

Executive Office of Elder Affairs

Language Access Plan

I. Introduction

The Executive Office of Elder Affairs (“Elder Affairs”) prepared this Language Access Plan (“LAP” or “Plan”), which defines the actions to be taken by Elder Affairs to ensure meaningful access to agency services, programs and activities on the part of persons who have limited English proficiency. The Agency will review and update, on a biannual basis, this LAP in order to ensure continued responsiveness to community needs and compliance with the Executive Office for Administration and Finance (“ANF”) Administrative Bulletin #16 and the Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (“HHS LEP Guidance”) issued by the U.S. Department of Health and Human Services.

II. Purpose

The purpose of this plan is to ensure that people with limited English proficiency (“LEP”) have meaningful access to the services, programs and activities provided through all of the operations of Elder Affairs.

The Agency is committed to this Language Access Plan as the appropriate response to meeting our consumers’ needs. The Plan is consistent with the requirements of Administrative Bulletin #16 issued by the Executive Office of Administration and Finance and the HHS LEP Guidance.

Consistent with the guidance of ANF Administrative Bulletin #16 and the HHS LEP Guidance, a person with Limited English Proficiency (“LEP”) is someone who is not able to speak, read, write or understand the English language at a level that allows him/her to interact effectively with Agency staff. A consumer maintains the right to self-identify as a LEP person.

III. Agency Description

The Agency should use this section to describe the Agency, its mission, services, programs and activities as fully but as succinctly as possible.

Executive Office of Elder Affairs’ Mission:

The Executive Office of Elder Affairs manages programs to insure the dignity, independence and well being of elders and adults with disabilities of all ages. Elder Affairs’ staff manages these programs through contracted networks of eligible providers. The agency manages the services, and the providers who supply them, by establishing programmatic regulations and contractual requirements and monitoring providers’ compliance with those regulations and contracts.

A. Pursuant to chapter 19A M.G.L. section 4, the Executive Office of Elder Affairs is the principal agency of the Commonwealth to mobilize the human, physical, and financial resources available to plan, develop, and implement innovative programs to insure the dignity, independence and well being of elderly persons.

B. The Older Americans Act calls for each state to establish a state unit on aging (*see 42 U.S.C. 3025*). The Executive Office of Elder Affairs is the Commonwealth's state unit on aging. The Administration on Aging promulgated regulations pursuant to the Older Americans Act (*see 45 C.F.R. 1321, sec. 1321.7*), which indicate the mission of the state agency:

The Older Americans Act intends that the State agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the State. This means that the State agency shall proactively carry out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, communities throughout the State. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

C. Since 2003, the MassHealth Office of Long Term Care (OLTC) has been a part of the Executive Office of Elder Affairs. The OLTC manages long-term care services provided to eligible MassHealth members of all ages. OLTC manages these programs through contracted networks of eligible providers. The unit manages the services, and the providers who supply them, by establishing programmatic and pricing regulations, and monitoring providers' compliance with those regulations. OLTC also manages two capitated benefit plans that provide a full range of acute and long-term care services to enrolled elders. OLTC is organized into three areas: Community Services; Coordinated Care Systems; and, Institutional, Residential, and Day Services. See the Appendix for OLTC program services descriptions. [Note: The Language Access Plan for the OLTC is filed under the MassHealth Language Access Plan.]

The Aging Agenda

The Patrick Administration has developed an Aging Agenda that recognizes nine key principles for attaining the best possible quality of life for all individuals as we age.

Society cannot thrive or even survive without the continuous active participation of all people as they age. Each of us, both individually and collectively, has a stake in building an environment in which every person has an equal opportunity to participate in all aspects of civic life. We believe all adults, during each stage of the lifespan, should have the full and free enjoyment of these fundamental principles for aging well.

- To live in a society that understands the positive aspects of aging, recognizes the interdependence we rely upon to meet life's challenges, and values the intergenerational sharing of life, wealth, wisdom, caring and caregiving.

