



MARYLAND  
Department of Health

# Foreign Language Interpretation, Translation (FLIT) & Visual Communication Services (VCS)

My Local LEP Liaison: \_\_\_\_\_ Phone #: \_\_\_\_\_

My entity client ID number for LanguageLine Solutions, Inc.: \_\_\_\_\_

My entity account number for Ad Astra, Inc.: \_\_\_\_\_

When contacting any vendor for services, please (1) provide your first and last name, (2) advise you are calling from MDH, (3) provide the name of the MDH unit, and (4) provide your entity client ID or account number, when applicable.

MDH LEP Coordinator:

Delinda Johnson-Blake

Contact:

410-767-5184

[Delinda.Blake@maryland.gov](mailto:Delinda.Blake@maryland.gov)

2019 – 2020

Please note that VCS, interpretation and translation services are provided at **NO COST TO THE CONSTITUENT**.



# MARYLAND Department of Health

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# MARYLAND Department of Health

## PROVIDING EFFECTIVE COMMUNICATION

Title VI of the Civil Rights Act of 1964 states *“No person in the United States shall, on the grounds 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.”*

### Language Assistance for persons who speak limited English

To ensure that persons with limited English skills can effectively access services offered by the Maryland Department of Health, this packet is provided to staff as guidance on how to access the contractors who provide language access services in order to assist limited English proficient (LEP) constituents.

### Visual Communication Services for persons who are deaf or hard of hearing

To ensure that persons who are deaf or hard of hearing can effectively access services offered by the Maryland Department of Health, this packet is provided to staff as guidance on how to obtain visual communication services in order to assist deaf and hard of hearing constituents.

All questions may be directed to the MDH, Office of Equal Opportunity Programs, Equal Access Compliance Unit, at (410) 767-6600 or visit the website at [www.health.maryland.gov/oeop](http://www.health.maryland.gov/oeop)



# MARYLAND Department of Health

## Interpretation & Translation Services

### Core Languages

The following languages are considered “Core Languages” for Language Line Services, and Ad Astra, Inc. under the Department of Budget and Management [Foreign Language and Interpretation Services contract](#) (pp. 6-7, section 2.2).

Those languages marked with an asterisk (\*) currently require the most interpretation/translation resources numerically based upon historical usage.

**All languages not listed on this sheet are considered Non-Core Languages, which may incur a different rate.**

Amharic *	Nepali
Arabic *	Portuguese *
Bengali	Romanian
Burmese *	Russian *
Cantonese	Somali
Chin Hakka	Spanish *
Dari	Swahili
Farsi / Persian	Tagalog
French *	Tigrinya
Gujarati	Turkish
Haitian Creole	Urdu
Hindi	Vietnamese*
Korean *	
Mandarin*	



# MARYLAND Department of Health

***MDH is committed to ensuring language access.  
To provide language access, contact the vendors below.***

## INTERPRETATION & TRANSLATION SERVICE PROVIDERS

For **TELEPHONIC SERVICES**, contact LanguageLine Solutions, Inc.  
1 Lower Ragsdale Drive, Building 2 | Monterey, California 93940 | Contract Effective: 3/1/2019 – 2/29/2024

All MDH entities have been assigned **LanguageLine Solutions client ID numbers** to arrange telephonic interpretation services. To request your entity client ID number, please contact your agency Limited English Proficiency (LEP) Liaison or the MDH Office of Equal Opportunity Programs, Equal Access Compliance Unit at (410) 767-6600. Registration takes 3-5 business days.

- REGISTERED CUSTOMERS:** (Have your client ID # ready)
- Telephonic Services Line: 1-866-874-3972
  - Billing Payment website: <https://www.languageline.com/bill-pay>
  - Billing Inquiries website: <https://www.languageline.com/client-services/manage-billing>
  - Billing Inquiries: 1-800-752-6096, option 1

For **WRITTEN DOCUMENT TRANSLATION**, contact Ad Astra, Inc.  
8701 Georgia Avenue, Suite 800 | Silver Spring, MD 20910 | Contract Effective: 3/1/2019 – 2/29/2024

All MDH entities must first submit a new client form to receive **Ad Astra translation account numbers** to arrange translation services. You may submit request and submit the form via email to [translation@ad-astrainc.com](mailto:translation@ad-astrainc.com)

- REGISTERED CUSTOMERS:** (Have your Account # ready)
- Customer Service: 301-408-4242 (press option 4)
  - Request a quote by email: [translation@ad-astrainc.com](mailto:translation@ad-astrainc.com)
  - Request a quote online: <http://www.adastra.plunet.com/index.jsp>
  - Billing Inquiries: Contact Habibatou Diagne at [abby@ad-astrainc.com](mailto:abby@ad-astrainc.com)

For **ON-SITE INTERPRETATIONS**, contact Ad Astra, Inc.  
8701 Georgia Avenue, Suite 800 | Silver Spring, MD 20910 | Contract Effective: 3/1/2019 – 2/29/2024

All MDH entities have been assigned **Ad Astra on-site account numbers** to arrange on-site interpretation services. To request your entity account number, please contact your agency Limited English Proficiency (LEP) Liaison or the MDH Office of Equal Opportunity Programs, Equal Access Compliance Unit at (410) 767-6600. Registration takes 3-5 business days.

- REGISTERED CUSTOMERS:** (Have your Account # ready)
- Interpreter Request Line: 301-408-4242 (press option 2)
  - Interpreter Request by Email: [interpreting@ad-astrainc.com](mailto:interpreting@ad-astrainc.com)
  - Billing Inquiries: 301-408-4242 (ext. 113 or ext. 115)
  - Billing Inquiries Email: [billing@ad-astrainc.com](mailto:billing@ad-astrainc.com)

Questions & concerns may be directed to the MDH, Office of Equal Opportunity Programs (OEOP),  
**EQUAL ACCESS COMPLIANCE UNIT** | [www.health.maryland.gov/oeop](http://www.health.maryland.gov/oeop) | (410) 767-6600  
Deaf and Hard of Hearing Use Relay

Delinda Johnson-Blake

[Delinda.Blake@maryland.gov](mailto:Delinda.Blake@maryland.gov)

(410) 767-5184



MARYLAND  
Department of Health

# LanguageLine Solutions

Contract Effective: 3/1/2019- 2/29/2024

## Telephonic Interpretation Services



## LANGUAGELINE SOLUTIONS, INC.

Contract Effective: 3/1/2019 – 2/29/2024

LanguageLine Solutions is the Maryland State Government contractor that provides over-the-phone (telephonic) interpretation services for state agencies. The contract is effective through February 29, 2024.

To assist limited English proficient (LEP) constituents by phone, MDH entities can contact LanguageLine Solutions by calling 1-866-874-3972 and entering the unique client ID number assigned to the office. An interpreter will be connected to the call who can help MDH staff communicate with the LEP constituent. To ensure effective communication, read the “*Partnering with your Interpreter*” document provided in this packet.

LanguageLine Solutions can also help determine the language needed when the constituent’s language is unknown. Call 1-866-874-3972 and follow the automated prompts to receive assistance with determining the language needed.

A client ID number is required to access telephonic interpretation services. All MDH entities have been assigned LanguageLine client ID numbers.

Interpretation services are provided at no cost to the constituent. Rates for telephonic interpretation services may be located on the LanguageLine Solutions Rate Sheet inside this packet.

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Need to request your entity LanguageLine client ID number?

Contact your office LEP Coordinator or the MDH Office of Equal Opportunity Programs, [Equal Access Compliance Unit](#) at (410) 767-6600. You may also email Delinda Johnson Blake at [Delinda.Blake@maryland.gov](mailto:Delinda.Blake@maryland.gov).

## Partnering with Your LanguageLine Solutions® Interpreter to Ensure Effective Communication

1

### STARTING THE SESSION

- Allow the interpreter to start the session by giving you their name and Interpreter ID. Document this information for reference.
- Introduce yourself to the interpreter.
- Brief the interpreter and state the goal of the session and provide any specific instructions.
- Introduce yourself and the interpreter to the limited English proficient, Deaf, or Hard-of-Hearing individual.

2

### DURING THE SESSION

- Address the limited English proficient, Deaf, or Hard-of-Hearing individual, not the interpreter. The interpreter will be your voice. Keep in mind that everything stated will be interpreted.
- State information in short, concise sentences. When stating complicated or detailed information, speak at a slow pace and pause often. This allows the interpreter to note, retain, and relay the information. The interpreter may sometimes ask for repetitions or clarification.
- Avoid technical jargon and try to explain specialized terms or concepts.
- Avoid interrupting the interpreter or talking at the same time.
- Do not ask interpreters for their opinion.

3

### ENDING THE SESSION

- Ask the limited English proficient, Deaf or Hard-of-Hearing individual if they understood, or if they have any questions or concerns.
- Allow the interpreter to interpret everything before ending the session.

### FOR MORE INFORMATION

[www.LanguageLine.com](http://www.LanguageLine.com) / 1-800-752-6096



Onsite Interpreters



Over-the-Phone Interpreters



Video Remote Interpreters



## Interpreter Code of Ethics

The LanguageLine Solutions Interpreter shall limit him/herself to interpreting. While performing his/her professional duties, the Interpreter shall not give advice, express personal opinions, or engage in any other activity that may be construed to constitute a service other than interpreting. The LanguageLine Solutions Interpreter shall comply fully with this Code of Ethics.

- CONFIDENTIALITY** The LanguageLine Solutions Interpreter shall respect all confidences received in the course of interpretation. All information gained by the Interpreter in the course of his/her professional duties shall remain strictly confidential. This information shall not be communicated, published or in any way, divulged to any organization or person, other than the organization or person engaging the services of the Interpreter.
- ACCURACY AND COMPLETENESS** The LanguageLine Solutions Interpreter shall render, to the best of his/her ability, a complete and accurate interpretation without altering or omitting anything that is stated. Interpreter shall neither add to what is said nor provide an unsolicited explanation.
- IMPARTIALITY** The LanguageLine Solutions Interpreter shall be impartial and unbiased and shall refrain from conduct that may give an appearance of bias. He/she shall neither allow personal opinions to interfere with his/her duties nor add unsolicited comments or make recommendations except to assist communication.
- CONFLICT OF INTEREST** The LanguageLine Solutions Interpreter shall disclose any real or perceived conflict of interest. He/she shall not take personal advantage, financial or otherwise, of information obtained in the course of his/her work.
- DISQUALIFICATION AND IMPEDIMENTS** The LanguageLine Solutions Interpreter shall, at all times, assess his/her ability to maintain LanguageLine Solutions' highest standards for professional interpretation. He/she shall immediately convey any reservations about his/her ability to successfully complete the assignment for the client. The Interpreter shall decline any assignment he/she believes to be beyond his/her technical knowledge or linguistic ability.
- ACCREDITATION** The Interpreter shall only interpret for the language(s) for which he/she is authorized to interpret by LanguageLine Solutions and as certified by LanguageLine Solutions.
- PROFESSIONAL COURTESY** Interpreter shall provide excellent customer service. He/she shall maintain a professional demeanor, be courteous and use the tone of voice appropriate to the situation. Interpreter shall defer to instructions from clients.
- PROFESSIONAL DEVELOPMENT** Interpreter shall continually improve his/her skills and knowledge. Interpreter shall maintain and improve his/her Interpreter skills and knowledge through activities such as professional training or education and interaction with colleagues and specialists in related fields. The Interpreter shall keep informed of, adhere to, and conform his/her practices to LanguageLine Solutions policies and guidelines that relate to his/her professional duties.
- HIGH STANDARDS OF CONDUCT** The LanguageLine Solutions Interpreter shall act at all times in accordance with the standards of conduct and decorum appropriate to his/her profession as an Over-the-Phone Interpreter.

