

RAW FILE

TEAMS MEETING
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>> All right. It's 1:00. I'm just going to -- my name is Montserrat Serra. I'm just going to wait for another minute, see if more people are coming in. While we wait for the additional meeting, if you are in the meeting today so that we know who is participating.

>> All right. But, it's 1:01, so I think we can start the event today. I just want to thank everyone for coming. This is an event that DMAS has put together for a long time and today is the first celebration of the forum. I want to thank everyone at DMAS for supporting us and allows you to participate which we think will be very important for our community which allows though that are limited in English proficiency and those who have disabilities.

Let me just make sure. I just wanted to make sure had who we have.

Okay. So, before we move on, I just wanted to allow or direct to -- Director Roberts to present and share a few lines with us. Cheryl, Director Roberts, are you here. Let's see. I got confirmation. Let me see if I can -- all right, I think I needed to change you as a prentser.

Here we go. Thank you, Director Roberts for being here today. I believe you mentioned you would like to share a few words with the audience

>> CHERYL ROBERTS: Yes. Isn't this exciting? First of all, for the mother's who are here, happy Mother's Day. I want to hear something happy. This is not a sad meeting. It's a happy meeting.

Who's here because they have to be hue? You can put your hands up, say I must be. Who's here because they want to be? Thank you. Thank you. Because this is a gift. This is not necessarily we're doing this because we hate it. We're doing it because we love it. Okay? And this is actually one of our accomplishments is that we have spent the time and energy and investment so we can talk and communicate better with our members.

We're excited. Good afternoon, this is our first forme on language and disability access and Bernice, I'll try to slow down.

We've been working since we hired our first coordinator in 2019 so this has been a couple years in coming but I want to highlight a few things that we did.

When you have like 2 million people that you're trying to speak to and communicate to, you want to make sure you're doing it in the best way possible. One of the things we recognized is that the way we were doing it was not necessarily the best way.

Not necessarily a bad way, but not the best way so the way you start off is to figure out where are you so they can figure out where you're going. Then you figure out how to develop and release, the language and disability access plan.

And if you're interested, it's on our website. Have any of you looked on our website to look at it. Put a hands up. Say, I have done it.

Humor me. Yes, thank you, Kathy. You're going to win lots of awards.

The other thing is for our Medicaid, we translated it T. p in the past, we only did English and Spanish but now we have English and Spanish and we have basically five most used nonEnglish languages that are translated.

And then we also supplement our language, tag lines we have written in 17 nonEnglish languages with limited English language proficiency so that we're able to help and we also included a nondiscrimination supplement.

Our civil rights unit which of course you just met her, one of our top people, developed and implemented Spanish language skill assessment so all the DMAS bilingual staff that will help in interpreting translating functions.

The other thing we're trying to say in your organizations, you always find people who have talent and skills and what you're trying to do is maximize those talent and skills. It doesn't mean they have to be isolated. If someone can teach it, especially because there are nuances.

5:08 compliant. We're trying to spread the wealth, not trying to isolate it.

And then we developed and implemented language access training as well as linguistic and cultural competency trainings.

So, long list. But here's the good. The good is, we want to continue to build on this work, extremely proud of this team. We need your input. You can see where I'm going. Make sure you're in the that the and that you're active.

You can say, we're doing well or we're doing poorly or if you have any questions or ideas that you want to do it because this forum can only be as good as you are interactive with it.

All right? So thank you.

>> Montserrat: Thank you very much, director Roberts. You always bring knowledge, and it's very appreciated. We can move on

through the agenda. Before we go through the agenda, just a couple logistics I wanted to share with everyone and that is that we have two American Sign Language interpreters so those that might need the service, they are on camera.

We also have remote closed captions and those are embedded so those that want to follow the event with the remote captioning or CART services, all you have to do is click on the three buttons down your screen and activate the closed captioning. Those are being provided by Virginia Relay today.

I also wanted to let everyone know that the meeting is being recorded, and that after the event, we will upload all of the materials that we have shared today and you will be able to access them including this presentation at a later time.

It will be uploaded on to our DMAS website. Also, we have the chat, so, if you would like to ask any questions that are related to language and disability access, please feel free to put those questions in there and we will, as time allows, we will address them at the end of the event or we will address them at a later time and upload them for your review at a later time.

And that's all I have, as far as logistics. The agenda --

>> Montserrat? I'm sorry for the interruption. We have a report that apparently the embedded captions are not looking well, so, we are going to share in the chat the link to have access to the closed captions in a separate window, too. Okay?

>> MONTSERRAT SERRA: Thank you, Jesus. That's why I thought it was such a great help to have Jesus and also Dana help us today. Let's go through the agenda. We've gone through the introductions.

We will also later hear had from Sarah Hatton, our deputy of administration. She's going to provide us an opening keynote. We will have a section on Virginia Medicaid news and updates, then we will have a short presentation on language assistance services, the examples, requirements, and importance of the service.

And the big bulk of these events today is going to be our panel discussion. We have invited these agencies to speak today about language and disability access and provide us best tips that they currently do at their organizations.

We're going to have the disability center, Virginia legal aid society, VCU Health and Virginia department for the blind and vision impaired.

We will have a very good discussion. And just to close the event, we will have Q&A session, so, if you have any questions again, put them in the chat. We will address them at the end of our presentation and we will have our closing remarks and the event will end at 3:00 PM.

And without further ado, I would like to have our deputy of administration, Sarah Hatton, give us a few words to introduce the event.

>> SARAH HATTON: Thanks, Montserrat, I appreciate it. Can you hear me okay?

>> MONTSERRAT SERRA: Yes.

>> SARAH HATTON: Great. So, I do want to say, first of all, it was really great hearing all of the accomplishments that Cheryl, Director Roberts was listing earlier. I am incredibly proud of this team and all the work that DMAS has done through their leadership over the past few years.

One of the other divisions that reports to me as deputy of administration is the division of eligibility and enrollment services. And they've also done a lot of great work over the past few years to really bring DMAS forward. One of the things that Cheryl mentioned was our eligibility notices.

That was a passion project for me and for a lot of people at the agency. We really wanted to be able to have automation for our translation services and so we were able to make systems changes over the past few years that automatically translated all of the eligibility notices in the top five languages. With these languages included, that is over 98 percent of our Medicaid enrollees so they will all receive their notices and important information about Medicaid in their own language and then for the remaining population, the less than 1 percent that speak another language that we don't have that automatic translation for, they can actually contact us by using the information that we include on the tag lines and they can receive an interpretation or translation service through that route. You may have all heard that Virginia, setting all up for unwinding. That basically means that we after three years are now -- every individual who is in the Medicaid program for the next three years. It was also really important for us to make sure that we had information leading up to the beginning and unwinding so those with English language proficiency and individuals with disability would be able to access all of the material and to have all of the tools that they need to make sure they didn't lose coverage and that they received their important paperwork and information.