- To attain economic security through a combination of earning an adequate income, saving money over one's lifetime, and learning basic financial skills to avoid financial hazards and financial exploitation.
- To attain and sustain the best possible physical, cognitive, and mental health and have the opportunity to benefit from proven methods for maximizing and improving one's abilities, health and happiness.
- To reside in affordable housing suitably designed to accommodate the predictable changes in functional abilities we'll likely experience as we age.
- To exercise control over managing one's own life and participate in a wide range of civic, cultural, learning, spiritual and recreational opportunities for as long as possible.
- To have access to social assistance services, including protection against abuse and neglect, that can be readily provided in an efficient and appropriate manner for diverse populations.
- To have an adequate array of flexible, reliable transportation options.
- To have access to affordable long-term services and supports that can sustain individuals in the setting of their choice, including a consumer's full participation in managing services.
- To lend meaningful support to caregivers to preserve the beneficial impact caregiving has upon the caregiver, the person depending upon them and society at large.

Activities of the Elder Affairs Office at One Ashburton Place with Direct Consumer Contact:

1. Information and referral
2. General inquiries
3. Administrative appeals
4. Community forums with consumers, advocates, and caregivers
5. Business meetings with consumer advocates and other external stakeholders

In addition, Elder Affairs manages two programs whose staffs are located only in Elder Affairs' One Ashburton Place location:

1. Assisted Living Ombudsman Program Mission and Services:

The Assisted Living Ombudsman Program addresses the quality of life for assisted living residents in the areas of health, safety, welfare or resident rights. The Assisted Living Ombudsman acts as a mediator and resolves problems or conflicts between the assisted living facility and its residents.

The Ombudsman serves as an advocate for resident rights, promoting dignity, autonomy and respect for residents.

2. Community Care Ombudsman Program Mission and Services:

The Community Care Ombudsman Program assists elders and their families by investigating and resolving their complaints regarding the receipt of community care services. Covered community care programs include programs of medical, functional, or social support services that are provided to an individual living in their home, apartment, in a day care program, or a managed care demonstration program under the Social Security Act.

Activities of Regional Programs with Direct Consumer Access (Organized According to Distinct Service Networks):

Elder Affairs contracts with 10 distinct service networks (A-J below) organized around 17 distinctive programs and services. Arranged by service networks, the mission and services of each type of program are described below:

A) Aging Services Access Point Network:

1. Home Care Mission and Services:

Executive Office of Elder Affairs' home care programs are delivered through contracts with 27 private non-profit corporations called Aging Services Access Points (ASAPs). An ASAP Care Manager authorizes and coordinates long term support services provided by provider agencies; ensures interdisciplinary review of consumer needs and service planning; reassesses the consumer's status at mandated intervals; responds to consumer and/or caregiver concerns as they arise; and, facilitates access to information and referral as appropriate. Currently eligible elders, depending on their clinical needs, may receive a wide array of services. The Home Care Basic Program provides services to eligible elders intended to support their needs in the areas of Activities of Daily Living (ADLs), and Instrumental Activities of Daily Living (IADLs), as well as social contact and support, enabling them to remain at home. Specific services available from subcontracted providers include personal care, homemaking, adult day health, chore, companion, home health services, grocery shopping, laundry, personal emergency response system, companionship, environmental accessibility adaptations, translation and medical transportation. Consumers who have also been determined eligible for a nursing facility may receive, through the Enhanced Community Options Program, an expanded level of service intended to prevent or delay nursing facility placement. Finally, the Community Choices Program (Choices) has been designed to provide intensive home and community-based services to frail elders who are determined financially and clinically eligible for the MassHealth 1915c Home and Community-Based Services Waiver and are at imminent risk of nursing home placement.

2. Protective Services Mission and Services:

The Elder Protective Services Program receives and investigates reports of elder abuse and provides or arranges for necessary services to victims of abuse to remedy the abusive situation. Elder abuse includes physical, sexual and emotional abuse, neglect by a caregiver, financial exploitation and self-neglect. The program serves persons 60 years old and older who reside in a community setting. The program also provides conservator and guardianship services to a limited number of abused elders who have been determined by a court to be unable to manage their financial and/or personal affairs.

3. Information and Referral Mission and Services:

The Information, Resources, Outreach unit of Elder Affairs administers the 1-800-AGE-INFO telephone line. Staffs at Elder Affairs and 27 Aging Services Access Points agencies provide elders, their families, friends and caregivers with information and referral to the myriad of programs they may need.

