0.pdf

[5] For a broader review of federal law on language access in healthcare, see Ben D'Avanzo and Chiraayu Gosrani, "Reducing Barriers, Improving Outcomes: Using Federal Opportunities to Expand Health Care Access for Individuals with Limited English Proficiency," National Immigration Law Center, July 2023. https://www.nilc.org/news/special-reports/expanding-health-care-access-for-individuals-with-limited-english-proficiency/

[6] "Number and Share of Limited English Proficient (LEP) Persons, by State: 1990 to 2021, Migration Policy Institute Data Hub," accessed through "Frequently Requested Statistics on Immigrants and Immigration in the United States," Migration Policy Institute, March 14, 2023. https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#demographic-educational-linguistic

[7] "American Community Survey 2022 Five Year Estimates", United States Census Bureau, 2022. https://data.census.gov/table/ACSDT5Y2022.B16001?q=b16001&g=010XX00US,$0400000&moe=false
[8] "Census Bureau Reports at Least 350 Languages Spoken in U.S. Homes," United States Census Bureau, November 3, 2015. https://www.census.gov/newsroom/archives/2015-pr/cb15-185.html
[9] Haldar, Sweta, Drishti Pillai, and Samantha Artiga, "Overview of Health Coverage and Care for Individuals with Limited English Proficiency (LEP)," KFF, July 7, 2023. https://www.kff.org/racial-equity-and-health-policy/issue-brief/overview-of-health-coverage-and-care-for-individuals-with-limited-english-proficiency/
[10] *See* Jennifer Tolbert, Patrick Drake, Robin Rudowitz, and Anthony Damico, "A Closer Look at the Remaining Uninsured Population Eligible for Medicaid and CHIP," KFF, June 1, 2023. https://www.kff.org/uninsured/issue-brief/a-closer-look-at-the-remaining-uninsured-population-eligible-for-medicaid-and-chip/. The authors observe that nearly 6 in 10 of the 7.4 million nonelderly uninsured eligible for Medicaid or CHIP are people of color, including nearly 35% Hispanic/Latino.
[11] Ibid.
[12] HHS Language Access Plan, supra note 4.
[13] *See, e.g.,* Natalia Ramirez, et al, "Access to Care Among Adults with Limited English Proficiency," Journal of General Internal Medicine 38(3):592–9 (2023), https://pubmed.ncbi.nlm.nih.gov/35882706/
[14] Wayne Liou, "Word to the mother(tongue): language access and Medicaid for Limited English Proficient migrants," IZA Journal of Development and Migration 8, 23 (2018), https://izajodm.springeropen.com/articles/10.1186/s40176-018-0130-x
[15] *See* Haldar, Sweta, Samantha Artiga, Robin Rudowitz, and Anthony Damico," Unwinding of the PHE: Maintaining Medicaid for People with Limited English Proficiency," KFF, March 3, 2022. https://www.kff.org/medicaid/issue-brief/unwinding-of-the-phe-maintaining-medicaid-for-people-with-limited-english-proficiency/
[16] 42 USC §2000d.
[17] *See* Lau v. Nichols, 414 U. S. 563 (1974).
[18] Executive Order 13166 (2000), "Improving Access to Services for Persons with Limited English Proficiency," https://www.justice.gov/crt/executive-order-13166
[19] Executive Order 14091 (2023), "Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government," https://www.govinfo.gov/content/pkg/DCPD-202300117/pdf/DCPD-202300117.pdf
[20] 42 U.S. Code § 18116.
[21] 45 CFR § 92.101. The administration has proposed updates to the Section 1557 regulations, which are pending as of the date of this paper, 87 FR 47824 (Aug. 4, 2022), https://www.federalregister.gov/documents/2022/08/04/2022-16217/nondiscrimination-in-health-programs-and-activities
[22] 42 CFR § 435.905(b)
[23] 42 CFR § 435.907(g); 42 CFR § 435.916(g); 42 CFR § 435.917 (a); 42 CFR § 457.110.
[24] See Youdelman, Mara, "Summary of State Law Requirements Addressing Language Needs in Health Care," National Health Law Program, April 29, 2019. https://healthlaw.org/resource/summary-of-state-law-requirements-addressing-language-needs-in-health-care-2/
[25] Musumeci, MaryBeth, Sweta Haldar, Emma Childress, Samantha Artiga, and Jennifer Tolbert, "A 50-State Review of Access to State Medicaid Program Information for People with Limited English Proficiency and/or Disabilities Ahead of the PHE Unwinding," KFF, Aug. 26, 2022. https://www.kff.org/medicaid/issue-brief/a-50-state-review-of-access-to-state-medicaid-program-information-for-people-with-limited-english-proficiency-and-or-disabilities-ahead-of-the-phe-unwinding/
[26] *See* 42 CFR § 435.916.
[27] Mirza, Mansha, Elizabeth Adare Harrison, Luvia Quiñones, Hajwa Kim, "Medicaid Redetermination and Renewal Experiences of Limited English Proficient Beneficiaries in Illinois," Journal of Immigrant and Minority Health, March 23, 2021. 24:145–153, https://link.springer.com/article/10.1007/s10903-021-01178-8
[28] Ibid.
[29] Ibid.
[30] Waqas, Laiba and Ben D'Avanzo, "States Need to Improve Language Access for Medicaid Renewals," National Immigration Law Center, August 9, 2023. https://www.nilc.org/2023/08/09/states-need-to-improve-language-access-for-medicaid-renewals/