And we can't stress enough. We know that during this period, it's really important that everyone receives their information timely, and we know that it's very critical for these populations to receive the information in a manner that they can actually understand and that is accessible to them.

And so with that, I will say you're really excited about today's meeting. This is the first forum that we'll be holding. We do see this as a building block for future meetings.

We know we can't do this alone so we really value all of our partners who came to participate with us today and we also want to

hear from anyone in the public who wants to participate and I know Montserrat will walk us through how we're going to get everyone involved as the meeting progresses but thank you all again for coming and looking forward to a great meeting with you.

>> MONTSERRAT SERRA: Thank you, Sarah. We appreciate your time and your words. So we're going to move on to our next session, that is about Virginia Medicaid news and updates who is going to be sharing some of the important highlights about Virginia Medicaid.

>> JESUS PEREZ: Hi, Montserrat. Hello, everyone. A lot of things have been happening here at DMAS lately so we want do share some updates. We want to share some news that are about the things that have been happening here at DMAS.

And the first information that we want to share with all of you is that Cover VA's website got a new look. If you haven't already noticed, the Cover VA website has a fresh new look. You will find the same information as usual, but it has a new location so be sure that you have the new web address. This is Coverva.dmas.Virginia.gov.

I will repeat that for you. Coverva.dmas.Virginia.gov.

The old address will redirect users to the new address indefinitely, and you will notice that the new site has a very similar look and feel than the DMAS website. So, if you have any questions about this change, you can contact us at covervirginia@dmas.Virginia.gov.

Another update that we want to share with the public is about the end of the continued use coverage was already mentioned last March resumed for the first time since March 2020.

That means that we need to have, we determined the eligibility of our 2.2 million Virginians enrolled in Medicaid.

This is why it's very important to be sure that we have current information of all our members. We need to have the mailing address, emails and phone numbers updated so is be sure that you or if you know someone who is a member, be sure that you have all this information updated in our systems.

Something else that we want to share with you is that we are now cardinal care. What this means that Virginia Medicaid has a new image and what this represents is that our two managed care programs, the Medallion Core Zero and coordinated care plus known as CC plus, are now combined into one program and the name of it is Cardinal Managed Care. We are now Cardinal Care Managed Care.

Something else that we want to share with you is that Medicaid and famous notices are now available in more languages. The department of medical assistance services and the Virginia Department of Social Services have been working hard translating key Medicaid and famous correspondence into five additional languages.

And last but not least, as of April 1st, 2023, there were 2.19 million Virginians enrolled in Medicaid famous so these are some

of the most relevant news that we have here at DMAS and that we wanted to share with the public, Montserrat.

>> MONTSERRAT SERRA: Thank you so much, Jesus. Great news, a lot of work being done here and I appreciate you all being here and being patient because I just realized the slides were not running like they were supposed to be running so I think we have that fixed and we have the slide presentation flowing as it's supposed to flow and I apologize for any inconvenience.

So, let's move on to our next section for today's event and it is a presentation that we thought. Just to provide some information about what language assistance services are, provide some examples. Also, mention what the requirements are and the importance.

So, let's move on and this is a presentation that I will be providing today. And let's start with limited English proficiency.

What type of language assistance services are provided for limited English proficiency individuals and also those that use American Sign Language. I usually like to classify them into two categories. Of variable services or related to interpretation and also, Britain services, which most are related to -- written services, which most are related to translation.

Under verbal services, we provide or we can provide to assist in communications telephonic interpretation. That's one of the ones that is used the most among agencies.

We also provide or we can provide limited English proficiency persons. And now days, technology has continued advancing, we are extending these services to video remote interpretation which is, can be very convenient and very helpful to communicate with limited English proficiency.

In the written realm, we relay those services to what we call written translations. That means that written translations are usually services provided either in paper, but we cannot forget. That now days with the new advancement of technology, those written translations are also provided for digital content.

So, that means, electronic and digital, those are keeping translation to also provide language services to these communities.

For meaningful access provisions. That is that title VI of the civil rights act of 1964 requires recipients of federal fundings to provide limited English proficient individuals with meaningful access to their programs and services.

And also, there is another regulation that came up earlier, and that is section 1557 of the Affordable Care Act that established a little bit more specific requirements in regards to language access in the use of interpreters.

It is important to know that there are different factors to take into consideration when choosing the most appropriate language service options for individuals who are the most English proficient.

And those factors are usually summarized in four. One of them or number one factor is the number of proportion of LAP encounter. It's an important factor to have in mind when deciding what type of language assistance services an organization can provide, what type of language services and what type of languages.

So, understanding how frequent your organization communicates with limited English proficient individuals and what languages are the most common, it's a very important factor to assist for your organization, if you would like to access language services and lastly, it's important to consider as one of the four factors, the resources that the organization has available.

All right. In this presentation, I also wanted to highlight another type of language access services available to individuals with disabilities. And that, those are named as auxiliary aid services.

The Americans with Disabilities Act defines them as ways to communicate with people with communication disabilities and the auxiliary aid services that can be offered to individuals who are blind or with vision loss or deaf blind are, for example, qualified readers, information in large print. It's also a service that it's provided quite often for these populations.

Materials in braille, materials electronically that are used through computer or screen reader, those are also additional services that can be provided to a group of individuals. Audio recording is also another option and printed information is also another resource.

For individuals who are deaf with hearing loss or deaf/blind, there are services that are used commonly to communicate with them. For example, qualified note takers. Qualified sign language, for example.

Accused speech interpretation or tactile interpretation or realtime captioning, for example, like what we are providing with the event today. And also written materials or printed script or yeah basically like a printed script of something that is being provided. In

And lastly, for those individuals that have speech disabilities, there are certain services like qualified speech to speech, it's called -- sorry, with the word, transliterator, which is a person trying to recognize the unclear speech and repeat it clearly. This is another type of communication that can be offered to individuals with speech disabilities. And I also wanted to provide a high level overview of some technologies that are also available to individuals with disabilities.

For example, realtime captioning or CART services that we have already described before, and that are being provided here during this event.

Other technologies also available are telecommunications relay service, or also known as TRS, and those are reached by calling the

number, 711 and they use communications assistance to serve as the intermediaries.

And another technology is video relay services and also video remote interpreting services.

So, those are some of the technologies that are currently being used today. A lot of new technologies, it's important to stay up-to-date of what is being offered as we continue serving communities who are, who have communication disabilities. So being aware of the different auxiliary aids and technologies available to individuals with disabilities is very important so that we can communicate effectively with them.

But, also, it is important because we must be in compliance with the Americans with Disabilities Act and section 508 and the Americans with Disabilities Act, title 2 requires entities to provide aids and services when needed to communicate effectively with people who have communication disabilities and section 508 of the rehabilitation act requires electronics and information to be accessible to people with disabilities.