**FOR MORE INFORMATION:**  
[www.LanguageLine.com](http://www.LanguageLine.com) / 1-800-752-6096

## Phone Interpreting Languages

Some languages may not be available at the time of your call. Not all languages are available in all regions. Additional languages and dialects may be available. Rare languages may require additional interpreter connect time or may require an appointment. If you have a question regarding language availability, please contact your Account Executive or Customer Care.

Acholi	Dinka	Jakartanese	Mbay	Shona
Afar	Duala	Jamaican Patois	Mien	Sichuan Yi
Afrikaans	Dutch	Japanese	Mirpuri	Sicilian
Akan	Dzongkha	Javanese	Mixteco	Sinhala
Akateko	Edo	Jingpho	Mizo	Slovak
Albanian	English	Jinyu	Mnong	Slovene
Amharic	Estonian	Juba Arabic	Mongolian	Soga
Anuak	Ewe	Jula	Moroccan Arabic	Somali
Apache	Farsi		Mortlockese	Soninke
Arabic	Fijian	Kamba	Napoletano	Sorani
Armenian	Fijian Hindi	Kanjobal	Navajo	Spanish
Assyrian	Finnish	Kannada	Nepali	Sudanese Arabic
Azerbaijani	Flemish	Karen	Ngambay	Sunda
Bahasa	French		Nigerian Pidgin	Susu
Bahdini	French Canadian	Kayah	Norwegian	Swahili
Bahnar	Fukienese	Kazakh	Nuer	Swedish
Bajuni	Fulani	Kham	Nupe	Sylheti
Bambara	Fuzhou	Khana	Nyanja	Tagalog
Bantu	Ga	Khmer	Nyoro	Taiwanese
Barese	Gaddang	K'iché	Ojibway	Tajik
Basque	Gaelic-Irish	Kikuyu	Oromo	Tamil
Bassa	Gaelic-Scottish	Kimiiru	Palauan	Telugu
Belorussian	Garre	Koho	Pampangan	Thai
Bemba	Gen	Korean	Papiamento	Tibetan
Benaadir	Georgian	Kpelle	Pashto	Tigre
Bengali	German	Krahn	Plautdietsch	Tigrigna
Berber	Gheg	Krio	Pohnpeian	Toishanese
Bosnian	Gokana	Kunama	Polish	Tongan
Bravanese	Greek	Kurmanji	Portuguese	Tooro
Bulgarian	Gujarati	Laotian	Portuguese Brazilian	Turkish
Burmese	Gulay	Latvian	Portuguese Cape Verdean	Turkmen
Cantonese	Gurani	Liberian Pidgin	Pugliese	Tzotzil
Catalan	Haitian Creole	English	Pulaar	Ukrainian
Cebuano	Hakka China	Lingala	Punjabi	Urdu
Chaldean	Hakka Taiwan	Lithuanian	Putian	Uyghur
Chamorro	Hassaniyya	Luba-Kasai	Quechua	Uzbek
Chaochow	Hausa	Luganda	Quichua	Vietnamese
Chin Falam	Hebrew	Luo	Rade	Visayan
Chin Hakha	Hiligaynon	Maay	Rakhine	Welsh
Chin Mara	Hindi	Macedonian	Rohingya	Wodaabe
Chin Matu	Hindko	Malay	Romanian	Wolof
Chin Senthang	Hmong	Malayalam	Rundi	Wuzhou
Chin Tedim	Hunanesse	Maltese	Russian	Yemeni Arabic
Chipewyan	Hungarian	Mam	Rwanda	Yiddish
Chuukese	Ibanag	Mandarin	Samoan	Yoruba
Cree	Icelandic	Mandinka	Seraiki	Yunnanese
Croatian	Igbo	Maninka	Serbian	Zapoteco
Czech	Ilocano	Manobo	Shanghainese	Zarma
Danish	Indonesian	Marathi		Zyphe
Dari	Inuktitut	Marka		
Dewoin	Italian	Marshallese		

### FOR MORE INFORMATION

[www.LanguageLine.com](http://www.LanguageLine.com) / 1-800-752-6096

**English Translation:** Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

<p><b>Arabic</b> عربي </p> <p>أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجاناً.</p>	<p><b>Korean</b> 한국어 </p> <p>귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.</p>
<p><b>Burmese</b> မြန်မာ </p> <p>သင့်ဘာသာစကားကို ညွှန်ပြပါ။ စကားပြန် ဝေါဟာရပေးပါမယ်။ သင့်အတွက် စကားပြန် အခမဲ့ ပေးပါမယ်။</p>	<p><b>Mandarin</b> 國語 </p> <p>請指認您的語言， 以便為您提供免費的口譯服務。</p>
<p><b>Cantonese</b> 廣東話 </p> <p>請指認您的語言， 以便為您提供免費的口譯服務。</p>	<p><b>Polish</b> Polski </p> <p>Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.</p>
<p><b>Farsi</b> فارسي </p> <p>زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.</p>	<p><b>Portuguese</b> Português </p> <p>Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.</p>
<p><b>French</b> Français </p> <p>Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.</p>	<p><b>Punjabi</b> ਪੰਜਾਬੀ </p> <p>ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਭਾਸ਼ੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਦੁਭਾਸ਼ੀਆ ਦੀ ਮੁਫਤ ਇੰਤਜ਼ਾਮ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।</p>
<p><b>Haitian Creole</b> Kreyòl </p> <p>Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.</p>	<p><b>Russian</b> Русский </p> <p>Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.</p>
<p><b>Hindi</b> हिंदी </p> <p>अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।</p>	<p><b>Somali</b> Af-Soomaali </p> <p>Farta ku fiqluqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.</p>
<p><b>Hmong</b> Hmoob </p> <p>Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.</p>	<p><b>Spanish</b> Español </p> <p>Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.</p>
<p><b>Italian</b> Italiano </p> <p>Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.</p>	<p><b>Tagalog</b> Tagalog </p> <p>Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.</p>
<p><b>Japanese</b> 日本語 </p> <p>あなたの話す言語を指してください。 無料で通訳サービスを提供します。</p>	<p><b>Vietnamese</b> Tiếng Việt </p> <p>Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.</p>

## Easy, Quick, Online Bill Pay

Language Line Solution® has made paying your invoice even easier!

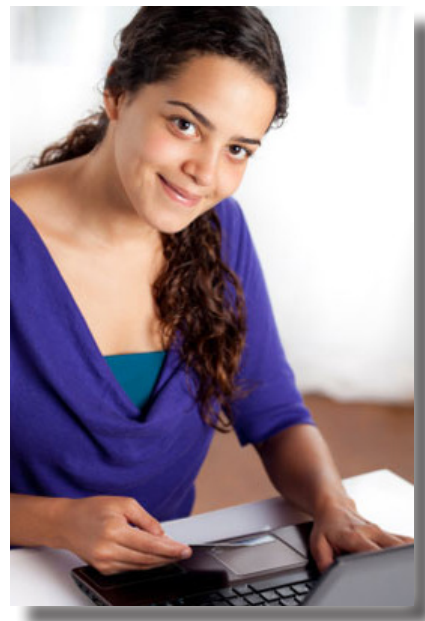
Now you can make online credit card payments on individual invoices. By simply visiting the page on our website and completing the information, your credit card payment can be accepted and confirmed. We can accept one payment per invoice. Credit card payments will no longer be accepted via fax or email. Your payment is secure and no credit card information is stored by LanguageLine. It's simple, just follow the easy steps below.

### ONLINE BILL PAY STEP-BY-STEP PROCESS

1. Visit [www.LanguageLine.com](http://www.LanguageLine.com).
2. Go to Bill Pay under the Customer Service tab.
3. Enter your First and Last Name, Email Address (to receive payment confirmation), Phone Number, Business Address, City, State, Zip.
4. **VERY IMPORTANT** – From the drop down menu, choose the correct company to pay (matching your invoice).
5. Next enter the Organization Name as it appears on the invoice, Invoice #, Account #, and Amount of the invoice.
6. Click the SUBMIT button to proceed to the second page.
7. Choose the type of credit card from the drop down menu.
8. Enter the Name on the card, the Card #, and Expiration Date in the following format MM-YYYY.
9. Click the SUBMIT button.
10. You will see a Payment Confirmation page that will confirm your payment has been accepted. You will also receive an email with payment confirmation to the address you entered.

### FOR ASSISTANCE OR MORE INFORMATION

Contact our Customer Service Department  
[Customer\\_Care@LanguageLine.com](mailto:Customer_Care@LanguageLine.com) | 1-800-752-6096



**FOREIGN LANGUAGE INTERPRETATION & TRANSLATION SERVICES  
(FLITS) 2019 CONTRACTOR RATES**

**CONFIDENTIAL DOCUMENT - MDH STAFF ONLY**

**CATEGORY I: TELEPHONIC INTERPRETATION SERVICES**

**CONTRACTOR: LANGUAGE LINES SERVICES, LLC**

	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>
	<b>3/1/2019</b>	<b>3/1/2020</b>	<b>3/1/2021</b>	<b>3/1/2022</b>	<b>3/1/2023</b>
<b><u>PER MINUTE RATE</u></b>	-	-	-	-	-
	<b>2/29/2020</b>	<b>2/29/2021</b>	<b>2/29/2022</b>	<b>2/29/2023</b>	<b>2/29/2024</b>
<b>SPANISH CONTINUOUSLY AVAILABLE</b>	\$0.58	\$0.58	\$0.58	\$0.58	\$0.58
<b>CORE LANGUAGES CONTINUOUSLY AVAILABLE</b>	\$0.58	\$0.58	\$0.58	\$0.58	\$0.58
<b>NON-CORE LANGUAGES CONTINUOUSLY AVAILABLE</b>	\$0.63	\$0.63	\$0.63	\$0.63	\$0.63
<b>NON-CORE LANGUAGES <u>NOT</u> CONTINUOUSLY AVAILABLE</b>	\$0.63	\$0.63	\$0.63	\$0.63	\$0.63
<b><i>(RATES ARE THE SAME FOR ALL FIVE [5] YEARS OF THE CONTRACT)</i></b>					



MARYLAND  
Department of Health

Ad Astra

Contract Effective: 3/1/2019-2/29/2024

Written Document  
Translation  
&  
On-Site Interpretation



# MARYLAND Department of Health

## AD ASTRA, INC.

Contract Effective: 3/1/2019 – 2/29/2024

Ad Astra is the Maryland State Government contractor that provides [on-site interpretation services and written document translation](#) for state agencies. The contract is effective through February 29, 2024.

To assist limited English proficient (LEP) constituents **on-site** (i.e., in-person), MDH entities may contact Ad Astra by phone at 301-408-4242 (option 2) or by email at [interpreting@ad-astrainc.com](mailto:interpreting@ad-astrainc.com) to schedule an interpreter who can be physically present to interpret for the LEP constituent and MDH staff.