4. Clinical Assessment and Eligibility (CAE) Services:

The ASAPs employ registered nurses to conduct clinical assessments for MassHealth members and applicants aged 22 and older who are seeking MassHealth payment for certain long term care services. For example, CAE personnel make determinations of clinical eligibility for MassHealth payment for nursing facility services (with a few exceptions) and clinical eligibility for the 1915(c) Home and Community Based Services Waiver.

5. Family Caregiver Program Mission and Services:

The Family Caregiver Program provides flexible services to help caregivers with their caregiving responsibilities. The age of the care recipient and the relationship between the caregiver and care recipient are the only requirements of the program. Under the reauthorization of the federal Older Americans Act in 2006, priorities for the Family Caregiver Program were reiterated and new amendments were added, including: Caregivers who are older individuals (60 years and older) with the greatest social and economic needs; particular attention to low-income caregivers; caregivers (age 55 and older) of individuals with Alzheimer's Disease or individuals of any age with severe disabilities; grandparents or relative caregivers (55 years of age or older) caring for a child related by blood, marriage or adoption.

6. The Supportive Housing Program Mission and Services:

The Supportive Housing Program provides supportive services to elders within senior housing complexes by providing an on-site service coordinator, access to 24 hour response to emergency assistance and the provision of at least one meal per day. Supportive Housing replicates many of the advantages of Assisted Living, including access to 24-hour emergency response, daily meals program, medication management for residents, housekeeping, transportation, grocery shopping and laundry services to all those who qualify. There are 32 supportive housing sites serving over 4,200 units in Massachusetts.

7. Money Management Mission and Services:

The Money Management Program deploys trained and monitored volunteers who provide bill-paying assistance to elders who are having difficulty managing their finances.

B) Area Agencies on Aging Network

8. Pursuant to the Older Americans' Act, the State Unit on Aging (Elder Affairs) works in partnership with 23 Area Agencies on Aging (AAA) for planning, policy development, administration, coordination, priority setting, monitoring and evaluation of State activities related to the Act. In partnership with the state's 23 Area Agencies on Aging, Elder Affairs develops a State Plan that describes how it will carry out this responsibility. The Older American's Act provides access services which make it possible for older individuals to remain in their home, thereby preserving their independence and dignity. Through their grant awards, Area Agencies on Agency support a wide range of local services, including home- and community-based support services, legal aid services, information and referral, home-delivered and congregate meals, and transportation services.

C) Congregate Housing Network

9. Congregate Housing Mission and Services:

Congregate Housing provides a shared living environment designed to integrate the housing and support services needed by elders and disabled individuals. Services are made available to aid residents to manage activities of daily living in a supportive, non-custodial environment. Program funding supports tenant selection and service coordination by a management agency. There are currently 51 congregate housing sites with over 1,800 units in Massachusetts. (Lead contracting agencies include ASAPs, COAs, and LHAs/PHAs.)

D) State Health Insurance Counseling Program Network:

10. State Health Insurance Counseling Program Mission and Services:

The Serving the Health Information Needs of Elders (SHINE) Program is part of the national network of State Health Insurance Counseling and Assistance Programs (SHIP) funded by the Centers for Medicare and Medicaid Services (CMS). In Massachusetts, 14 Regional Programs supervise and train 450 volunteer health benefit counselors to provide information and assistance regarding health insurance and benefits to elders, disabled Medicare beneficiaries, their family members and professional caregivers.

E) Aging and Disability Resource Consortia Network:

11. Aging and Disability Resource Consortia Mission and Services:

The Aging and Disability Resource Consortia (ADRC), partnerships between regional ASAPs and Independent Living Centers (ILC), provide consumers with 'no wrong door access' to information about issues of concern for elders and people with disabilities.

F) Long Term Care Ombudsman Network:

12. Long Term Care Ombudsman Mission and Services:

The Long Term Care Ombudsman Program assists residents of nursing and rest homes. Services include: complaint investigation and resolution; information and referral; and advocacy for change in the long term care system. Volunteer ombudsmen are assigned to facilities and have access to all nursing and rest home residents.

G) Nutrition Network:

13. Nutrition Services Mission and Services:

The Nutrition Program administers and coordinates 28 nutrition projects throughout the state to address multiple problems faced by many elders including poor nutrition, food insecurity, chronic disease and social isolation. Meals are provided at more than 325 congregate sites and more than half are delivered to frail elders in their homes. There are 7,000 volunteer drivers who contribute about 450,000 hours yearly.