This is something new that a lot of our organizations are trying to stay up-to-date and because we continue having more communications done electronically through our website or emails, it is important to make sure that they are section 508 compliant.

Similarly to the four-factor analysis that we were evaluating before, there are also some important fractures here to consider when providing auxiliary aids or technology to individuals with disabilities. Those factors are here. Depending on the nature of the encounter, you will provide or the agency can provide different type of communication. Also, depending the length of the encounter, it's also important when choosing what type of language access service to provide.

The complexity of the conversation that's also another important factor to consider is the context. And also another important one is the person's normal method of communication.

So, before trying to find a language access service or a specific auxiliary aid, it's always very important to ask the person who has the disability, what is their normal method, and what would meet their communication needs.

So, as the last slide for the presentation, I just wanted to highlight the importance of accessing language services and also aids for people with disabilities.

You might most likely have guessed a lot of these important factors but mainly, it just provides a better experience to all.

When we try to communicate with individuals, the more effective we can contact that communication, the better experience we can provide to somebody. It also ensures effective communication, for example.

Lastly, it is very important to provide these language and disability access services so that we can eliminate any access barriers, and make sure that our community can access programs and services.

So, this is all I had today for our presentation. And I wanted to move on to our panel discussion and I'm just hoping that providing these panel discussions, we are all going to learn from each other. Again, as director Rob Erupts was saying, we encourage everyone to put in the chat or submit to us any additional thoughts or questions but mainly what we want to highlight with all these organizations is how they are providing these services, some dips on how they're doing it so that we can learn from each other.

Today we have Lydia English with the disability law center. We also have Evan Lee-Ferrand from VCU Health. And from Enroll Virginia and central Virginia legal aid society, we have Carla Torres and Sylvia Jones and with the Virginia department for the blind and visually impaired, we have Susan Davis.

First of all, thank you very much everyone for being here today and sharing with everyone the resources for LAP and disabled individuals. If you would like to turn your camera on or turn your microphones on.

The way we will be handling this is we're going to moderate and I will be asking the questions and ask each organization to provide us with their tips or basically what they're doing in regards to that question with their organization.

So, I'm going to start letting them introduce themselves and again, this is going to be so we have enough time, let's make sure that we all as panelists can keep our interactions for three minutes every time that we ask a question but yeah, let's start with the disability law center.

And Lydia English. Good afternoon, Lydia.

>> LYDIA ENGLISH: Hello, everyone. Thank you Montserrat. That is a wonderful implementation. Can you hear me?

>> MONTSERRAT SERRA: Yes.

>> LYDIA ENGLISH: I am an advocate of the Disability Law Center of Virginia and I think the reason I do this kind of work is because the whole time being here in Richmond, my main kind of job has been assisting the community in different areas.

And because the need for assistance, the Hispanic population was complete with all the new -- so it's a passion to do it. It is a right to have services. And I believe that we can make a difference. So, thank you for having us today.

>> MONTSERRAT SERRA: Thank you, Lydia. Carla and Sylvia, if you can introduce yourselves and give us background on what we do.

>> CARLA TORRES: Sure. Thank you so much. I'm Carla Torres, a coordinator with Enroll, Virginia. A community-based network of

organizations, whose mission it is to provide affordable healthcare access to Virginians.

And what we do on the community, we do outreach, focus on the market and Medicaid and we also do education. I work at central Virginia society with Sylvia and I'm going to let her explain what we do in legal aid.

Thank you for having me. I'm very happy to hear.

>> MONTSERRAT SERRA: Thanks, Carla.

>> SYLVIA JONES: Good afternoon. I'm Sylvia Jones. I was a last minute add on to this panel. I'm really happy and glad to be here. As Carla mentioned, you work with her at central Virginia legal Aid society. I am the director of advocacy. My role is basically all the advocates, central Virginia legal aid society as the name implies provides legal services to underserved communities and we have offices in Richmond. Our main office in, we also have an office in Charlottesville and Petersburg.

I'm not new to the language aspect of it. My goal is to make sure we are doing everything we can to provide the best language we can as an organization.

>> MONTSERRAT SERRA: Thank you, Sylvia. To Evan Lee.

>> EVAN LEE-FERRAND: Thank you, everyone. It thank you for organizing. Thank you to our ASL interpreters as well. I'm the manager at VCU health. Our health system receives seven to 9,000 patients every month. Mostly ranging in Spanish but also 70 languages from across the globe.

And we have a big job. Twenty-four hours, not just our clinic but also emergency services, ICU and in-patient so we offer services from document translations, video, phone interpreting and on site interpreters as well.

>> MONTSERRAT SERRA: Thank you. Thanks for being here today. Last person in our panel is Susan, please, if you would like to introduce yourself.

>> SUSAN DAVIS: Yes. Good afternoon. My name is Susan Davis and I am with the department for the blind and vision impaired and I feel compelled actually to share with you a quick quote from my colleague, Eric Grath. He's not anticipating it this but he and I talked a little bit recently and one of the things he was saying, actually, he wrote me a note.

In the note, he said, it's really important to note that spoken language and American Sign Language interpreter services have the same goal, same intent. Access to services through our constituent's languages, but that's where the service end. The industry services and laws are so vastly different and a lot of people fail to understand this. It's cool to be involved, we'll be talking about access as well as limited English language proficiency so good afternoon and thank you Eric for your wise words.

>> MONTSERRAT SERRA: Thank you, Susan. I appreciate you being here today as well.

So, let's move on our first question. We have around five questions that we would like to ask the panel today. Of course, each agency has different language and disability access needs according to their program services and according to their populations. Many so, we will just go around the table and just discuss what each agency is doing according to their own language and disability access needs.

One of the questions we wanted to discuss is what does your agency do to communicate with individuals that have limited English proficiency, individuals who are deaf, low vision, or blind. Let's start with Virginia if you would like to let us know what your agency does.

>> LYDIA ENGLISH: Sure, so in CVLAS, we make a concerted effort to hire multilingual staff and we have a policy that encourages bilingual staff who reflect the languages in the spoken area.

We have a committee that is the day committee. For the ones who don't know, it's diversity, equality, inclusion and belonging committee.

And this committee is formed to ensure diversity in all areas of the organization. Currently, we have 12 members in CVLAS who are bilingual.

In terms of hiring staff interpreters, we don't hire staff interpreters, per se. For whatever, we hire bilingual staff. And as far as enroll Virginia, we have a total of 31 navigators statewide. We have 13 navigators who speak Spanish and two Korean and two Vietnamese.

And for instance, this is just one example. On Thursdays, we have healthy Thursdays and we do these lessons. They are just typically topics about healthcare, marketplace, anything of interest. It could be marketplace with taxes, preventive medicine and what have you so we have these panels through Facebook if anyone wants to watch those.

Then we have these panels with bilingual interpreters.