To request **written document translation** contact Ad Astra by phone at 301-408-4242 (option 4) or by email at [translation@ad-astrainc.com](mailto:translation@ad-astrainc.com).

A **separate** account number is required to arrange on-site interpretation and written document translation services. All MDH entities have been assigned Ad Astra onsite interpretation account numbers **but entities will need to complete and return the new client form to receive a translation services account number.**

Interpretation and translation services are provided at no cost to the constituent. Rates for both services are located on the Ad Astra Rate Sheet inside this packet.

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Need to request your entity Ad Astra **on-site** account number?  
Contact your office LEP Coordinator or the MDH, Office of Equal Opportunity Programs, [Equal Access Compliance Unit](#) at (410) 767-6600. You may also email Delinda Johnson Blake at [Delinda.Blake@maryland.gov](mailto:Delinda.Blake@maryland.gov).

Office of Equal Opportunity Programs • 201 W. Preston Street, Room 422-I • Baltimore, MD 21201

(410) 767-6600 • Toll Free 1-877-463-3464 • Deaf and Hard of Hearing Use Relay

Website: [www.health.maryland.gov/oeop](http://www.health.maryland.gov/oeop)

# HOW TO REQUEST LANGUAGE SERVICES

STATE OF MARYLAND, STATEWIDE FOREIGN LANGUAGE INTERPRETATION AND TRANSLATION SERVICES (FLITS) CONTRACT NO.: 050B8400001

## On-Site Spoken Language Interpreting



By Email

[interpreting@ad-astrainc.com](mailto:interpreting@ad-astrainc.com)



By Phone

301-408-4242, press option 2



Using our Scheduling System

*\*Please contact our Project Management staff if you wish to use the system but do not have your login credentials.*

[www.scheduleinterpreter.com/ad-astra](http://www.scheduleinterpreter.com/ad-astra)



Department Manager

Vadim Petrov ([vadim@ad-astrainc.com](mailto:vadim@ad-astrainc.com))

### Information you will need to place in-person interpreting requests

- Date & time of the assignment
- Length of the assignment
- Location of the assignment (full address, suite #, room #, dept. name, etc.)
- Name and phone number of an on-site POC
- Name of the Consumer/End User
- Language of the Consumer/End User (including regional dialect or country of origin, if known)
- Type of appointment (social services, legal/court, medical, training, etc.)
- Any other details that would be helpful for Ad Astra staff

## Written Document Translation



By Email

[translation@ad-astrainc.com](mailto:translation@ad-astrainc.com)



By Phone

301-408-4242, press option 4



Using Plunet

*\*Please contact our Project Management staff if you wish to use the system but do not have your login credentials.*

<http://adastra.plunet.com/index.jsp>



Department Managers

Doris Phillips ([doris@ad-astrainc.com](mailto:doris@ad-astrainc.com))  
Jean-Paul Borja ([jeanp@ad-astrainc.com](mailto:jeanp@ad-astrainc.com))

For inquiries regarding additional Language services, please ask your Project Manager to connect you to following departments:

- American Sign Language Interpreting
- Over the Phone Interpretation (OPI)
- Video Remote Interpretation (VRI)
- Onsite & Remote Communication Access Realtime Translation
- Interpreter Training, Development and Testing
- Staff Training
- Conference Interpreting
- Voiceover Narration, Subtitling, & Bilingual Transcription



**Ad Astra, Inc.**  
8701 Georgia Ave. Suite 800  
Silver Spring, Maryland 20910

**Primary Phone #: 301-408-4242**  
(use Monday-Friday, 8:00am- 9:00pm)

**Secondary Phone #: 202-302-3379**  
(use Nights, Weekends, Holidays)





## New Client Account Form

### Client Account Information

1. **Organization/Agency/Facility/Hospital Name**
  
2. **Sub-Agency/Department/Location Name (if applicable)**
  - a. Primary Contact Person Name
  
  - b. Primary Contact Person Email Address & Direct Phone
  
  - c. Primary Contact Person Physical Address
  
3. **How will you be requesting interpreters?**  
 Phone     Email     Online (Internal Scheduling System)  
*\*Please refer to the 3<sup>rd</sup> page for details on each request method and how to contact our team*
  
4. **Please provide contact information (Full Name, Contact Phone, Contact Email) for all authorized requesters other than Primary POC.**
  
  
  
  
  
  
  
  
  
  
5. **Please provide a list of all locations/facilities (full addresses) where you anticipate needing services other than the Primary POC physical address.**



## New Client Account Form

### Client Billing Information

#### 6. Primary Billing Contact Information

*Primary receiver of the invoice and the person to whom attention is required.*

Name:

Email Address & Direct Phone Number:

Physical Address (Street Address, Suite/Room, City, State, Zip):

#### 7. Secondary Billing Contact Information

Name:

Email Address & Direct Phone Number:

8. What is your preference for invoice submission?  Email  Mail

9. What information do you require on your invoice? (Check all that apply)

Date  Time  Language  Linguist Name  Assignment #  Address

Dept./Unit Name  Requestor Name  Other (please specify)

10. Billing Frequency:  Monthly  Bi-weekly

11. Payment Method:  Check  Online Credit Card Payment  EFT/ACH

This form was completed by:

Name:

Date:

Title:

## Language Identification Card

If you need an interpreter, please point to your language.

<b>Albanian:</b> Shqip Nëse keni nevojë për përkthyes, tregoni gjuhën tuaj.	<b>Arabic:</b> عربي إذا كنت في حاجة إلى مترجم، أشر إلى اللغة المطلوبة
<b>Armenian:</b> Հայերեն Եթե դուք բարձրագույն կարգի ունեւ, խնդրում ենք մատուցել ձեր լեզուն:	<b>Bosnian:</b> Bosanski Ako vam je potreban prevodilac, označite vas jezik.
<b>Cambodian:</b> ខ្មែរ បើអស់លោកត្រូវការអ្នកបកប្រែ សូមចង្អុលទៅកាន់ភាសារបស់ខ្លួន	<b>Croatian:</b> Hrvatski Ako vam je potreban prevodilac, označite vas jezik.
<b>Dutch:</b> Nederlands Als u een tolk nodig hebt, wijs dan uw taal aan.	<b>Farsi:</b> فارسي اگر به مترجم احتیاج دارید لطفاً با انگشت زبان خود را نشان دهید.
<b>Finnish:</b> Suomi Jos tarvitset tulkin, osoita haluamaasi kielivalintaa.	<b>French:</b> Français Si vous avez besoin d'un interprète, indiquez votre langue.
<b>German:</b> Deutsch Bitte zeigen Sie auf Ihre Sprache, wenn Sie einen Dolmetscher brauchen.	<b>Greek:</b> Ελληνικά Εάν χρειάζεστε διερμηνέα, παρακαλώ δείξτε τη γλώσσα σας.
<b>Gujarati:</b> ગુજરાતી જો તમને ભાષાતરફારની જરૂર છે, તો તમારી ભાષા તરફ ચીંધો.	<b>Haitian Creole:</b> Kreyòl Ayisyen Si w bezwen yon entèprèt, montre ki lang ou pale.
<b>Hebrew:</b> עברית אם הנכם זקוקים לתרגום, הצביעו על השפה שלכם.	<b>Hindi:</b> हिन्दी यदि आप को भाषा अनुवादक की आवश्यकता है, तो अपनी भाषा की ओर इशारा करें।
<b>Hmong:</b> Hmoob Yog koj xav tau tus neeg pes lus, taw tes rau koj yam lus.	<b>Hungarian:</b> Magyar Ha tolmácsra van szüksége, mutasson anyanyelvére.
<b>Ibo:</b> Ibo! Oburu na ichoro onye nkowa okwu, tuo aka na asusu gi	<b>Italian:</b> Italiano Se avete bisogno di un interprete, puntate alla vostra lingua.
<b>Japanese:</b> 日本語 通訳をお捜しの場合、必要な言語を指し示してください。	<b>Korean:</b> 한국어 통역서비스가 필요한 언어를 선택하십시오.
<b>Laotian:</b> ພາສາລາວ ຖ້າທ່ານຕ້ອງການາຍແປພາສາລາວ ຈົ່ງຊີ້ໃສ່ພາສາທີ່ທ່ານຕ້ອງການ	<b>Latvian:</b> Latviešu Ja Jums ir vajadzīgs tulks, lūdzu, norādiet Jūsu valodu.
<b>Norwegian:</b> Norsk Pek på ditt språk hvis du trenger hjelp av en oversetter.	<b>Polish:</b> Polski Jeśli potrzebują Państwo tłumacza, proszę wskazać na swój język.
<b>Portuguese:</b> Português Se precisa de um intérprete aponte para o nome da língua que fala.	<b>Punjabi:</b> ਪੰਜਾਬੀ ਜੇ ਤੁਹਾਨੂੰ ਇੱਕ ਦੁਆਰੀਏ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਅਪਣੀ ਭਾਸ਼ਾ ਵਲ ਸੰਕੇਤ ਕਰੋ!!!
<b>Romanian:</b> Română Daca aveți nevoie de un interpret, va rugam indicati catre limba vorbita	<b>Russian:</b> Русский Если Вам нужен переводчик, укажите свой язык.
<b>Serbian:</b> Српски Ако Вам је потребан преводилац, означите Ваш језик.	<b>Somali:</b> Soomaali Hadaad u baahan tahay qof kuu turjuma, tilmaamo luqadaada.
<b>Spanish:</b> Español Si necesita un intérprete, señale su idioma.	<b>Swedish:</b> Svenska Om du behöver tolk, var god peka på ditt språk.
<b>Tagalog:</b> Tagalog Kung kailangan ninyo ng interpreter o tagasalin, ituro ang inyong wika.	<b>Tamil:</b> தமிழ் மொழியெய்தல் தேவைமென்றால் தங்களுள் மொழியைக் குறிப்பிடவும்.
<b>Thai:</b> ไทย หากท่านต้องการล่าม กรุณาชี้ที่ภาษาของท่าน	<b>Vietnamese:</b> Tiếng Việt Nếu cần thông dịch viên xin hãy chỉ vào ngôn ngữ của quý vị.
<b>Yiddish:</b> אידיש אויב איר נויטיגט זיך אין א דאלמעטשער, ביטע צייגט אן אייער שפראך	<b>Yoruba:</b> Ede Yoruba Ti o ba nilo ogbufọ, jowọ tọka si ede rẹ

	Simplified Chinese	Traditional Chinese
<b>Cantonese</b>	粵語	粵語
<b>Chaochow</b>	潮州話	潮州話
<b>Fukienese</b>	福建話	福建話
<b>Fuzhou</b>	福州話	福州話
<b>Mandarin</b>	普通話	國語
<b>Shanghai</b>	上海話	上海話
<b>Taiwanese</b>	台灣話	台語
<b>Toishanese</b>	台山話	台山話
<b>Ning Po</b>	宁波話	寧波話
	如果您需要译员, 请指向您的语言。	如果您需要譯員, 請指向您的語言。

**Please contact Ad Astra, Inc. to schedule on-site interpreter services.  
Contact information is on the reverse of this card.**