[31] Guide to Developing a Language Access Plan, supra note 31.
[32] "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," U.S. Dept. of Health and Human Services. https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html
[33] Migration Policy Institute Data Hub: State Immigration Data Profiles; Language and Education. https://www.migrationpolicy.org/programs/data-hub/state-immigration-data-profiles
[34] See e.g., Yusuke Mazumi, Migration outside large cities: a comparison of the hiring of migrants for the food processing industry in the United States and Japan, Comparative Migration Studies 9, 46 (2021), https://comparativemigrationstudies.springeropen.com/articles/10.1186/s40878-021-00258-w
[35] "Migration Policy Institute Data Hub: State Immigration Data Profiles; Language and Education," Migration Policy Institute. https://www.migrationpolicy.org/data/state-profiles/state/language/IA//; https://www.migrationpolicy.org/data/state-profiles/state/language/NE//
[36] *See* ,e.g., "Language and Communications Access Plan," California Complete Count – Census 2020, May 17, 2019. https://census.ca.gov/wp-content/uploads/sites/4/2019/06/LACAP.pdf, showing variation in most common languages by county.
[37] 26 USC § 501(r)(3), *see* "Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3)," Internal Revenue Service, updated July 13, 2023. https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3
[38] "Health Centers: Improving Health Care Access for Limited English Proficient Patients," AAPCHO, accessed on December 6, 2023. https://aapcho.org/health-centers-improving-health-care-access-for-limited-english-proficient-patients/
[39] 42 USC §§ 435.1110; 435.1102; 435.1103.
[40] "Frequently Asked Questions to Accompany the Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency under Section 1557 of the Affordable Care Act (ACA)," HHS Office of Civil Rights. https://www.hhs.gov/civil-rights/for-individuals/section-1557/1557faqs/top15-languages/index.html
[41] WIC § 14029.91(b)(1).
[42] Hansen, Julie, Lorraine Wallace and Jennifer DeVoe, "How Readable are Spanish-Language Medicaid Applications?", J Immigr Minor Health. 2011 Apr; 13(2): 293–298; author manuscript available in PubMed Central, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4407469/
[43] See, e.g., California Department of Health Care Services All Plan Letter, October 5, 2018, directing Medi-Cal Managed Health Care Plans to field test health education materials in addition to using a Readability and Suitability Checklist, https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-016.pdf
[44] Colina, Sonia, Nicole Marrone, Maia Ingram, Daisey Sánchez, "Translation Quality Assessment in Health Research: A Functionalist Alternative to Back-Translation," Evaluation & the Health Professions 2017 September ; 40(3): 267–293, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6800023/pdf/nihms893593.pdf
[45] Waqas, Laiba and Ben D'Avanzo, "States Need to Improve Language Access for Medicaid Renewals," National Immigration Law Center, August 9, 2023. https://www.nilc.org/2023/08/09/states-need-to-improve-language-access-for-medicaid-renewals/
[46] See Contact Us: Other Languages at https://www.coveredca.com/support/.