H) Senior Community Services and Employment Program Network:

14. Senior Community Services and Employment Program Mission and Services:

The Senior Community Service Employment Program (SCSEP), funded by the U.S. Department of Labor under the authority of the Older Americans Act of 1965 and administered through 3 contractors, assists eligible adults seeking work skills training by placing participants in non-profit or community service work assignments for on-the-job training for at least 20 hours per week. During their temporary assignments, participants learn job search skills from SCSEP personnel and apply these skills while searching for permanent employment.

I) Network of 349 Independent Municipal Department Sites:

15. Councils on Aging and Senior Center Programs Mission and Services:

The Councils on Aging and Senior Center Programs provide social and health services, advocacy, and information and referral services for elders at the local level. Councils on Aging receive technical assistance and grants from Elder Affairs.

J) Prescription Assistance Programs - Single Contractors:

16. Prescription Assistance Program Mission and Services:

Prescription Advantage (PA) is a prescription drug insurance plan that is available to Massachusetts residents age 65 and older, as well as younger individuals with disabilities who meet income and employment guidelines. PA provides supplemental assistance, based on income, for its members with Medicare prescription drug coverage and primary insurance coverage comparable to Medicare Part D for those not eligible for Medicare.

17. MassMedLine Outreach Program:

The Mass College of Pharmacy and Health Services (MCPHS) Pharmacy Outreach Program, named MassMedLine, provides a confidential help-line for all state residents seeking help with their medications. Consumers talk with pharmacists and Care Managers to receive personal assistance with answering pharmacy related questions and finding programs to help pay for their medications. 1-866-633-1617 - Interpreters are available

IV. Language Access Plan:

Approach: The Agency Language Access Plan shall be fully implemented subject to the availability of fiscal resources.

This Language Access Plan has been developed to adhere to the Language Access Guidelines of ANF Administrative Bulletin #16 and the HHS LEP Guidance.

This Language Access Plan represents Elder Affairs's administrative blueprint to provide meaningful access to agency services, programs and activities on the part of persons who are deaf and persons with LEP. This Language Access Plan outlines the current range of language assistance services currently utilized by Elder Affairs and its plan to lead its service networks in the development of Language Assistance Plans to meet this objective.

(1) Agency Language Access Coordinator:

Mary Kay Browne, JD
Senior Project Director
Program and Policy Development
Commonwealth Medicine/UMMS
c/o Executive Office of Elder Affairs
1 Ashburton Place, 5th floor
Boston, MA 02108
617-222-7435
Mary.K.Browne@state.ma.us

(2) General Overview of Language Needs and Language Assistance Services Management:

a. Points of Contact between Agency and Eligible Consumer Population

In the Appendix, there is a listing of the state and service networks' office addresses and main telephone numbers for the multiple service networks of our Program, along with website addresses.

b. Language Makeup of Consumer Population

Massachusetts differs from the nation with regard to people with LEP in two aspects. Nationally among people 65+ whose first language is not English, roughly half (45%) speak Spanish, a third (32%) other Indo-European languages, and about a fifth (19%) speak Asian and Pacific Island languages. In Massachusetts, roughly less than a fifth (17%) speak Spanish but nearly two-thirds

(66%) speak other Indo-European languages, and about one-seventh (14%) speak Asian and Pacific Island languages. Second, a greater proportion of speakers in each of the four language groups (see modified Table B16004 from 2009-2011 American Community Survey 3-Year Estimates) are less proficient in speaking English than their peers nationally. The largest discrepancy in comparison to the nation is that 70% of elders who speak Asian and Pacific Island languages do not speak English well or at all in Massachusetts in comparison to 49% nationwide.