**FOREIGN LANGUAGE INTERPRETATION & TRANSLATION SERVICES (FLITS) 2019  
CONTRACTOR RATES**

**CONFIDENTIAL DOCUMENT - MDH STAFF ONLY**

**CATEGORY II: ON-SITE INTERPRETATION SERVICES**

**CONTRACTOR: AD ASTRA, INC.**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<u>HOURLY RATE</u>	3/1/2019	3/1/2020	3/1/2021	3/1/2022	3/1/2023
	-	-	-	-	-
	2/29/2020	2/29/2021	2/29/2022	2/29/2023	2/29/2024
SPANISH ROUTINE CONTINUOUSLY AVAILABLE	\$41.00	\$41.00	\$41.00	\$41.00	\$41.00
SPANISH EXPEDITED CONTINUOUSLY AVAILABLE	\$43.00	\$43.00	\$43.00	\$43.00	\$43.00
SPANISH CRITICAL CONTINUOUSLY AVAILABLE	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
CORE LANGUAGES ROUTINE CONTINUOUSLY AVAILABLE	\$48.00	\$48.00	\$48.00	\$48.00	\$48.00
CORE LANGUAGES EXPEDITED CONTINUOUSLY AVAILABLE	\$49.00	\$49.00	\$49.00	\$49.00	\$49.00
CORE LANGUAGES CRITICAL CONTINUOUSLY AVAILABLE	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
NON-CORE LANGUAGES ROUTINE <u>NOT</u> CONTINUOUSLY AVAILABLE	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00
NON-CORE LANGUAGES ROUTINE <u>NOT</u> CONTINUOUSLY AVAILABLE	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00
NON-CORE LANGUAGES ROUTINE <u>NOT</u> CONTINUOUSLY AVAILABLE	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00
<u>HOURLY RATE</u> Simultaneous Interpretation Services	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00
<u>Per Unit</u> "Point-To-Your-Language" Cards	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50

*(RATES ARE THE SAME FOR ALL FIVE [5] YEARS OF THE CONTRACT)*

**FOREIGN LANGUAGE INTERPRETATION & TRANSLATION SERVICES (FLITS) 2019  
CONTRACTOR RATES**

***CONFIDENTIAL DOCUMENT - MDH STAFF ONLY***

**CATEGORY III: WRITTEN DOCUMENT TRANSLATION SERVICES**

**CONTRACTOR: AD ASTRA, INC.**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<b><u>PER WORD RATE</u></b>	3/1/2019	3/1/2020	3/1/2021	3/1/2022	3/1/2023
	-	-	-	-	-
	2/29/2020	2/29/2021	2/29/2022	2/29/2023	2/29/2024
<b>SPANISH EXPEDITED CONTINUOUSLY AVAILABLE</b>	\$0.11	\$0.11	\$0.11	\$0.11	\$0.11
<b>CORE LANGUAGES EXPEDITED CONTINUOUSLY AVAILABLE (OTHER THAN SPANISH)</b>	\$0.16	\$0.16	\$0.16	\$0.16	\$0.16
<b>NON-CORE LANGUAGES EXPEDITED CONTINUOUSLY AVAILABLE</b>	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19
<b>NON-CORE LANGUAGES EXPEDITED <i>NOT</i> CONTINUOUSLY AVAILABLE</b>	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19
<b>SPANISH <u>NON</u>-EXPEDITED CONTINUOUSLY AVAILABLE</b>	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08
<b>CORE LANGUAGES <u>NON</u>- EXPEDITED CONTINUOUSLY AVAILABLE (OTHER THAN SPANISH)</b>	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14
<b>NON-CORE LANGUAGES <u>NON</u>- EXPEDITED CONTINUOUSLY AVAILABLE</b>	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17
<b>NON-CORE LANGUAGES <u>NON</u>- EXPEDITED <i>NOT</i> CONTINUOUSLY AVAILABLE</b>	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17

***(RATES ARE THE SAME FOR ALL FIVE [5] YEARS OF THE CONTRACT)***



MARYLAND  
Department of Health

# Visual Communication Services

## Services for Deaf and Hard of Hearing Constituents

Office of Equal Opportunity Programs • 201 W. Preston Street, Room 422-I • Baltimore, MD 21201

(410) 767-6600 • Toll Free 1-877-463-3464 • Deaf and Hard of Hearing Use Relay

Website: [www.health.maryland.gov/oeop](http://www.health.maryland.gov/oeop)



# MARYLAND Department of Health

## FACT SHEET

### Visual Communication Services (VCS)

**DESCRIPTION  
OF VCS**

The Department of Budget and Management (DBM) awarded ten Contractors to provide Visual Communication Services for individuals who are **deaf or hard of hearing**. These services provide an on-demand, easy to use, cost-effective source of **sign language interpreters** and **computer assisted real-time transcription (CART)**.

**VCS  
CATEGORIES**

The categories of Visual Communication Services for the deaf and hard of hearing are:

(Category I)	<b>On-Site</b> Interpretation (sign language in-person)	Real-time, in-person visual language interpretation, such as American Sign Language, Pidgin Signed English, Signed Exact English (I and II), Oral, Tactile and/or Cued Speech.
(Category II)	<b>On-Site</b> Computer Assisted Real-Time Transcription (CART)	The instant verbatim translation of the spoken word into English text performed on-site by a CART provider using a stenotype machine, notebook computer and real-time software.
(Category III)	Video <b>Remote</b> Interpretation (VRI) (sign language by video)	Requires the interpreter to use video conferencing equipment to provide visual language interpreting services from an off-site location to the individual requiring the visual language interpretation service.
(Category IV)	<b>Remote</b> Computer Assisted Real-Time Transcription (CART)	The instant verbatim translation of the spoken word into English text by a remote CART provider using a computer and real-time software through an Internet or telephone connection from an off-site location.

**ARRANGING  
VCS  
SERVICES**

In order to arrange Visual Communication Services, the type of service needed and region must be determined.

Per the ADAAA, Title II, Subpart E(b)(1)

**THE CONSTITUENT’S PREFERRED REQUEST SHOULD BE GIVEN PRIMARY CONSIDERATION.**

- STEP 1:** Visit the DBM Visual Communication Services website and select the service category at: <http://dbm.maryland.gov/proc-contracts/Pages/statewide-contracts/VCSCContractHome.aspx>
- STEP 2:** Identify the Region where services will be rendered.  
**NOTE:** This region is identified by the location of the meeting, not the billing address.
- STEP 3:** Contact the **#1 ranked Contractor** to set-up an account.  
When naming your office, state “*Maryland Department of Health*” before providing the office information. **The Contractor will provide a UserID and Password that will allow access to their website to request services.**
- STEP 4:** Receive confirmation for your request.  
**NOTE:** ONLY If the #1 ranked Contractor has documented that they cannot provide the service **or** if the Contractor fails to confirm the assignment within the confirmation time frame, is the #2 ranked Contractor afforded the assignment.

Follow steps 1 and 2, then proceed to the next ranked vendor by selecting “NO” to the confirmation of services question listed at the bottom of the webpage.

Please refer to the Visual Communication Services “**WEBPAGE GUIDANCE**” sheet for screen shots of the steps.



# MARYLAND Department of Health

## FACT SHEET

### Visual Communication Services (VCS)

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#### CONFIRMATION TIMEFRAMES

Contractors must confirm within:

- 1 day for requests made 3-5 days in advance, or
- 2 days for requests made 6-29 days in advance, or
- 5 days for requests made 30 days or more in advance

#### EMERGENCY & EXPEDITED REQUESTS

Due to the nature of emergencies that may arise, expedited and emergency requests may follow a different ordering process than Standard/Routine assignments.

For both emergency and expedited requests, the agency must **verbally contact** each Contractor **in order of highest-ranked to lowest-ranked** until a confirmation of assignment is completed.

#### RATES FOR SERVICES

Rates for services are billed as Standard/Routine, Non-Standard/Routine, Expedited, Emergency, or Holiday. Non-Standard/Routine, Expedited, Emergency, and Holiday requests incur additional charges.

There is a minimum of two (2) hours for Visual Communication Services under **Categories I and II** (on-site sign-language and on-site CART). Sign-language interpretation services lasting more than 90 minutes require a minimum of two interpreters. If more than one sign-language interpreter is required, each interpreter is paid the hourly rate. There is a minimum of ten (10) minutes for Visual Communication Services under **Category III** (video remote interpretation) and a minimum of one (1) hour for **Category IV** (remote CART).

Cancellation fees vary by service category and when notice was given. Before paying for services rendered, agencies should verify that the hours and rates charged on the invoice are accurate.

Please refer to the Visual Communication Services "**RATE SHEET**" for Contractor rates.

**\*\*The rates listed represent one interpreter\*\***

**NOTE:** The rate sheet for Visual Communication Services is an internal confidential document.  
**It is not to be shared with offices or agencies outside of MDH.**

#### ADDITIONAL INFORMATION

The Visual Communication Services contract extends through December 31, 2017, with a 2018 renewal option. Interpretation services are available 24 hours a day, 365 days a year. The interpreters under the Visual Communication Services contract are all licensed or certified. For a more detailed description of available sign-language or computer assisted real-time transcription (CART) services, visit the Office of the Deaf and Hard of Hearing's website: <http://odhh.maryland.gov/resources/>

If you have questions or concerns about the Visual Communication Services contract or selected contractors, please contact the DBM Visual Communication Services Administrator, Andrea Lockett, at (410) 260-7374 or send an email to [Andrea.Lockett@maryland.gov](mailto:Andrea.Lockett@maryland.gov).

You may also contact the MDH, Office of Equal Opportunity Programs, Equal Access Compliance Unit, at (410) 767-5184 or email [Delinda.Blake@maryland.gov](mailto:Delinda.Blake@maryland.gov) with questions or concerns related to billing or MDH accounts with the Contractors.

*Please note that each MDH office must contact the Visual Communication Services Contractors to set-up their own account and arrange services.*

*\*Services are not arranged for offices by DBM or the MDH, Office of Equal Opportunity Programs\**