[47] Gov't Code § 7290 et seq., *see also* Department of Health Care Services All County Welfare Directors Letter 10-3, January 12, 2010. https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c10-03.pdf
[48] Martinez, Madeline, "Double Reward for Using Language Skills in Government Jobs: Extra Pay and Community Impact," Language Testing International, January 24, 2023. https://www.languagetesting.com/blog/double-reward-for-using-language-skills-in-government-jobs-extra-pay-and-community-impact/
[49] *See* Bergson-Shilcock, Amanda, "At the intersection of immigration and skills policy: A roadmap to smart policies for state and local leaders," National Skills Coalition, Sept. 2018. https://nationalskillscoalition.org/wp-content/uploads/2020/12/At-the-intersection-of-immigration-and-skills-policy_web.pdf
[50] 45 CFR § 92.101(b)(2)

[51] Musumeci, MaryBeth, Sweta Haldar, Emma Childress, Samantha Artiga, and Jennifer Tolbert, "A 50-State Review of Access to State Medicaid Program Information for People with Limited English Proficiency and/or Disabilities Ahead of the PHE Unwinding," KFF, Aug. 26, 2022. https://www.kff.org/medicaid/issue-brief/a-50-state-review-of-access-to-state-medicaid-program-information-for-people-with-limited-english-proficiency-and-or-disabilities-ahead-of-the-phe-unwinding/
[52] Ibid.
[53] Taira, Breena, et al, A Pragmatic Assessment of Google Translate for Emergency Department Instructions, Journal of General Internal Medicine, (November 2021), 36(11): 3361–3365., https://link.springer.com/content/pdf/10.1007/s11606-021-06666-z.pdf; see Google Cloud Translation Guide, Attribution Requirements, Disclaimers: "Reasonable efforts have been made to provide an accurate translation, however, no automated translation is perfect nor is it intended to replace human translators," https://cloud.google.com/translate/attribution
[54] *See* 42 CFR § 435.916.
[55] According to American Community Survey Microdata, 15.8% of LEP households had moved to their house or apartment in the past year, compared to 13.5% of households where no one has LEP. NILC analysis of ACS microdata, conducted December 2023.
[56] "Letter to State Health Officials from Melanie Fontes Rainer, Director Office for Civil Rights," April 4, 2023. https://www.hhs.gov/sites/default/files/medicaid-unwinding-letter.pdf
[57] *See* Sweta Haldar, Samantha Artiga, Robin Rudowitz, and Anthony Damico, Unwinding of the PHE: Maintaining Medicaid for People with Limited English Proficiency (KFF, March 3, 2022), https://www.kff.org/medicaid/issue-brief/unwinding-of-the-phe-maintaining-medicaid-for-people-with-limited-english-proficiency/
[58] "Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations," Medicaid and CHIP Learning Collaborative, Nov. 2021. https://www.medicaid.gov/sites/default/files/2021-11/strategies-for-covrg-of-indiv.pdf; "Letter to State Health Officials from Melanie Fontes Rainer, Director Office of Civil Rights," April 4, 2023. https://www.hhs.gov/sites/default/files/medicaid-unwinding-letter.pdf
[59] "Outreach & Enrollment Grants," InsureKidsNow.gov, https://www.insurekidsnow.gov/campaign-information/outreach-enrollment-grants/index.html; *see also* "Biden-Harris Administration Makes Largest Investment Ever in Navigators Ahead of HealthCare.gov Open Enrollment Period," Department of Health and Human Services, Aug. 2022. https://www.hhs.gov/about/news/2022/08/26/biden-harris-administration-makes-largest-investment-ever-in-navigators-ahead-of-healthcare-gov-open-enrollment-period.html
[60] *See* "Resources by Language," Center for Medicare & Medicaid Services. https://www.cms.gov/priorities/health-equity/minority-health/resource-center/language
[61] *See* Mara Youdelman, Medicaid and CHIP Reimbursement Models for Language Services: 2024 Update (National Health Law Program, March 19, 2024), https://healthlaw.org/resource/medicaid-and-chip-reimbursement-models-for-language-services-2024-update/
[62] Ibid, see also CMS SHO # 10-007, CHIPRA #18, "Increased Federal Matching Funds for Translation and Interpretation Services under Medicaid and CHIP," July 1, 2010. https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SHO10007.pdf
[63] *See* "Reducing Barriers, Improving Outcomes," supra note 5 for legislative recommendations.
[64] *See* Medicaid and CHIP Payment and Access Commission, https://www.macpac.gov/medicaid-101
[65] *See* Sweta Haldar, Drishti Pillai, and Samantha Artiga, Overview of Health Coverage and Care for Individuals with Limited English Proficiency (LEP), (KFF, July 7, 2023).