	United States			Massachusetts		
	Estimate	Percent	Margin of Error	Estimate	Percent	Margin of Error
Total:	289,077,942	100.0	+/-5,688	6,187,386	100.0	+/-474
65 years and over:	40,489,415	14.0	+/-7,500	906,754	14.7	+/-532
Speak only English	34,714,276	85.7	+/-17,057	754,566	83.2	+/-3,169
Speak another language	5,775,139	14.3		152,188	16.8	
Speak Spanish:	2,602,287	45.1	+/-7,322	26079	17.1	+/-668
Speak English "very well" or "well"	1,429,634	54.9		11,416	43.8	
Speak English "not well" or "not at all"	1,172,653	45.1		14,663	56.2	
Speak other Indo-European languages:	1,861,328	32.2	+/-11,755	100276	65.9	+/-3,045
Speak English "very well" or "well"	1,405,220	75.5		70,184	70.0	
Speak English "not well" or "not at all"	456,108	24.5		30,092	30.0	
Speak Asian and Pacific Island languages:	1,091,573	18.9	+/-6,080	20900	13.7	+/-805
Speak English "very well" or "well"	553,428	50.7		6,254	29.9	
Speak English "not well" or "not at all"	538,145	49.3		14,646	70.1	
Speak other languages:	219,951	3.8	+/-4,043	4933	3.2	+/-697
Speak English "very well" or "well"	159,555	72.5		3,489	70.7	
Speak English "not well" or "not at all"	60,396	27.5		1,444	29.3	

The 2011 ACS 1-year estimates Public Use Microdata Samples (PUMS) was used to identify the types of languages spoken by persons 65+ in Massachusetts. Among 65,536 records in PUMS, 10,531 (16%) were 65+ in contrast to 17.1% the estimated percent of 65+ people in Massachusetts in 2011. From the sample records, 1,595 (15%) spoke another language at home. Among 58 languages identified, the top ten languages were: French/French Creole, Spanish, Portuguese, Italian, Chinese (including Cantonese & Mandarin), Greek, Polish, Russian, German, and Armenian. These ten languages constitute 87% of those who spoke another language at home.

Note: As Elder Affairs' Language Access Plan will be designed to comply with the federal LEP Guidance, our plan will be based upon these statewide demographics in place of the 5% threshold used in the ANF guidance.

c. Administrative Blueprint

Outlined below are the elemental steps Elder Affairs and its multiple service networks will take to take to ensure our services, programs and activities provide meaningful access to LEP populations in the Commonwealth.

Assessment – On a bi-annual basis, Elder Affairs and its multiple service networks' contractors shall:

- Identify the non-English languages that are likely to be encountered in its program and estimating the number of persons who are deaf or LEP that are eligible for services and that are likely to be directly affected by the program
- Identify the points of contact in the program/activity where language assistance is likely to be needed
- Identify the resources that will be needed to provide effective language assistance
- Identify the location and availability of these resources
- Identify the arrangements that must be made to access these resources in a timely fashion.

Development of a Written Policy on Language Access

On a bi-annual basis, Elder Affairs and its service networks shall update written language assistance plans that will include policies and procedures for:

- Identifying the language assistance needs of consumers/consumers of services
- Giving notice of the right to free language assistance
- Providing for a range of language assistance options
- Translating written ‘vital documents’ and other materials in certain circumstances
- Conducting periodic training of staff
- Monitoring the implementation of the language assistance plan

Training of Staff

On a bi-annual basis, Elder Affairs and its service networks’ contractors shall:

- Disseminate the language assistance plan, including policy and procedures, to all employees likely to have contact with persons who are deaf or LEP.
- Incorporate a copy of the plan in new employee orientation materials.
- Conduct a periodic training to ensure that employees are knowledgeable and aware of the language assistance policies and procedures and know how to work effectively with in-person and telephone interpreters.
- Maintain a training registry that records who took the training, to remove any potential gaps between each entities’ written language assistance plan and the actual practices of employees.

Vigilant Monitoring

Fulfilling the duty to provide meaningful access for LEP persons is most likely when an entity continuously monitors its language assistance plan, makes modifications where necessary, and periodically trains employees in implementation of the policies and procedures.

On a bi-annual basis, Elder Affairs and its service networks' contractors shall:

- Assess the LEP makeup (demographics) of the relevant service areas
- Review the language needs of potential applicants and existing consumers and whether existing assistance services are meeting the needs of such persons.
- Assess whether staff is knowledgeable about the policies and procedures and how to implement them
- Assess whether the sources of and arrangements for assistance are still current and viable.
- Service network contractors shall report to their respective program managers within Elder Affairs on their findings and subsequent modifications to their Language Access Plans.