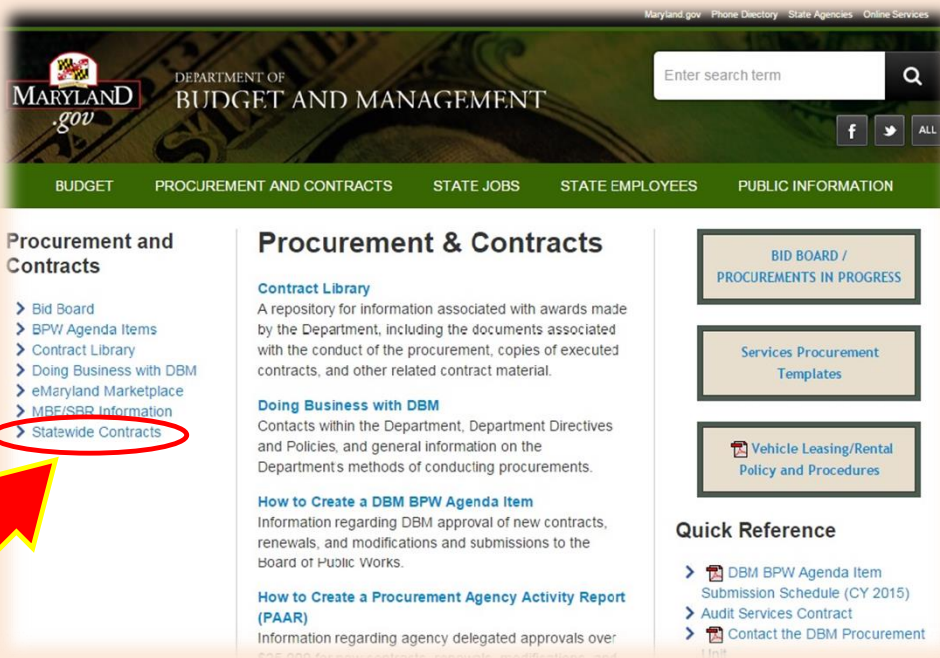
**VISUAL  
COMMUNICATION  
SERVICES**

**Webpage Guidance**

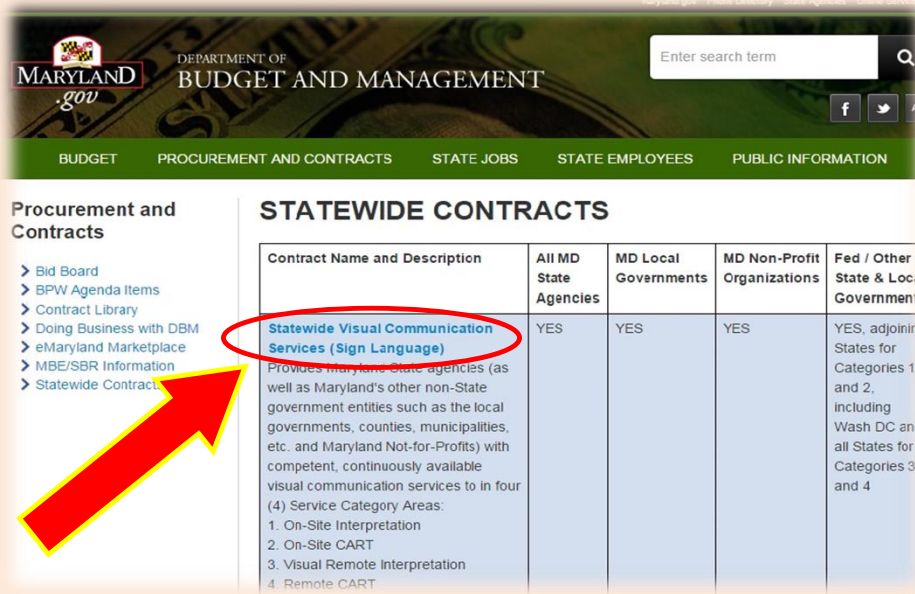
- #1: Visit the Department of Budget and Management’s website: [www.dbm.maryland.gov](http://www.dbm.maryland.gov)
- #2: Click “Procurement & Contracts”



- #3: Click “Statewide Contracts”



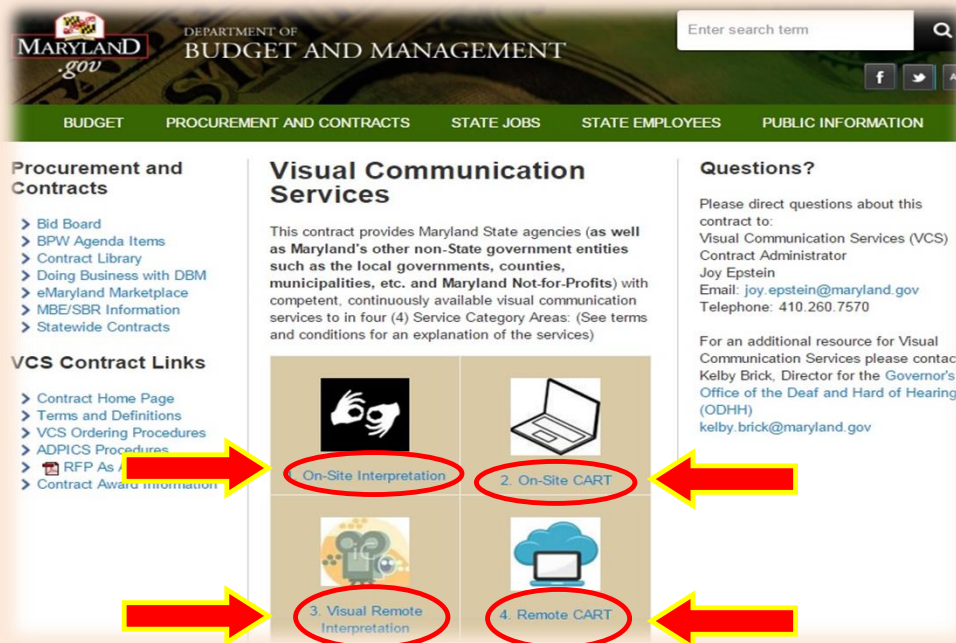
#4: Click “Statewide Visual Communication Services”



You should arrive at the VISUAL COMMUNICATION SERVICES webpage

#5: Select the TYPE OF SERVICE you require from four options:

1. On-Site Interpretation (in-person sign language interpreter)
2. On-Site CART (Computer Assisted Real-Time Transcription)
3. Visual Remote Interpretation (sign language interpretation by video)
4. Remote CART (Computer Assisted Real-Time Transcription)



#6: Select the REGION

NOTE: Identify the Region by the **location where the meeting will be held**, not by the billing address. The Contractors vary by Region.

The screenshot shows the Maryland Department of Budget and Management website. The main heading is "Category I - On-Site Visual Language Interpretation". Below the heading, there is a description of the service and a BPO number: BPO #050B3400001. A red arrow points to the "Region:" dropdown menu, which is currently set to "Select a Region". The dropdown menu is open, showing five options: Region I - Western (Allegany, Frederick, Garrett, Washington), Region II - Central (Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, Howard), Region III - Eastern (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester), Region IV - Capital (Montgomery, Prince George's), and Region V - Southern (Calvert, Charles, St. Mary's).

**EXAMPLE**

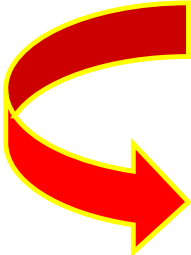
For Region II, the #1 ranked Contractor is "TCS Interpreting, Inc."

Note: The Contractor(s) must be contacted for services in ranking order, starting with the #1 ranked Contractor. Remember, the Contractors vary by Region.

The screenshot shows the same website page as above, but with the "Region:" dropdown menu set to "Region II - Central (Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, Howard)". A red arrow points to the "#1-Ranked Contractor:" field, which is circled in red. The field contains the text "TCS Interpreting, Inc.". Below this field, there is a "Contract Info:" section with contact details for Anne Tomkinson: E-mail: Anne.Tomkinson@tcsinterpreting.com, Work: 240-428-1835, Fax: 240-428-1830, and E-mail: clientsuccess@tcsinterpreting.com.

If the #1 ranked Contractor is unable to provide Visual Communication Services or does not respond within the required time frame, select “**NO**” and the **#2 ranked Contractor will appear**.

Contact the #2 ranked Contractor to request Visual Communication Services.



Has the #1 ranked vendor provided confirmation for fulfilling your request within the acceptable timeframe? (Contractors must confirm within: 5 days for requests made 30 days or more in advance, 2 days for requests made 6-29 days in advance, and 1 day for requests made 3-5 days in advance.)

Yes

No (Vendor response shall be retained within the agency's records as proof that the highest ranked vendor was not selected, and is required for audit purposes.)

<b>#2-Ranked Contractor:</b>	Birnbaum Interpreting Services
<b>Contact Info:</b>	Contact: Christian Webster Toll-free: 800-471-6441 Fax: 301-565-0366 E-mail: <a href="mailto:biscoord@bisworld.com">biscoord@bisworld.com</a> Or, for general questions, call Customer Service: 301-587-8885 Website for Online Registration: <a href="http://www.bisscheduling.com">www.bisscheduling.com</a>

**VISUAL  
COMMUNICATION  
SERVICES**

**Terms & Definitions**

The following terms apply to ALL SERVICE CATEGORIES

TERM	DEFINITION
<b>On-Site Computer Assisted Real-time Transcription (CART)</b>	Computer Assisted Real-time Transcription performed at the assignment location.
<b>Assignment</b>	The work which results from Routine, Emergency and Expedited Requests for services submitted to the awarded Contractor(s).
<b>Computer Assisted Real-time Transcription (CART)</b>	The instant verbatim translation of the spoken word into English text by a CART provider using a stenotype machine, notebook computer and real-time software. Also known in the industry as Communication Access Real-time Translation.
<b>Contractor</b>	A selected Contractor / Offeror that is awarded a contract by the State.
<b>Cued Speech Transliteration</b>	Mode of communication in which the interpreter uses eight hand-shapes in four locations (“cues”) in combination with the natural mouth movements of speech to clarify ambiguous mouth movements for lip readers.
<b>DBM</b>	Maryland Department of Budget and Management
<b>Highest Ranked Contractor</b> (#1 <sup>st</sup> -ranked Contractor)	<p>The Contractor that must be contacted <b>first</b> for Visual Communication Services. The highest-ranked Contractors rates have been deemed the most advantageous to the State. Contractors with the highest overall ranking will be selected first in each Region.</p> <p>Only if the #1<sup>st</sup>-ranked Contractor has not responded to requests for services within the acceptable timeframe or if the #1-ranked Contractor is unable to service the agency should the next ranked Contractor(s) be contacted. Contractors are ranked in the following order: #2<sup>nd</sup>-ranked; #3<sup>rd</sup> ranked; #4<sup>th</sup>-ranked; and #5<sup>th</sup>-ranked.</p>
<b>Holidays</b>	Observed Holidays under the Visual Communication Services contract are New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. Each Holiday will start at 12 a.m. and end at 11:59 p.m. on that day.
<b>Interpreter</b>	A sign language interpreter is a person trained in translating between spoken and a signed language. This usually means someone who interprets what is being said and signs it for someone who can’t hear, but understands sign.
<b>Lowest Ranked Contractor</b> (#1 <sup>st</sup> -ranked; #2 <sup>nd</sup> -ranked; #3 <sup>rd</sup> -ranked; #4 <sup>th</sup> -ranked; and #5 <sup>th</sup> -ranked)	<p>The Contractor(s) that may be contacted <b>after</b> the initial request for services have been requested from the highest ranked (first) Contractor.</p> <p>Only if the #1<sup>st</sup>-ranked Contractor has not responded to requests for services within the acceptable timeframe or if the #1-ranked Contractor is unable to service the agency should the next ranked Contractor(s) be contacted. Contractors are ranked in the following order: #1<sup>st</sup>-ranked; #2<sup>nd</sup>-ranked; #3<sup>rd</sup> ranked; #4<sup>th</sup>-ranked; and #5<sup>th</sup>-ranked.</p>