As far as contacting interpreters, we have policies in place from CVLAS to appropriate funds. Each year so there's no charge for the clients for interpreters and when the attorneys at CVLAS go to Court for hearings, we can arrange with the Court in advance to have an interpreter. And in these cases, the Court pays for the interpreters.

In terms of using the interpreter line, this is a service that we have and we use it as a supplemental service, especially when we need to talk with the LAP individual quickly or when services are needed in an infrequent language. I don't know if Sylvia, you want to add anything as far as CVLAS.

>> SYLVIA JONES: I think you pretty much nailed it. We want to make sure we're meeting clients where they are in the door. We

have a lot of signs in our office so it's probably understandable if they don't see it but we do have signs that guarantee to folks who do not speak English that we can speak to them in any language or modality that we need to as well.

I mean, I'll share a very short story, just going to spill my guts right now. One of the more unique experiences that I had by way of a little bit of background, we also had a partnership with VCU, a medical legal partnership and we get a vast array of clients through that probably larger than a lot of our service areas but when I was in another legal aid program we had a situation where we had two deaf parents and we had a child who had some very severe disabilities and had a sister who, you know, we got this client through the medical legal partnership and had some vast medical needs so the sister was trying to help the younger sister and the parents were not able to help so she spoke English. The parents were deaf. They were also from Nepal.

So, what we need out of that experience was a power of attorney because VCU would not talk with the older sister without a HIPAA form and so, in order to get that and to get the medical power attorney in place, I really had to scratch my head a bit on how to have deaf sign language in Nepal.

So, actually, was able to find someone through Catholic charities and I was able to draft the POA and get the the parents to, it was a fairly intense and long process but to go through the power of attorney and sign language and get their consent so we try to be creative and our main goal is to basically serve the client in any way we can.

We are a federally funded agency with funds that can go up and down each year so we really do try to make the best and be creative. The language models we need cover the vast majority in communication with our clients and languages. And I'm sorry if I went over the three minutes.

>> MONTSERRAT SERRA: Thank you. No, no, this is great. Just sharing our experiences is the most important thing. Again, we're not trying to provide any legal advice with this conversation. This is just informational purposes only. As stated before, each agency has their own individualized needs so we just wanted to emphasize and welcome all these tips and all these stories to help us all be better providing language access and services if any of the agencies here, attending the event, listening to the event, they have any particular questions regards legal requirements, that's something they can address with their consoles but today's information is with informational purposes only.

Thank you. I believe, let's move on to VCU health because Evan, I believe you have also some great information about how you, what does your agency do when communicating with individuals with limited English proficiency and people with disabilities.

>> EVAN LEE-FERRAND: Yeah, so a big thing we promote in our trainings, not just with services but also consults is we promote the concept of language access, which is a bit different than language services. Holds all of the resources from technology and staffing model whereas language access is the experience that a patient has, especially an LAP patient or hard-of-hearing or deaf who prefer sign language for communication, how accessible is our patient experience to them given their language difference and how can we ensure that their language difference doesn't equate to a communication barrier when they receive our services and intention here so that's kind of the concept that drives our office so not just about what do we do internally at our office but also how do we train staff to almost think the way we do in terms of language transparency.

So, a big part of this is also training bilingual staff, the difference between them being bilingual and using their staff but also draw the line as far as when an interpreter is needed to be a third party facilitator so they as bilingual team members can do their jobs, perform their jobs and let us worry about the communication when it comes to their colleagues that are also involved in critical decisions and critical conversations.

And so, with that, we have a, an abundance of access to video and phone interpreters as we have to have language access operating at 24/7, all corners, all hours of the night and day.

Currently, with our demand, we have 25 percent of all of these encounters covered by on site interpreters and that's prioritized due to complexity, acuity, and places of high volume for our deaf and hard-of-hearing, besides having on site interpreters, which we do try to optimize as much as possible, we also ensure that our baseline access through VRI, video remote interpreting, is also substantial.

So, we work very closely with our IT and VRI vendor to ensure that we have an optimal connection as well as doing our best to provide training to staff on how to best work with community members who are deaf as there's many many elements and as people have said here, many nuances, that allow patients to make informed consent.

As far as our high volume aspect as Spanish is the vast majority of our language needs, we are continuously growing in our quality and our development for language access for Spanish speaking patients.

We're really proud to say that our hospital is investing in five new full-time positions for Spanish interpreting so we're really excited to spanned expand our community here.

>> MONTSEERRAT SERRA: Thank you. We have Susan Davis, if you want to explain a little bit more, what type of technology do you use to communicate with those that are blind or visually impaired, if you can elaborate a little bit more how your agency handles that.

>> SUSAN DAVIS: Sure. Thank you. A couple of principles, what is the device or communication preference of their choice, their informed choice.

We often, by the time we see someone, they've been to a doctor and they'd realized that they're not seeing, we actually serve more people that are visually impaired than are totally blind so we're not just communicating with people that already know how to use technology, we're communicating with 'em p who are learning about technology.

We use JAWS. You may have heard of before, that translates on computer text to speech. One of the benefits is that it is multiple language and if a document is coded properly, will switch voices depending on the different language you might be using.

If you're also using the audio settings, changing your settings. It's harder to find, German, French, Spanish, some of the more common languages pretty easy. It's a lot harder if someone speaks Farsi and you're trying to communicate with them through a screen reader.

JAWS is not free. There is another product that is used that is a nonvisual desktop access free product and it uses also the Windows operating system. I can get you some more information after our meeting if anyone is interested. We use a lot of Zoom text magnification. We use Adobe platform that has a read aloud option.

It's very helpful. A lot of people, this is what Eric was saying, an example is that you might meet a person that's blind, and the folk lour is that all people who are blind use braille and it's just not true. Some people do. In that case, we'll use a braille embosser and the -- daggon, I hate that word retrieval thing that happens, that program, ducksbury that's needed to create the braille. And we also use a lot of translators and sign language interpreters because we serve people who are deaf blind. That could be because we're using tactile communication where someone is interpreting and the person who is deaf/blind hads their hands over the hands of the interpreter and that's how they're getting their information. For people that have low vision, we'll use regular sign language.

Lydia, can you tell us more about how your agency offers bilingual proficiency to injure legal staff?

>> LYDIA ENGLISH: Yes. The first thing that are needed is basically access is the fundamental right and one of our, that we identified our services is that, as a result, we will provide in high quality services.

So, we do have people, bilingual people over here, but mainly we can use interpreters that are trained, that are qualified, and only the in-house is one person comes and we can assist them.

But, we have full support services around. We have our information that is distributed to the population in six different languages as we mentioned at the beginning because Virginia has been,

is so diverse now that we have Chinese, Arabic, Vietnamese, English, Korean and other languages are catching by.

So, excuse me, in having that access planned, that everybody receives the same quality of services and that is why we have effort.