(3) Language Resources and Protocols for Elder Affairs:

a. Identification of existing staff who are linguistically, culturally, and technically able to deliver services in a language other than English and/or to serve as interpreters

A Language Line Interpreter Service is under contract for use by all staff at Elder Affairs for both contacts over the telephone as well as face to face encounters in the office. In addition, Elder Affairs currently has one staff person in the receptionist staff pool who provides Spanish language interpreter for *ad hoc* contacts. Due to the low incidence of direct consumer contact at Elder Affairs, combined with the defined roles for staff, we intend to use the telephone interpreter service to respond to all *ad hoc* contacts at the office and do not intend to develop an employee language bank.

b. Community-based resources available to be deployed to assist agency in meeting language access needs.

Through the state contract, Elder Affairs contracts with third parties to provide language assistance services via interpreter and translation vendors.

c. Describe what the Agency's language access protocols are for providing interpretation services.

For persons with LEP, staff of Elder Affairs use the OSD's Statewide Contract for "Foreign Language Written Translation & Oral Interpretation" and related rules for hiring interpreters and translators, including the following steps: soliciting bids from no less than three qualified bidders; developing a statement of work; executing a contract; completing a purchase of service form to authorize payment upon receipt of the invoice; and completing evaluation forms after the event. As part of this process, the Elder Affairs business operations unit will design a new and efficient process by which they will be responsible for and perform the requisite steps for procuring interpreters needed for Elder Affairs' services or activities.

For persons who are deaf or hard of hearing, staff of Elder Affairs contacts the Department for Interpreter/CART Services which provides a statewide Interpreter and CART Referral Service, as well as technical assistance and presentations about interpreter services. The Interpreter and CART Referral Service provides referral services for sign language, spoken English, oral, tactile and close vision interpreting for individuals who are Deaf and Deaf - Blind, as well as making referrals to freelance CART providers for CART provision on behalf of individuals who are hard of hearing and/or late deafened in a wide variety of settings such as medical, legal, mental health, employment, education and recreational situations.

(4) Language Service Protocols for Program Service Networks:

On a biannual basis for each Service Network, Elder Affairs' program managers will complete a 3-step process for their service network contractors. They shall 1) discuss language access requirements with their contractors and 2) collect information about their contractors' language assistance services and 3) prepare a report, outlined below per ANF instructions, that summarizes the Language Assistance Plans of their contractors.

Program name:

- a. Description of the array of language assistance services that are /will be used.
- b. Description of the protocols staff now/will use for arranging to provide interpretation services and translation services.
- c. Describe how a consumer will be informed about the availability of language assistance services.
- d. Describe how a consumer is/will be able to engage the resources in (a).
- e. Describe how frequently they will assess whether the sources of and arrangements for assistance are still current and viable

(5) Vital Document Translation:

Vital documents include documents that require a response, such as applications, consent forms, letters containing information regarding eligibility or participation criteria, and notices pertaining to reduction, denial or termination of services or benefits, or advise of free language assistance. Large documents, such as a program handbook or benefits manual, may not need to be translated in their entirety; however, vital information contained in the large documents may be translated.

- a. On a bi-annual basis, Elder Affairs shall survey all program managers for a list of vital documents, in whole or in part, that are translated as well as the name of vital documents that

must be translated, along with timeframe for translation. As part of this process, the Elder Affairs business operations unit will design and adopt a new and efficient process by which they will organize and support the translation of agency and program documents on behalf of program managers. Translated materials will be stored in a central file system at Elder Affairs and shared with all contractors within the respective service system. See the Appendix for a sample of the *Vital Documents Translated or To Be Translated Inventory Form*.

(6) Stakeholder Consultations:

Did the Agency consult stakeholders in the development of this Language Access Plan? Describe consultation.

The Language Access Coordinators exchanged information and discussed best practices during the development of this Plan. In the future, network service providers will confer, as needed, with local community based organizations that employ bilingual staff on ways they might partner to deliver services to persons with LEP in their service area.

(7) Staff Training:

Describe the Agency's plan to implement staff training activities.

An “*Elder Affairs Language Assistance Plan and Procedures*” manual will be prepared for training staff at Elder Affairs and distributed. Thereafter, once a year an in service will be conducted during an all staff meeting.