<b>Non-Routine Travel</b>	Travel to the location of an on-site Assignment beyond the thirty (30)-mile radius of the Base of Operations for which the Contractor will be reimbursed mileage. The first thirty (30) miles of Non-Routine travel conducted by automobile will be treated as Routine Travel and, as described in the definition, will not be reimbursed.
<b>Non-Standard Hours</b>	All hours not specified as standard hours.
<b>OEOP</b>	Maryland Department of Health, Office of Equal Opportunity Programs
<b>On-Site</b>	Means that the Contractor must provide a Transcriber / Interpreter at the assigned location.
<b>On-Site Visual Language Interpretation</b>	Real-time, in-person visual language interpretation, such as American Sign Language, Pidgin Signed English, Signed Exact English (SEE1), Signed Exact English II (SEE2), Oral, Tactile and/or Cued Speech.
<b>Optional Services (add-on)</b>	<p>Optional services consist of Oral Transliteration, Cued Speech Transliteration, SEE1, SEE2, Tactile Services, and interpretation provided by a Certified Deaf Interpreter (CDI). Due to the infrequent need for transliterators for these optional services, optional services may be requested under Categories I and III.</p> <p>Category I (on-site sign language interpretation) optional services which may be requested from Contractors include, but are not limited to, Oral Transliteration, Cued Speech Transliteration, SEE1, SEE2, Tactile Services, and Certified Deaf Interpretation (CDI).</p> <p>Category III (video remote interpretation) optional services which may be requested from Contractors include, but are not limited to, Oral Transliteration, Cued Speech Transliteration, SEE1, SEE2, and Certified Deaf Interpretation (CDI).</p>
<b>Oral Transliteration</b>	The interpretive process by which oral interpreters convey information to clients who are deaf or hard of hearing and who rely solely on speech reading for communication. An oral interpreter enunciates, repeats, and/or rephrases a speaker's remarks using natural lip movements and gestures, carefully choosing the words that are more visible on the lips.
<b>Region</b>	<p>The location (county) where the assignment will take place, in other words, the county where the interpreter will provide services.</p> <p>The Region should <u>not</u> be chosen using the billing address unless the meeting will take place at the same location as the billing address. Contractors vary by Region and they are ranked in order from highest (first) to lowest (last).</p>
<b>Remote Computer Assisted Real-time Transcription (CART)</b>	The instant verbatim translation of the spoken word into English text by a remote CART provider using a computer and real-time software through an Internet or telephone connection from an off-site location.
<b>Routine Travel</b>	Travel within a thirty (30)-mile radius of the interpreter's Base of Operations (i.e., the interpreter's home or business) to the location of an on-site assignment. There will be no payment for hourly/minute rates for travel time or reimbursement for any travel expenses for work performed within this radius.



<p><b>Seeing Essential English I (SEE1)</b></p>	<p>SEE1 uses American Sign Language (ASL) signs, but it implements English word order and other grammatical markers, such as conjugation. In SEE1, all compound words are formed as separate signs. SEE1 also uses the same sign for all homonyms-the same sign is used to sign <i>blue</i> and <i>blew</i>. Many gestures from ASL are initialized in SEE1. Grammatical markers also have signs of their own, including the <i>-ing</i> ending and articles such as <i>the</i>, which are not typically included in ASL. The verb “<i>to be</i>” is unique in SEE1; <i>is</i>, <i>am</i> and <i>are</i> can be signed in the same way, again using initialization.</p>
<p><b>Signing Exact English II (SEE2)</b></p>	<p>Many features of SEE2 are identical to the system used in SEE1. Initializations and grammatical markers are used in SEE2, but compound words with an equivalent ASL sign are used as the ASL sign. Signing Exact English uses more markers than the fourteen (14) used in SEE1.</p>
<p><b>Standard Hours</b></p>	<p>Standard hours are weekdays (Monday through Friday) from 8 a.m. to 11 p.m. Local time, excluding Holidays.</p>
<p><b>Tactile Interpretation</b></p>	<p>A technique where the client places his/her hands over the hands of the interpreter, in order to read signs through touch and movement. The interpreter should supply both auditory and visual information to the client.</p>
<p><b>User ID</b></p>	<p>The identification code assigned by the Contractor to the Requesting Agency / Entity for billing and contact purposes for services requested pursuant to the Contract(s) awarded through the Visual Communication Services contract.</p>
<p><b>Video Remote Interpretation (VRI)</b></p>	<p>Requires the interpreter to use video conferencing equipment to provide visual language interpreting services from an off-site location to the individual requiring the visual language interpretation service.</p>



MARYLAND  
Department of Health

# POLICIES

## Limited English Proficiency Policy

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## Article, State Government, § 10-1101 through 10-1104

Office of Equal Opportunity Programs • 201 W. Preston Street, Room 422-I • Baltimore, MD 21201

(410) 767-6600 • Toll Free 1-877-463-3464 • Deaf and Hard of Hearing Use Relay

Website: [www.health.maryland.gov/oeop](http://www.health.maryland.gov/oeop)

# DHMH POLICY

<http://dhmh.maryland.gov/Pages/op02.aspx>

OFFICE OF THE SECRETARY — Office of Equal Opportunity Programs

DHMH POLICY 01.02.05

Version Effective: March 22, 2016

## LIMITED ENGLISH PROFICIENCY (LEP) POLICY

### I. EXECUTIVE SUMMARY

In accordance with applicable State and Federal law, the Department of Health and Mental Hygiene (DHMH) seeks to make programs, services, and benefits accessible to eligible individuals who, as a result of national origin and/or ancestry, are limited in their English proficiency. The Department's ongoing efforts to make these programs, services and benefits accessible to persons with limited English proficiency (LEP) is consistent with the obligations imposed under Title VI of the Civil Rights Act of 1964 and State Government Article, §§10-1101—10-1105, Annotated Code of Maryland,. Failure to comply with these laws may result in the loss of State and/or Federal funding.

This policy applies to those programs operated or funded by DHMH that provide services or benefits directly to the public, to grant-in-aid programs and providers of health services, contractors and sub-contractors that receive Federal or State funds, which are collectively referred to as "covered entities" in this policy.

Each covered entity that provides services or benefits to the public shall develop language assistance procedures for (1) assessing the language needs of the population served; (2) translating both oral and written communications and documentation; (3) training staff in the language assistance program requirements; and (4) monitoring to assure that LEP persons are receiving equal access to services and are not treated in a discriminatory manner.

The Fair Practices Officer or designee, in the DHMH Office of Equal Opportunity Programs (OEO), shall monitor the LEP Policy compliance efforts of covered entities and will, with the assistance of program designees, enforce this policy.

### II. BACKGROUND

Title VI of the Civil Rights Act of 1964 states that "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

The Federal government has promulgated policies prohibiting national origin discrimination against persons with limited English proficiency. See Presidential Executive Order 13166, issued August 11, 2000, and U.S. Department of Health and Human Services – Office of Civil Rights Policy Guidance published in the Federal Register on August 30, 2000 [pp. 52762 - 52774] and August 8, 2002 [pp. 47311 - 47323].

**Department of Health & Mental Hygiene**

OFFICE OF REGULATION AND POLICY COORDINATION (ORPC)

201 West Preston Street – Room 512 – Baltimore Maryland 21201-2301

Phone 410 767-6499 FAX 410 767-6483

In essence, these policies require recipients and sub-recipients of Federal funds to take reasonable steps to create meaningful access to information and services provided at the State and local level. “What constitutes reasonable steps to ensure meaningful access will be contingent on a number of factors. Among the factors to be considered is the number or proportion of LEP persons in the eligible service population, the frequency with which LEP persons come in contact with the program, the importance of the service provided by the program and the resources available to the recipient.” US Department of Justice’s Policy Guidance Document dated August 16, 2000 (Federal Register Vol. 65, No. 159, Page 50123).

State Government Article, §§10-1101—10-1105, Annotated Code of Maryland, also mandates that State departments, agencies and programs take reasonable steps to provide equal access to public services for individuals with limited English proficiency. The law also requires certain “vital documents” to be translated into any language spoken by a LEP group that constitutes 3% or more of the overall population within the geographic area served by a local office of a State program as measured by the United States Census.

This version of DHMH Policy 01.02.05, effective March 22, 2016, supersedes an earlier version dated March 9, 2011. In addition to minor clarification changes and updating references and hyperlinks, the version also makes the following changes:

- 1) Adds a definition of “covered entity staff” and requires that covered entity staff utilize effective translation and interpretation services as defined in this policy;
- 2) In addition to each DHMH Chief Administrative Officer, each Program Director and/or Manager of each DHMH unit is now responsible for implementing this policy;
- 3) Each employee of a DHMH covered entity that interacts with LEP persons is also responsible for ensuring LEP persons have equal access to all services, programs or benefits for which they are qualified;
- 4) Bilingual pay may be designated by an appointing authority to an employee who provides translation services in accordance with this policy; and
- 5) In addition to complaints filed with OEO, the Fair Practices Officer or designee shall investigate LEP complaints filed with an external agency and/or commission.

### **III. POLICY STATEMENTS**

#### **A. DEFINITIONS**

1. The definitions included in State Government Article, §10-1102, Annotated Code of Maryland, are hereby included by reference in this policy.
2. **“Appropriately trained”** means:
  - proficiency in both English and the language spoken by the LEP person;
  - orientation or training that includes the ethics of interpreting; and,
  - fundamental knowledge in both languages of specialized terms and concepts used in the subject program.
3. **“Covered entities”** means, to the extent that they provide services or benefits directly to the public:
  - all administrations and programs operated or funded by DHMH;
  - all grant-in-aid programs of DHMH; and,
  - all health service providers, contractors, or subcontractors of DHMH that receive Federal or State funds.

4. **“Covered Entity Staff”** means any employee who first encounters members of the LEP population. Examples of such employees, include but are not limited to, receptionists, intake officers, security guards, health care personnel, office secretaries, customer service representatives, greeters, etc.

5. **“Effective Translation and Interpretation Services”** includes telephonic, written and/or on-site vendors approved by DHMH, appropriately trained bilingual staff assigned to the specific unit providing services, and/or appropriately trained community volunteers assigned to a specific program providing services.

6. **“Fair Practices Officer”** means the Director, Office of Equal Opportunity Programs (OEOP), or his/her designee.

7. **“Limited English Proficiency (LEP)”** describes someone who, as a result of his/her national origin and/or ancestry cannot adequately understand or express oneself in a health care or social services setting using the spoken or written English language.

8. **“Vital Documents”** means documents that individuals applying for services or benefits from a covered entity must understand, respond to or complete in order to access the services/benefits or continue to receive the services or benefits. Vital documents also include documents that inform the participant of his/her rights under each covered entity.

**“Vital Documents”** does not include applications and examinations related to the licensure, certification, or registration under the Health Occupations Article, Financial Institutional Article, Business Occupation and Professions Article, and Business Regulation Article within the jurisdiction of the Department of Health and Mental Hygiene.

## B. GENERAL POLICY STATEMENTS

It is the policy of DHMH that eligible applicants and recipients having limited English proficiency shall be provided with equal access to public services in accordance with State and Federal law. Through the adoption of this policy, DHMH seeks to enhance the quality and efficacy of the services provided to persons with limited English proficiency.

## C. RESPONSIBILITIES

1. The Office of Equal Opportunity Programs (OEOP) is responsible for monitoring the ongoing efforts of all DHMH units to comply with this policy.

2. The Chief Administrative Officer, Program Director and/or Manager of each DHMH unit shall be responsible for implementing this policy, with respect to the programs operated by that unit.

3. Every employee of a DHMH covered entity that interacts with LEP persons is responsible for ensuring LEP persons have equal access to all services, programs or benefits for which they are qualified. All covered entity staff must utilize effective translation and interpretation services as defined by this policy.