When you have, when you wonder what do we use, we have different -- someone calls, we can immediately identify or ask them to identify the language, if they need assistance because they cannot hear very well, we have the services here in the office.

We have also sign interpreters and so, when we are inside of our offices and assisting directly with the clients, we have many tools to provide them that efficiency in the services that they need to receive why they come to us.

But, we make sure, excuse me, that that assistance, because it's very interpersonal, we can understand the cultural differences that are in the population. Because it's not going to have interpreters or translators. It's to try and understand what really are the needs of the individual, and go and approach them in the area.

Our proclamation, again, is in different languages. And we also even have braille and as Susan was saying, manage it.

So, through education and trying to use the assistance and the aids that are there, we are really encouraging the other organizations that provides services for people with disabilities to consider the language access and as Evan said, language access is really the access for communications as a result of our outcome the services will have high quality.

So, what we do, through education, we train other organizations that assist people with disabilities here, like the organization of blind and vision impaired or the division of assistance, rehabilitative services, to know about the multicultural differences, to know really if they need assistance, language access because they have to realize what kind of population you are attending. You really do need the service because the demand is high.

How can you assist them and internally, it is very important to train the staff and how to act or respond to that need.

For example, we have in our forms, the small ticket, sticker, so everybody knows how to access the direct line to get different languages.

Because it's not to have contact with services, it's really that at any moment, we are able to access it and use it for communication.

>> MONTSERRAT SERRA: Thank you, Lydia. The access of training is important. We can have all the policies and procedures in place but if we don't train our staff on it, we might not necessarily be implementing or have everyone in the agency implementing those.

I hear a lot of you that use bilingual staff. Some of you are saying that we have competent bilingual staff, right? So, I'll be interested, I'm sure the audience will also be interested in

learning, does it have competent bilingual staff with their organizations.

How do you assess them? Do you offer a competency level exam? I'm sure a lot of people in the audience will be interested in learning more, and let's start with enroll Virginia with Carla and Sylvia.

How do you assess your bilingual staff?

>> CARLA TORRES: Thank you, Montserrat. When you hire, we have testing the language proficiency by asking the questions in Spanish. And at that point, the interviewer decides whether she's competent or not and if testing must be done outside source, then CVLAS has a policy to pay for the testing.

I don't know if there is anything else to add, Sylvia

>> SYLVIA JONES: Yeah, ironically, we have two interviews following this panel. And I've actually, it's been a long time -- I don't think, actually, I've ever participated, but we use a committee at CVLAS and as Carla mentioned earlier, we have a DEIB committee and we want to make sure that one person, actually, Carla is on the committee.

So, she will be in that to look at it through an equity lens and then we have the person who is hiring for the job who is looking for outreach workers.

She will conduct probably half of the interview in Spanish. Now, I won't be able to tell the proficiency but that's the beauty of having a committee is for us to be able to, you know, for her to be able to talk to us about how she thought about the proficiency as well as just the qualifications of the candidates.

So, that's how, that's pretty much how we do it.

>> MONTSERRAT SERRA: Excellent. Great. How about at VCU Health? Evan, I know you mentioned you have a tailored bilingual staff? Tell us a little bit more about that.

>> EVAN LEE-FERRAND: Yeah, for our bilingual staff assessment, we worked with one of our language provider languages, language services associate, LSA.

And they have a pretty good reputation throughout the east coast, especially for many of the health systems here and they had a bilingual staff assessment that they had for healthcare providers. Upon testing it and trialing it on myself, I felt that it was a bit too generic. A lot of these bilingual tests that are done by many vendors typically will ask just very bad questions. Like, what do you feel about the political, the current political climate or what are your aspirations and these are prompts that just invite an examinee to show case their proficiency, especially for Spanish. Which is great, but at the end. Day, you can be an amazing socializer in a foreign language but that doesn't mean you're going to be able to have clear professional language with your specific role in healthcare.

There are many people that are bilingual providers that are actually really proficient and using Spanish in their specific roles but they actually don't know how to really use language that with a deep articulation or fluency in other languages so we really wanted to be targeted in a programmatic sense for various roles in the healthcare system.

So, we worked with LSA for maybe about seven months and created an exam and vetted it and trialed it with many providers that we are familiar with, with many ranges in fluency.

And we really felt we hit the spot so now we have a great automated system where people can sign up. It's accessible. It's friendly for people with busy schedules and they're running all over the floor but it insights them to take the test and we give a lot of incentives for the bilingual team members to also take it T right? Because as mentioned earlier, you can have a bunch of policies but if it's not enforced with incentives and safety metrics, then, if the execution isn't there, then it's really just a theory and not so much a practice or a culture.

And we're really happy that over the past two years we are able to develop a really fun culture and now we're working on even like batch holders that will show case that you're bilingual and indicates that you passed this test as well.

And what's really great is that when people are taking the test and whether they're fluent in the target language, specifically Spanish, which is tested the most, whether they learned it or whether they're heritage speakers of that language, even if they do not pass the test, they get really detailed feedback that guides them in the areas they improve on and a lot of the feedback that we get is I really wish I had passed but the test gave me insight that there's a lot of things they really never have bothered to learn and fine tune when it comes to medical technology.

And while we always encourage people to use plain language, plain and clear language to patients, we also do hold an expectation that while they know the colloquial way to refer to medical conditions and practices that they also know how to represent it at least at a more standard level so that they're able to be more or thetic late if the event were to ask for that.

In the same way that we do hold the standards in English, we try to use the best layman's terms as possible but it's still a requirement to know the forms in case it's more appropriate.

So, when we look at bilingual staff language access, we don't look at it as a favor, we look at it as just one other aspect in professionalism. So, we really love having this great interaction with our bilingual team member community as we are able to guide them through this process and really accessible, pragmatic way.

But it also allows us to collect data so that we can show case this community by numbers to our HR department to see how we can embed

bilingualism as professional aspect in the set of skills and tools that many of our awesome talented team members have.

>> MONTSERRAT SERRA: Excellent. Yes. I always tell the story that I feel like translating or interpreting, you have to be very knowledgeable of both languages. You're translating or interpreting English or Spanish, you have to be knowledgeable of both.

I'm bilingual. I speak Spanish. I learned English at a very young age but the fact that I'm bilingual, that I can speak in both languages doesn't put me as a competent interpreter unless I follow certain trainings because I was asked a couple of times in my previous job to interpret but just because I speak the language or just because I speak both languages doesn't mean that I can provide an accurate interpretation and that is very important that when someone interprets certain encounters, we have to make sure that it's accurate but also that that person is following some protocols that you learn at a later time which I learned, too, at a later time and make me feel more prepared and equipped to interpret and feel like I was more competent to interpret just because I took training, I learned about how to stand in a room when you're interpreting for someone. I learned how to interpret, so, all of that is very important when assessing bilingual staff and providing them with those tools to accurately interpret.