At the in-service training, Elder Affairs shall:

- Disseminate the language assistance plan to all employees likely to have contact with persons who are deaf or LEP.
- Incorporate a copy of the plan in new employee orientation materials.
- Conduct a periodic training to ensure that employees are knowledgeable of the access policies and procedures in the plan and can work effectively with in-person or telephone interpreters. The state’s Language Line Telephone Contractor provides training on how to use the telephone interpreter service effectively. We will contact them to acquire materials (or possibly a trainer) for future staff training sessions.
- Maintain a training registry that records who took the training, to remove any potential gaps between Elder Affairs’ written language assistance plan and the actual practices of employees.

For the service networks, Elder Affairs shall require each program to include in its LAP a similarly designed annual staff training program. Elder Affairs’ program managers will examine the training registry during annual program monitoring procedures. If there is insufficient evidence that such a training has occurred, the program managers will report the contractor’s apparent non-compliance to Elder Affairs’ Language Access Coordinator for further investigation and technical assistance.

(8) Notice to Public

Describe the Agency's plan to notify consumers of free language assistance.

Elder Affairs: Elder Affairs will notify consumers of their right to free language assistance and how a consumer may access such assistance, by inserting notices, in appropriate languages, about the rights of consumers who are deaf and LEP to free interpreters in agency brochures, press releases, informational fact sheets, and other materials disseminated to the public, including both likely consumers or caregivers and current consumers. Information on how to file a complaint under Title VI with Elder Affairs or the U.S. Department of Health and Human Services shall also be provided in such notices. In addition, receptionist staff will be provided with "I speak" cards so they can identify primary languages of anyone who may come to the office.

Service Networks: Regional Service Networks will be required to notify consumers of free language assistance, including how a consumer may access such assistance.

(9) Agency Monitoring:

One of the four key elements to an effective language assistance plan is to monitor the plan. To that end, on a bi-annual schedule Elder Affairs shall:

- Assess the demographics of the relevant service area (statewide for Elder Affairs) ;
- Review the language assistance needs of potential applicants and existing consumers and whether existing assistance services is meeting the needs of such persons;
- Assess whether staff is knowledgeable about the policies and procedures and how to implement them; and,
- Assess whether the sources of and arrangements for assistance are still current and viable.

In addition, Elder Affairs shall require all program service networks to conduct a similarly designed monitoring program. Elder Affairs' program managers will request a copy of the service network's Language Assistance Plan Bi-Annual Review and Assessment during their program monitoring procedures. If there is insufficient evidence that such an assessment and review has occurred, the program managers will report the contractor's apparent non-compliance to Elder Affairs' Language Access Coordinator for further investigation and technical assistance.

(10) Complaints:

Procedure for Complaints about Denied Access to Activities at the Executive Office of Elder Affairs:

Individuals may file a complaint with the Agency Language Access Coordinator, the Office of Access and Opportunity or the Office of Civil Rights for the U.S. Department of Health and Social Services if they believe they have been denied participation in, and meaningful access to, services. A written complaint must be filed within 6 months of the alleged denial.

To file a complaint with the Language Access Coordinator of Elder Affairs, submit the written complaint to:

Mary Kay Browne,
Language Access Coordinator
Executive Office of Elder Affairs
One Ashburton Place, 5th floor
Boston, MA 02108

To file a complaint with the Office of Access and Opportunity, please submit the written complaint to:

Ronald Marlow, Assistant Secretary
Office of Access and Opportunity
Executive Office of Administration and Finance
State House, Room 373
Boston, MA 02133
Ronald.Marlow@State.MA.US

To file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, please send a written complaint to the attention of:

Peter Chan, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building - Room 1875
Boston, MA 02203

Language Access Complaint Procedure for Complaints about Denied Access to Services Offered at Regional Service Networks:

Regional Service Networks shall include in their written Language Assistance Plans, at a minimum, the designation of an Access Coordinator to whom consumers will submit complaints. The Access Coordinator will be required to keep a record of the response to each complaint (e.g. what the findings were and the steps that were taken to correct the procedures or staff responses, as appropriate). The Language Access Coordinator of Elder Affairs may request a copy of these records, a summary report of the findings, or view these records at any time. If a complaint is not resolved to a complainant's satisfaction, then he/she may lodge a complaint with Elder Affairs' Language Access Coordinator within 60 days of the local Access Coordinator's response.

This plan been reviewed and approved by:



Ann L. Hartstein
Agency Head
January 10, 2013