4. The OEOP will provide technical assistance by cataloging translation and interpreter resources.
5. The OEOP will monitor the efforts of covered entities to implement this policy and offer recommendations to enhance the effectiveness of these programs.
6. Each principal DHMH unit and other covered entities identified by the Department will submit an annual LEP report for the fiscal year, to the OEOP, effective July 30, 2004. The LEP report shall include the following information:
  - a. A summary of efforts to fully implement and improve LEP services during the reporting period;
  - b. An outline of possible initiatives to enhance LEP services that might be implemented during the forthcoming reporting period;
  - c. A listing of vital documents translated in accordance with this LEP policy; and,
  - d. A description (i.e. agency name, language requested, total cost, county, client gender and age, etc.) of the number of individual interpretation and/or translation services provided to LEP persons and the process used to deliver such services (e.g., telephonic, written, on-site, staff interpretation, etc.).
7. Bilingual pay may be designated by an appointing authority to provide translation services when the appointing authority determines that these services are necessary to conduct the business of the unit. Unless bilingual skill is in the classification specification, an appointing authority may not require an employee to use bilingual skills to serve as a translator unless the employee is paid the minimum bilingual bonus as noted in the DHMH Office of Human Resources - Administration Division, Timekeeping Manual.

**D. LANGUAGE ASSISTANCE PROCEDURE**

1. Language assistance procedures will be developed by each covered entity subject to this policy. These procedures will take into consideration:
  - a. The number or proportion of LEP persons eligible to be served or likely to be encountered by the covered entity;
  - b. The frequency with which LEP persons come in contact with the program;
  - c. Nature and importance of the program, activity or service provided by the program to people's lives; and,
  - d. Program resources available to the covered entity and costs associated.
2. Language assistance procedures shall be designed and implemented so that the covered entity has the affirmative capability to communicate with the LEP person.
3. Covered entities shall take appropriate steps to make LEP persons aware that they may request the services of an interpreter or have access to other appropriate

communication aids **free of charge**. In accordance with legal mandates, these services shall be supplied by the program at no cost to the LEP person. Notification may be given verbally by staff, posted at appropriate entry points throughout the DHMH program location and/or printed on forms and brochures.

4. Program staff will be instructed **not** to require/request that LEP persons utilize family members, especially minor children or friends as foreign language interpreters. The emotional involvement of family or friends with an LEP person can jeopardize interpretation and translation of critical information. Additionally, family or friends may not be adequately versed in the specialized terminology required for communication between the LEP person and the service provider.

5. A LEP person's own interpreter should only be used at the request of the LEP person, and when use of that interpreter would not compromise the effectiveness of services or violate the LEP person's confidentiality. An LEP person's request to use his/her own interpreter must be noted in the individual's record along with a notation indicating attempts were made to provide language access by program staff.

6. Program staff shall note the LEP person's preferred language in the record so that language services are arranged for future encounters, where possible.

7. Covered entities shall take appropriate steps to secure access to community or contractual interpreter resources. These resources may be utilized in the event that the program does not have sufficient and/or competent in-house interpreter resources or in the event that in-house interpreter resources are not available for a specific language or at a specific time. All costs incurred through the use of a contractual interpreter will be paid by the covered entity.

8. The procedures and information necessary for securing qualified foreign language interpreters, including contact information for both onsite interpreters and telephone service interpreters, shall be made available to employees, especially staff who are in direct contact with patients, family members and program clients (i.e., physicians, nurses, aides, billing clerks, admissions personnel, etc).

9. If the program utilizes in-house staff interpreters, these staff members will be appropriately trained to provide needed services.

10. The covered entity shall maintain appropriate records of requests for communication assistance.

11. Vital documents will be translated into appropriate languages and made available to LEP persons.

**EXCEPTIONS:** "Vital documents" does not include applications and examinations related to licensure, certification, or registration under the Annotated Code of Maryland: Health Occupation Article, Financial Institutions Article, and Business Regulation Article, within the jurisdiction of DHMH or Department of Labor, Licensing, and Regulation (DLLR).

12. Modifications to Language Assistance Procedures will be made whenever necessary to ensure that LEP persons have meaningful access to DHMH program services.

**E. COMPLIANCE**

The Fair Practices Officer shall monitor the LEP Policy compliance efforts of each covered entity and will, with the assistance of program designees, enforce this policy. The Fair Practices Officer or designee, where applicable, shall investigate LEP complaints filed with OEO or an external agency and/or commission.

**IV. REFERENCES**

- Title VI, Civil Rights Act of 1964, as amended.  
<http://www.gpo.gov/fdsys/pkg/CFR-2011-title28-vol1/pdf/CFR-2011-title28-vol1-part42-subpartC.pdf>
- *Lau v. Nichols*, 414 U.S. 563 (1974).  
<http://laws.findlaw.com/us/414/563.htm>
- Federal Executive Order No. 13166 signed on August 11, 2000.  
<http://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/eolep.pdf>
- U.S. Department of Health and Human Services, -Office of Civil Rights, Fact Sheet on Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient (LEP) Persons.  
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/factsheetguidanceforlep.html>
- State Government Article, §§10-1101—10-1105. Annotated Code of Maryland,  
<http://law.justia.com/codes/maryland/2013/article-gsg>
- US Department of Justice's Policy Guidance Document dated August 16, 2000 (Federal Register Vol. 65, No. 159, Page #50123).  
<http://www.gpo.gov/fdsys/pkg/FR-2000-08-16/pdf/00-20867.pdf>
- DHMH Office of Human Resources - Administration Division, Timekeeping Manual.  
<http://dhmh.maryland.gov/ohr/Documents/timekeeping/DHMHTimekeepingManual.pdf>

**APPROVED:**



\_\_\_\_\_  
**Van T. Mitchell, Secretary**

**March 22, 2016**  
**Effective Date**



## Article - State Government

§10-1101.

The General Assembly finds that the inability to speak, understand, or read the English language is a barrier that prevents access to public services provided by State departments, agencies, and programs, and that the public services available through these entities are essential to the welfare of Maryland residents. It is the policy of the State that State departments, agencies, and programs shall provide equal access to public services for individuals with limited English proficiency.

## Article - State Government

§10–1102.

(a) In this subtitle the following words have the meanings indicated.

(b) “Equal access” means to be informed of, participate in, and benefit from public services offered by a State department, agency, or program, at a level equal to English proficient individuals.

(c) “Limited English proficiency” means the inability to adequately understand or express oneself in the spoken or written English language.

(d) “Oral language services” includes various methods to provide verbal information and interpretation such as staff interpreters, bilingual staff, telephone interpreter programs, and private interpreter programs.

(e) “Program” means all of the operations of a State department, State agency, or any other instrumentality of the State.

(f) (1) “Vital documents” means all applications or informational materials, notices, and complaint forms offered by State departments, agencies, and programs.

(2) “Vital documents” does not include applications and examinations related to the licensure, certification, or registration under the Health Occupations Article, Financial Institutions Article, Business Occupations and Professions Article, and Business Regulation Article within the jurisdiction of the Department of Health and Mental Hygiene or the Department of Labor, Licensing, and Regulation.

## Article - State Government

§10–1103.

(a) Each State department, agency, or program listed or identified under subsection (d) of this section shall take reasonable steps to provide equal access to public services for individuals with limited English proficiency.

(b) Reasonable steps to provide equal access to public services include:

(1) the provision of oral language services for individuals with limited English proficiency, which must be through face-to-face, in-house oral language services if contact between the agency and individuals with limited English proficiency is on a weekly or more frequent basis;

(2) (i) the translation of vital documents ordinarily provided to the public into any language spoken by any limited English proficient population that constitutes 3% of the overall population within the geographic area served by a local office of a State program as measured by the United States Census; and

(ii) the provision of vital documents translated under item (i) of this paragraph on a statewide basis to any local office as necessary; and

(3) any additional methods or means necessary to achieve equal access to public services.

(c) (1) (i) Except as provided in paragraphs (2) and (3) of this subsection, beginning October 1, 2016, reasonable steps to provide equal access to public services include the operation and maintenance, for each Web site that may reasonably be expected to be available to and used by members of the general public, of equal access versions in any language that:

1. is spoken by any limited English proficient population that constitutes at least 0.5% of the overall population within the State, as measured by the most recent United States Census; and

2. can be translated free-of-charge.

(ii) If machine translation services are used to carry out the provisions of this subsection, the State department, agency, or program may post conspicuously on its Web site, a disclaimer that the State department, agency, or program:

1. does not guarantee the accuracy or reliability of the translation; and

2. is not liable for any loss or damage arising out of the use of or reliance on the translated content.

(2) A State department, agency, or program is not required to provide equal access to Web site content if:

(i) the State department, agency, or program determines that an inaccurate translation of the content could lead to a denial of services or benefits; or

(ii) the content cannot be translated due to the limitations of machine translation software, including files in PDF format, images, and videos.

(3) A unit of local government is encouraged to take the steps under paragraph (1) of this subsection, but may not be required to do so.

(d) The provisions of this subtitle shall be fully implemented according to the following schedule:

(1) on or before July 1, 2003, full implementation by:

(i) the Department of Human Resources;

(ii) the Department of Labor, Licensing, and Regulation;

(iii) the Department of Health and Mental Hygiene;

(iv) the Department of Juvenile Services; and

(v) the Workers' Compensation Commission;

(2) on or before July 1, 2004, full implementation by:

(i) the Department of Aging;

(ii) the Department of Public Safety and Correctional Services;

(iii) the Department of Transportation, not including the Maryland Transit Administration;

(iv) the Commission on Civil Rights;

(v) the Department of State Police; and

(vi) five independent agencies, boards, or commissions, to be determined by the Secretary of Human Resources, in consultation with the Office of the Attorney General;

(3) on or before July 1, 2005, full implementation by:

(i) the Comptroller of Maryland;

(ii) the Department of Housing and Community Development;

- (iii) the Maryland Transit Administration;
- (iv) the Department of Natural Resources;
- (v) the Maryland State Department of Education;
- (vi) the Office of the Attorney General; and

(vii) five independent agencies, boards, or commissions to be determined by the Secretary of Human Resources, in consultation with the Office of the Attorney General; and

(4) on or before July 1, 2006, full implementation by:

- (i) the Department of Agriculture;
- (ii) the Department of Commerce;
- (iii) the Department of Veterans Affairs;
- (iv) the Department of the Environment; and

(v) five independent agencies, boards, or commissions to be determined by the Secretary of Human Resources, in consultation with the Office of the Attorney General.

## Article - State Government

§10-1104.

Each State department, agency, or program not listed or identified under § 10-1103(d) of this subtitle shall monitor its operations to determine if the State department, agency, or program should take reasonable steps to achieve equal access to public services for individuals with limited English proficiency.



MARYLAND  
Department of Health

# Section 1557 of the Patient Protection and Affordable Care Act

## Requirements & Templates



## **Section 1557 Notice Posting Requirement Guidance**

[Section 1557 of the Affordable Care Act \(42 U.S.C. 18116\)](#) requires that covered entities post, in a conspicuously visible font size, a non-discrimination statement, language accessibility statement, grievance procedure and taglines advising that language assistance is available, at no cost, in at least the [top 15](#) languages spoken by individuals with limited English proficiency of the relevant State (Maryland). The non-discrimination statement and taglines must be posted in:

- 1.) Significant publications and significant communications targeted to beneficiaries, enrollees, applicants, and members of the public;
- 2.) In conspicuous physical locations where the agency interacts with the public;
- 3.) On the agency website, accessible from the homepage.

Section 1557 also allots for *small-sized* significant publications and communications (e.g. postcards and tri-fold brochures) to cite only the non-discrimination statement and taglines in the [top 2](#) languages spoken by individuals with limited English proficiency in Maryland.