Thank you, Evan and thank you.

>> EVAN LEE-FERRAND: Do you mind if I say something in response? I really appreciate that answer because it takes a journey to understand the differences between that language communication or multilingual. The execution and the conversations around those policies are very much more intimate, very much more vulnerable. Because language really represents our abilities, our competency and even our identity. So, so many bilingual team members have just the deepest and intentions when they intend to use their language skills with community team members so when I'm walking around the campus and meeting everyone, I'm in thing these applications. I might step into a bilingual team member. A team member who is bilingual. They're not really taking the assessment, and I'm offering my presence just to be present for a conversation that is conducted in Spanish. Well, your colleague here speaks English. Why don't I keep them up-to-date with the conversation?

And those interactions can be a bit uncomfortable for some people because they feel like they're put on the spot or their intentions are being questioned and it takes experience. It takes really organic interactions to show this isn't about taking over your intentions. This isn't about replacing your identity or down playing the clarity that they do about identity association.

And when we work with bilingual team members to say, in many areas, you are bilingual. But, when it comes to your role, you spent

years in medical or nursing school learning these terminologies. You're, it's natural that you're not always going to be. So it does take really intentionality. I really appreciate your understanding because on the outside it looks like we're just paid to talk because we are but what goes on in the inside is a whole other process.

>> MONTSERRAT SERRA: Yes. Excellent. I heard a lot of you also talking about signs and notices and this comes to our next question. Is how does your agency let others know that language services and auxiliary aids are available.

I'll just be curious to go around the table to see which ways do you use and let's start with the disability law center, with Lydia.

I think you mentioned a few signs that you have around your office orientry? Tell us a little bit more.

>> LYDIA ENGLISH: Yes. First let me say that we at the disability law center of Virginia do not own the staff to provide the services for volunteers of interpretation.

We really make sure that when we contract with other agencies, they are qualified and when we give the services face-to-face because the individual is here or cases we have, we try to tailor it to the individual because every situation is different and as even the lady before was saying, it is important to wear the exact hat at the moment you're interpreting.

If you work in a place and you have knowledge about the situation when you are interpreting, you are passing the information that the client is purchasing to you. Not adding. Not explaining. Because you know the subject.

By here we have signs at the reception so we can show the individuals in their language because we need to understand the need for interpretation. Sometimes you need to understand some written materials so we need to make sure that we know what is needed and how we can provide those services. We try to make sure that the information is clear so there will be meaningful provision of services to clients.

Again, I am a trained interpreter. That does not mean that I am not qualified because I am not certified so that is a difference that we need to have when we try to evaluate the qualification of the interpreter because it's important that they really know all these rules and steps that the interpreter needs to follow when they are providing services.

We also with distributing information, again, posters, our website is very, for me, it's excellent because it has a bottom that says the languages.

And it's fascinating because hundreds and hundreds of languages. That doesn't mean it's perfect. That doesn't mean it's well done but in general could have basic access to information and build up from there.

They really are trying to support the services we provide with an efficient language plan and program.

>> MONTSERRAT SERRA: Great. Thank you, Lydia.

>> LYDIA ENGLISH: You're welcome.

>> MONTSERRAT SERRA: How about Enroll Virginia? We have I was going to say, like they mentioned the signs a couple of times. What ways, how do you let people know that language access services for free available to them.

>> So, in enroll Virginia, we have our website in both languages and also we translate all the materials and all the language needed when it is requested.

Like we just have an event with a closure with a rapid response for 700 workers that they were laid off and they spoke all different languages and we have that translated right away so we could provide them materials in their target language.

And as far as in legal aid, we have signs in reception and one of the signs is translated in 24 languages stating that the program is willing to provide interpreters for them.

But the most effective way we think is to assess the applicant's need when they contact us so we can tailor language into accordance to their needs.

>> I just wanted to add that the majority of our clients come in through our phone so we do have a dedicated line for Spanish speaking and that goes for someone who speaks Spanish and can do the intake and can do the initial contact to see what needs to be done.

And then if it's transferred to an attorney who doesn't speak the language, then we can use the language line to make sure we're getting the best translation.

>> MONTSERRAT SERRA: Excellence. And again, the importance of the signs -- oh, sorry, Lydia.

>> LYDIA ENGLISH: Sorry. Montserrat, let me add something that I think is very important. We can have anything but language access is a service that is provided and determined by law.

We have the obligation to tell the client that they have access to interpreters. Because people sometimes don't come to you because they don't know if they can speak the language so it is very important to let them know immediately that we can have access to different languages and they have the right to ask for an interpreter.

>> MONTSERRAT SERRA: Exactly so VCU, how do you approach the signs? But also, the notices. The written notices. Tell us a little bit more about how VCU informs members?

>> EVAN LEE-FERRAND: Depending on how someone comes to our health system, it could either be by phone, emergency department, scheduling, or it could be a referral, or maybe it's a walk-in, for example. Especially for urgent care.

All in all, we do have as many bilingual forms, or as many forms, especially for registration, and authorization for receiving services to be bilingual.

In our registration process, we also do ask, what is your preferred language for healthcare communication. If it is a nonEnglish language, we can provide interpreters at no cost to the the patients.

We also, besides that and providing translations on our signs, our marketing team works very close with us to make sure that as much marketing can include Spanish speaking material as well as other languages but we also purposely do have our VRI, our video remote interpreting devices, which we use the vendor Mardi which has very bright orange screens and we like that they are quite ubiquitous throughout the campuses so that people can identify, ah, I see that, therefore I know it's available so we like to use that visual as kind of a reinforcer.

Not just in the paperwork and in the signs, but also in the patient experience as well.

As well as having bilingual team members throughout the health facility and campuses that also help reinforce the options for patients when it comes to language access.

>> MONTSERRAT SERRA: Excellent. So, it looks like we have been hearing a lot of tips and good information about implementing services but I'm sure that we all have run into some challenges and I think this information is going to be very helpful for the audience.

Susan, if you want to start sharing with us, what type of challenges have you run into when implementing language services and what lessons did you learn? Susan, I think you are --

>> SUSAN DAVIS: Sorry about that. This is Susan. I didn't mean to cut myself off.

I think we've probably. I think we've probably have experiences that other folks have had experiences in that we may have an individual walk into one of our six offices or our headquarters or our library and resource center and they need a translator or they need an interpreter and we don't know that before people walk in.

You know, so, one of the things we've learned is that we need to make sure that the individuals that are know how to access on demand mobile apps that can help with remote interpreting or we can access a language line.

One of the things that happened anecdotally is I was working and hoping to do an intake for kids coming in through summer sessions.

So, the child, she would have just really been upset with me for calling her a child. She was 16. But the child was there, and there was another young woman there and there was another woman with them, multiple members of the family.

And one of the women sat down at the table and there was another helper.

Nobody said anything to me about language. No one. So I started talking and the younger woman, not the student, responded, and we're having this great intake and then I needed to get some information, and she said, well, let me ask my mother.

And her mother had been standing behind me the whole time and she didn't speak any English at all.

And the person that was serving as the translator was not a qualified translator, so, had not informed me -- nobody said that the parent, the one -- didn't speak English. We all had a good laugh, at least, but I had to start from the beginning so this child's mother was actually the one getting the information.

I think that's one of these lessons we learned hard way. We were able to, they were graceful, I was graceful, we laughed at how ridiculous it was but it taught us a lot about needing to be prepared in the moment when somebody walks in and they need to have a conversation with you and you don't have someone who is a translator on site.

You know, the older sister that was responding wasn't a qualified translator. Right? So she's saying whatever she's saying to her mom is, -- I think we're not hearing you now.

>> MONTSERRAT SERRA: Yes. What I was saying is true, that's why it's so necessary to have interpretation and translation services already in place so when you run into a situation like this, when you have that immediate need that you already have those contracts that you already have the procedures in place. So that we can serve the population better, and we're ready.

So, that's a very great challenge. You can explain and a great solution just to be prepared next time.

>> Yes, one challenge we've had over the years, a creative way to a solution we found, and this is an initiative that we have going on right now that is a scholarship actually to fund some interpreters.

Rand this came in place because during the years we start going to the community in about 2013, right after the marketplace was put in place.

And then, we realize that a lot of people, they're not accessing healthcare not only because of but also because of lack of interpreters, sadly.

What happens is that members of the communities, sometimes they don't fully trust, if there's nobody speaking Spanish or the doctor doesn't speak English, they'd rather self-medicate versus going to the doctor and not understanding what's happening and this is having really, of course, bad consequences, having to go to the emergency room, and especially, of course, they're prone to having more issues health wise. This is happening a lot in rural areas and we see that the community clinics and free clinics they have the funds, but they don't find good interpreters. This actually came with a great idea with one of our navigators, that decided, well, we might be able to

cross this bridge and try to find funds for interpreters and we partner, we have a collaboration with liberty and language in Arlington. And right now, we have, going to need interpreters so we're going to fund interpreters who need money to get certified and we're going to place them in this community centers that we know that they need interpreters.

By doing this, we feel that we're going to improve language access across Virginia. This is just a small step that Enroll Virginia is taking to make a difference. Going on, they should get my email now and I'll get you in touch with the person in charge and if anyone is interested in collaborating or just funding, helping funding this project, I think my hub, actually the healthcare, actually in Virginia.

As far as Enroll Virginia, I'm going to let Sylvia talk about that.

>> SYLVIA JONES: I think the biggest challenge is that the demand for our service asks so great and sometimes the turn around that we need to be able to help the client is so quick, a the lo of times folks come into our office and they'll bring family members and we have a policy about the use of family members, we want to make sure that we have the clients' consent to do it but at the same time we also want to make sure that there's no conflict of interest in using that family member.

A lot times, we have to make sure that we're providing service because they may not be available to work with that because they have other things that they have to do for that particular job that they're doing.

So a lot of times they're very, have I willing to interpret and do some interpreting for clients, for Carla, but she may have an appointment so it becomes a little bit cumbersome and then just one last challenge of several other small challenges is training.

We have a lot of nonbilingual staff. It's a cultural thing. Just a couple weeks ago we did a Friday lunch and learn on how to do a language call because people even when we give them the cards and with the very specific instructions on how to do it they're still a little shy about using it because it's just technology, and some folks are better in the organization of technology.

We did a mock actual call to language line and Carla and I facilitated a conversation so keep hammering, we can have conversations, with our DEI committee, I'm really looking forward to some ideas on how to overcome some of these barriers.

>> MONTSERRAT SERRA: Thank you, Sylvia, and I loch that idea of a lunch and learn strategy because I agree with that idea of a lunch and learn strategy to make DMAS feel comfortable but it's so important to use those resources available, whatever it makes people feel comfortable, adding that additional layer, providing that information in a lunch break or in a training session during lunch.

I'm sure that made a big difference. Excellent. Thanks for sharing that.

How about for VCU, Evan? Are you running into any particular challenges you've found and solutions you've found?

>> EVAN LEE-FERRAND: Yes. Always abundant challenges when it comes to language services. I always have a job here, which is great.

So, I would say our biggest challenges was really accessibility. It's great with the intention but as far as the execution, I realized there wasn't enough dialogue on the clinical aspect. How do you embed language services and all the protocols and training around that in a clinical setting where there are a million things going on at the same time?

And so, we really spent years, and each year had a different focus. How do we make phones more accessible? How do we make video technology more accessible. How do we make our research and onsite better, how do we make sure our office has a website that's available. How do we track data? How do we keep up with retention on the team.

How do we keep our team engaged in a way that's not about coming to a battle every day but coming to a place where there's growth, development, sustainability, change, yet stability.

How do we make sure that we have a competitive compensation. How do we work with marketing, so every year there's definitely themes and how do we grow, how do we advance, it's one thing to recognize their problems, a whole other dialogue to talk about what the solution looks like.

Year over year, thinking about what is the most critical, what are the low hanging fruits as far as solutions and implementations that we want to make sure we're not overlooking as well.

Not to mention, policy, regulatory audits, safety concerns, and, you know, the pandemic on top of that brought a whole new, just really transformed so many aspects in healthcare and especially language services.

>> MONTSERRAT SERRA: Excellent. Thank you, Evan for sharing your thoughts.

And lastly, let's ask Lydia, and her organization, if they run into any particular challenges. I believe you mentioned in the past that sometimes you get.

>> LYDIA ENGLISH: We have all these schedules and then we have someone coming in with another language and we want to continue the same speech because we have an appointment or a meeting also so we need to make the constant effort of scheduling extra time when we are assisting individuals with different languages.

And that is why when they cancel or reschedule meetings or pull at this last minute, it takes a lot of coordination to find that spot and continue providing those quality services. And the action plan, that is why they insist that we need to evaluate and update the

services really in what language, we have more need, how many clients we assist in the other languages, and when we need to put our efforts.

But, we cannot hurry through interpretation just to finish interpretation because we schedule half an hour.

>> MONTSERRAT SERRA: Thank you very much, Lydia. Talking about time, we are hitting the 2:45. So, I know we had an additional question for the panelists, but I feel like this is something we have already discussed unless any of the panelists has any additional thoughts to share about how to make materials available in other languages.

I think if we have someone maybe that can speak to that for a couple minutes. Otherwise, we will move on to our next session, which is the Q&A. But I wanted to ask -- yeah?

>> SUSAN DAVIS: This is Susan. I would like to add one more thing and that's because we have at VDHH, the Department of Deaf and Hard-of-hearing, a wealth of knowledge, that we would be remiss not to recognize that resource can be so helpful. I've got resources that I can share and I noticed that Eric and a couple others have been on the chat, but I think it's very important to keep that in mind.