Section 1557 allows covered entities to exhaust current stock of hard copy publications first rather than requiring a special printing of publications to include the new notice requirement.

Section 1557 does not define “significant publications and significant communications” and interprets this term broadly. The regulation does indicate that the term applies to both correspondence intended for the public at large such as outreach, education and marketing materials, as well as letters addressed to individuals that notify them of vital information or require a response from the individual.

Section 1557 encourages that the required posting and taglines are placed at the beginning of significant publications and communications but does not require it. The regulation acknowledges that placing the posting elsewhere within the publication/communication, including as a separate insert accompanying the English language significant document may be adequate.

The Equal Access Compliance Unit (EACU), Office of Equal Opportunity Programs (OEOP), Department of Health (MDH), is tasked with ensuring compliance with Section 1557. Delinda Johnson Blake, Deputy Director/Equal Access Compliance Manager is designated as the Section 1557 Coordinator for MDH. Ms. Blake may be reached at 410-767-5184 or via email at [delinda.blake@maryland.gov](mailto:delinda.blake@maryland.gov) to provide technical assistance regarding Section 1557.

To ensure compliance with Section 1557, all MDH programs, services, and local health departments, must perform the following:

1. If not already posted in a conspicuous physical location, post the *MDH Notice to the Public: Non-Discrimination Policy Statement and Complaint Procedure* poster.
2. Using the enclosed templates titled *MDH Notice to the Public: Non-Discrimination Notice and Accessibility Requirement* and *MDH Notice to the Public: Section 1557 Non-Discrimination Notice and Grievance Procedure*, fill in the applicable main contact number and TTY number (7-1-1) for *your program* under the Language Accessibility Statement (15 taglines) for both forms. Save both documents.





## **Section 1557 Notice Posting Requirement Guidance**

(Note: the telephone numbers you list must connect the public with appropriate staff within your entity who understands their requirement to provide meaningful language access or auxiliary aids, will connect the public to appropriately trained bilingual staff and/or is aware of how to utilize the interpretation, translation and visual communications services provided by the State of Maryland. **This contact number should not be the MDH main telephone number if your program has a different main telephone number that is published.** This telephone number must also not be the number to EACU, OEOP. Providing an inaccurate or different telephone number than the general public utilizes to communicate with your program causes unnecessary delays in services and may also be viewed as differential treatment.)

3. Include the saved content from the *MDH Notice to the Public: Non-Discrimination Notice and Accessibility Requirement* template referenced in Step 2 in all publications and communications deemed significant. For small-sized publications and communications, your program may elect to use the enclosed template titled *MDH Non-Discrimination Statement and Taglines for Small-Sized Significant Publications and Communications*. However, the same aforementioned rules noted in Step 2 apply – your entity’s main contact number and TTY numbers (7-1-1) must be typed into the template. Save this document.
4. Post the *MDH Notice to the Public: Non-Discrimination Notice and Accessibility Requirement* on your program’s website **and** in conspicuous locations where the program interacts with the public. Include a link on your homepage to the documents. This is imperative as it provides **your program’s** contact number to receive services, including language access.
5. Provide electronic copies of the three saved documents for your program referenced in Steps 2 and 3 to Delinda Johnson Blake, Deputy Director/ Equal Access Compliance Manager at [delinda.blake@maryland.gov](mailto:delinda.blake@maryland.gov).
6. Post the *LanguageLine Solutions Language Identification poster* (a.k.a., I-Speak Card) and/or the *LanguageLine Solutions brochure* in all reception areas and other applicable locations where staff interacts with the public. You may receive a copy of these documents by contacting LanguageLine Solutions directly at 1-800-752-6096, Option 2. You will need to provide your program’s Client ID to the LanguageLine Solutions representative.
7. Review and keep handy the *MDH Interpretation, Translation, and Visual Communications Services Packet*. This packet provides instructions on how to obtain oral interpretations, written document translations for limited English proficient constituents and visual communication services for individuals with disabilities.

More information on Section 1557 of the Affordable Care Act may be accessed at <http://www.hhs.gov/civil-rights/for-individuals/section-1557/>.

## **NOTICE TO THE PUBLIC**

### **NON-DISCRIMINATION STATEMENT AND ACCESSIBILITY REQUIREMENTS**

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

The Department, upon request:

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

**If you need these services, please contact the Department's health program, service, local health department or health insurance marketplace directly.**

If you believe that the Department has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Delinda Johnson Blake, Equal Access Compliance Unit, Office of Equal Opportunity Programs, Maryland Department of Health, 201 West Preston Street, Room 422, Baltimore, Maryland 21201, 410-767-6600 (voice (410) 333-5337 (Fax), [delinda.blake@maryland.gov](mailto:delinda.blake@maryland.gov) (email). Deaf and hard of hearing individuals may use relay.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Delinda Johnson is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, [1-800-868-1019](tel:1-800-868-1019), [800-537-7697](tel:800-537-7697) (TDD).

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

## Section 1557 of the Affordable Care Act Grievance Procedure

It is the policy of the Department of Health (the Department) not to discriminate based on race, color, national origin, sex, age or disability. The Department has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination based on race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Delinda Johnson Blake, Equal Access Compliance Manager, Equal Access Compliance Unit, Office of Equal Opportunity Programs, Maryland Department of Health, 201 West Preston Street, Room 422, Baltimore, Maryland 21201, [410-767-6600](tel:410-767-6600) (voice), (410) 333-5337 (Fax), [delinda.blake@maryland.gov](mailto:delinda.blake@maryland.gov) (email), who has been designated to coordinate the efforts of the Department to comply with Section 1557. Deaf and hard of hearing individuals may use relay.

Any person who believes someone has been subjected to discrimination based on race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for the Department to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

### Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall investigate the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of the Department relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination based on race, color, national origin, sex, age, or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

The Department will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, or assuring a barrier-free location for the proceedings. If you need these services, please contact the Department's health program, service, local health department or health insurance marketplace directly. The Section 1557 Coordinator will ensure that the Department provides such services free and upon request in accordance with applicable policies and regulations

TEMPLATE FOR WEBSITES, FULL SIZE PUBLICATIONS/COMMUNICATIONS AND PHYSICAL LOCATIONS

**Language Accessibility Statement**

*Help is available in your language: 1-800-000-0000 (TTY: 7-1-1).*

*These services are available for free.*

**Español/Spanish**

Hay ayuda disponible en su idioma: 1-800-000-0000 (TTY: 7-1-1). Estos servicios están disponibles gratis.

**አማርኛ/Amharic**

እገዛ በ ቋንቋዎ ማግኘት ይችላሉ:-: 1-800-000-0000 (TTY: 7-1-1) :: እነዚህ አገልግሎቶች ያለከፍያ የሚገኙ ነጻ ናቸው

**العربية /Arabic.**

رقم (1-800-000-0000) – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم والبيكم الصم ه: (TTY: 7-1-1).

**Bàsɔ̀wùdù-po-nyò (Bassa)**

Dè dɛ nià kɛ dyédé gbo: ɔ jü ké m [Bàsɔ̀ wùdù-po-nyò ] jü ní, nií, à wuɖu kà kò dò po-poò bé in m̀ gbo kpáa. Ɖá 1-800-000-000 (TTY:7-1-1)

**中文/Chinese**

用您的语言为您提供帮助：1-800-000-0000 (TTY: 7-1-1)。 这些服务都是免费的

**فارسی /Farsi**

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما این خدمات تماس بگیرد. 1-800-000-0000 (TTY: 7-1-1) به فراهم می باشد. با

**Français/French**

Vous pouvez disposer d’une assistance dans votre langue : 1-800-000-0000 (TTY : 7-1-1). Ces services sont disponibles pour gratuitement.

**ગુજરાતી/Gujarati**

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: 1-800-000-0000 (ટીટીવાય: 7-1-1). સેવાઓ મફત ઉપલબ્ધ છે

**kreyòl ayisyen/Haitian Creole**

Gen èd ki disponib nan lang ou: 1-800-000-0000 (TTY: 7-1-1). Sèvis sa yo disponib gratis.

**Igbo**

Enyemaka di na asusu gi: 1-800-000-0000 (TTY: 7-1-1). Oṛụ ndị a dị na enweghi ugwo i ga akwu

**한국어/Korean**

사용하시는 언어로 지원해드립니다: 1-800-000-0000 (TTY: 7-1-1). 무료로 제공 됩니다

**Português/Portuguese**

A ajuda está disponível em seu idioma: 1-800-000-0000 (TTY: 7-1-1). Estes serviços são oferecidos de graça.

**Русский/Russian**

Помощь доступна на вашем языке: 1-800-000-0000 (TTY: 7-1-1). Эти услуги предоставляются бесплатно.

**Tagalog**

Makakakuha kayo ng tulong sa iyong wika: 1-800-000-0000 (TTY: 7-1-1). Ang mga serbisyong ito ay libre.

**اردو/Urdu).**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں  
1-800-000-0000 (TTY: 7-1-1)۔ کر

**Tiếng Việt/Vietnamese**

Hỗ trợ là có sẵn trong ngôn ngữ của quý vị 1-800-000-0000 (TTY: 7-1-1). Những dịch vụ này có sẵn miễn phí.

**Yorùbá/Yoruba**

Ìrànlọ́wọ́ wà ní àrọ̀wọ́tó ní èdè rẹ: 1-800-000-0000 (TTY: 7-1-1). Awon ise yi wa fun o free.

## ***MDH Non-Discrimination Statement and Taglines for Small-Sized Significant Publications and Communications Template***

Use this template to add the Non-Discrimination Statement and Taglines on ***small-sized significant publications and communication*** (e.g. postcards and pamphlets) required in accordance to Section 1557 of the Affordable Care Act (ACA). Full size significant publications and communication require posting of the MDH Non-Discrimination Notice, Grievance Procedure and taglines advising that language assistance is available at no cost in a least the [top 15](#) languages spoken by individuals with limited English proficiency in Maryland.

Instructions:

1. Fill in the general contact number and TTY contact number for your MDH program in the applicable fields. (**Note:** *the telephone numbers you list must connect the public with appropriate staff within your entity who understands their requirement to provide meaningful language access or auxiliary aids, will connect the public to appropriately trained bilingual staff and/or is aware of how to utilize the interpretation, translation and visual communications services provided by the State of Maryland. This contact number should not be the MDH main telephone number if your program has a different main telephone number that is published. This telephone number must also not be the number to EACU, OEOP. Providing an inaccurate or different telephone number than the general public utilizes to communicate with your program causes unnecessary delays in services and may also be viewed as differential treatment.*)
2. Save the document.
3. Use the content from the document in the development or replacement of small-sized significant publications and communications. Section 1557 permits covered entities to exhaust already existing publications first before adding the statement and taglines.

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### **MDH Non-Discrimination Statement**

The Department of Health (MDH) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, and/or disability, in its health programs and activities.

#### **English**

Help is available in your language: 1-800-000-0000 (TTY: 7-1-1). These services are available for free.

#### **Español/Spanish**

Hay ayuda disponible en su idioma: 1-800-000-0000 (TTY: 7-1-1). Estos servicios están disponibles gratis.

#### **中文/Chinese**

用您的语言为您提供帮助：1-800-000-0000 (TTY: 7-1-1)。这些服务都是免费的