>> MONTSERRAT SERRA: The two interpreters today are from the Virginia Department of Deaf and hard-of-hearing so I appreciate all the knowledge director Roberts shared with us and also the resources from their agency so that they can provide certified American Sign Language interpreters. Thank you, Susan, for reinforcing that.

>> LYDIA ENGLISH: Another thing is good materials. We need to really make a conscious effort to provide maybe braille, maybe large print, and when we have pictures in the material, describe that the picture is coming because when people use the readers, they cannot see the pictures.

So, we have many clients that they are upset because they are requesting their screens and they act like they don't know what's going on and really that information is like this. Sometimes, your glasses.

So, it is easy to get materials that are accessible.

>> MONTSERRAT SERRA: Thank you, Lydia. Yes. It's funny enough to understand or it's important to understand that everybody has different needs and different communication needs. Thank you for pointing that out.

With that said, we are at the end of our panelist session. I really, really appreciate all the information all these panelists have shared with us today. I learned a lot. I am sure that audiences have learned a lot today, and that is the main purpose of our forum. Just to learn from each other. There's a lot of challenges. Diverse communication from members. We all have different programs and services that we want to make sure everyone is able to access.

So, by doing this type of or having this type of conversations, we're hoping that we can help the community programs. Now we want to move on to the Q&A. We have a few questions from the event. We are going to start our Q&A session today just addressing some of the questions that we will receive through the registration and if we have additional time, we will look. I've taken a quick look through the chat and I've seen a lot of positive comments and questions regarding language we want to address. We might do that at a later time and that information will be uploaded but let me start with some of the questions that were sent by you all when you registered.

One of the questions was, let me start -- let me pull that list. So, we've got a question from the audience saying bind the language line and TTY, what other services are offered to the public to assist with those who have disabilities or are there other programs being discussed for the future? So at DMAS, we recognize that there is no one size fits all approach. Everybody, all agencies have different needs.

But we've, our approach with the Medicaid program is to provide information and services for individuals with disabilities. We have the DMAS website that includes information on how to obtain auxiliary aids or other accommodations.

That's a standard notice that we have on our website. It's also a notice that we include in all of our eligibility notices so we are just assisting everyone to obtain information in a way that they understands and fits their needs. More information about language and disability access services will be incorporated on disability access future forum events.

Another question, is DMAS aware that using an interpreter consistently increases errors that delay the process and leads to denials?

Yes, DMAS, we are aware that there are some situations where communicating through a bilingual person might be offering better customer experience.

Currently, at DMAS we have seven English/Spanish bilingual staff that they use their language skills to communicate directly with the Spanish speaking individuals. We acknowledge direct communication between someone who speaks the language. It provides better customer service.

However, we understand that not all situations, in all situations we can use that resource and that is where we would resource or outsource interpretation services through our vendors where they will be able to provide competent and qualified interpreters to Spanish speaking or bilingual individuals.

All right. So we got another question that said are providers reimburse evident for interpreter services?

Currently, Virginia Medicaid does not reimburse for providers for language services in service population. However, providers who

treat patients that are enrolled in a Virginia Medicaid managed organization, we call them MCOs, those are the overwhelming majority of our population. Those can request language services through the member's managed care organizations so all Virginia Medicaid managed care organizations, they have actually procedures in place to provide language services to Medicaid providers and members at no cost.

That was in relation to the question about providers reimbursing for interpreter's services. Then we had another question. We have been working with VDD agency to contract sign language interpreters. Those procedures, we had them, you know, internal documentation and we are planning on including those procedures to obtain American Sign Language interpreters through the VDDHH organization.

We're planning to have these procedures also included in their language or disability access plan.

We review the plan on a yearly basis and our next updated plan will come up in summer 2023.

So, we are planning on incorporating these procedures to obtain American Sign Language interpreters starting at DMAS in December 2022 so we're planning to include that language in our most updated language and disability access plan.

Those are all, we had an additional question about, if we were familiar with the deaf culture digital library. This is something that came from the public. I'd like to mention the referral here. This is great information that we also will be considering how can be implemented on our efforts to continuously improve language and disability access.

Thank you, everybody, for those questions. As mentioned, we addressed some of the ones that we received through the registration. It looks like my partner, Jesus, mentioned that, do we have these, Jesus? Do we have any additional questions that we can address in the next two minutes from the audience from the chat?

>> JESUS PEREZ: Yes. We have receive a couple questions. The one is from Steve Gordon. He is asking, where will the link to the recording of this event be available?

>> MONTSERRAT SERRA: Excellent. Yes. Definitely, we have been recording this event. We will upload the recording along with all the materials for this presentation. They will be uploaded on the DMAS website. I will be sharing the DMAS website link with all the people we are planning to have all the information uploaded to our website.

Thank you, Jesus and thank you, Steve. Any other quick questions, maybe, Jesus, that we could use the next two minutes to address before we close this out?

>> JESUS PEREZ: Yes, we have one more question but this question, I am not sure if it was directed to the VCU's representative because it came in the chat when he was talking in one of his interventions and the question is, when you are recruiting for the staff, do you

add bilingual staff to occur or how do you encourage bilingual staff to apply

>> EVAN LEE-FERRAND: Because we do not have any different compensation for people that are bilingual in those job scales, they'll typically say something to the effect of, preferred, I think is typically what we use or maybe something like, environment r works with different job descriptions. Either something preferred or something is that describes that Spanish is a big part of the environment in which they'll be involved. It's only for language services roles for interpreters where language is specific as far as required because we are paid specifically for that skill.

>> MONTSERRAT SERRA: Great. Thank you, Evan, for addressing that question from the public. And we have reached the end of the presentation but I didn't want to close before giving you some resources that you can look at your own time. Again, this presentation will be shared with the links to these resources and I wanted to just emphasize on the last resource that we have here about WebEx event that is being conducted by the U.S. attorney's office. The event is going to be happening on June the sixth, Tuesday, and it's about ADA's effective communication requirements in healthcare settings.

I feel that this event is going to be very helpful to the attendees and more information, you can access it, I will provide that link through the communication that I will be sharing with all attendees when we update all these, upload all these documents.

And with that being said, we are close to 3:00 PM and again, we can be happy with having you all here, having this communication, learning what everybody is doing, learning about how or seeing how many people were interested in registering to the event, learning more about how to provide services to the limited English language proficient individuals and people with disabilities.

I want to extend a big thank you to my team that has helped me coordinate these and also to the leadership. They have been very instrumental to implement this and I am very happy that we have been able to provide you all with the first forum on disability access and we will be having more in the future.

So, stay tuned for more information.

Thank you very much. Thank you to all the panelists who were here today sharing great resources and great information. I appreciate everybody's time.

(Session was concluded at 1:59 PM CT)

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