



- **Source:**
 - Federal Register, Volume 85, No. 119, June 19, 2020.
 - Section 1557, Patient Protection and Affordable Care Act, Office for Civil Rights, June 12, 2020.
 - HHS LEP Policy Guidance Document, December 2003.
- The following handouts are provided as part of this session. Use at your discretion:
 - **Handout #1** – Participant Session Outline.
 - **Handout #2** – LEP Regulations.
 - **Handout #3** – Language Assistance Services Policy Template.
 - **Handout #4** – Top 15 Languages Spoken (By State).
 - **Handout #5** – LEP Assessment Checklist.
 - **Handout #6** – I Speak Card.
 - **Handout #7** – FCC TTY Relay Service Directory.
 - **Handout #8** – Excel Spreadsheet: Languages Spoken by State by County.

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Session Objectives

Upon completion of this training session, you should be able to:

- Discuss the **final rule** governing Language Assistance Services to LEP individuals;
- Determine **entities** that are **required** to provide LEP services;
- Define **LEP**;
- Discuss the **four factors** that determines the **extent** of the facility's **obligations** to provide LEP services;
- Identify the **two predominant ways** to provide languages assistance services;
- Discuss the **use** of **interpreters** and **translation** of **vital** documents;
- Describe the **use** of **Safe Harbor** to support **compliance** with LEP requirements; and
- Discuss the **purpose** and **use** of **Notices** and **Taglines**.



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- Each of the objectives are discussed throughout the training session.

Introduction

- On **June 19, 2020**, the U.S. Department of Health and Human Services (HHS) published its **final** rule implementing Section 1557 of the Affordable Care Act (ACA). The final rule became **effective** August 18, 2020.
- **Section 1557** prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. The final rule:
 - Protects individuals with Disabilities;
 - Protects individuals with Limited English Proficiency; and
 - Requires Assurances of Compliance.



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- See **Handout #2** – LEP Regulations.
- These revised regulations do not change any current regulations governing discrimination (e.g., Title VI, Section 504, etc.)
- The original LEP regulations were published in July 2016. This final rule removes many of the documentation requirements as they were already mandated by other Office for Civil Rights regulations.

Who is Covered?

- **Entities** that **receive** Federal financial assistance, such as Medicare Parts **A, C, and D**, must take **reasonable** steps to provide meaningful access to their programs by persons **with** limited English proficiency (LEP).
- Eligible LEP individuals **must** be able to **access** the **full** spectrum of services **provided** by the facility.
- The facility's language assistance services program should be **tailored** to the individual organization and should **include** written policies and procedures that outlines **how** the facility will provide services to individuals who are non-English speaking or have limited English proficiency (LEP).



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- See **Handout #3** – Language Assistance Service Policy Template.
- **Medicare Part B** is **not** covered under these regulations.

What Is LEP?

- Individuals who do **not** speak English as their **primary** language and who have a **limited** ability to read, speak, write, or understand English can be **Limited English Proficient**, or "**LEP**."
- These individuals **may** be entitled to language assistance with respect to a particular type of service, benefit, or encounter.
- The **2010** census shows that **37.5** million individuals spoke **Spanish**, **10.3 million** spoke an **Other Indo-European** language and **8.3 million** individuals speak an **Asian or Pacific Island** language at home.
- If these individuals have a **limited** ability to read, write, speak, or understand English, they are limited English proficient, or "LEP."



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Getting Started

- Facilities are required to take **reasonable** steps to ensure **meaningful** access to federally funded programs and resources by Limited English Proficient (LEP) persons.
- This "**reasonableness**" standard is intended to be flexible and fact-dependent.
- It is also intended to balance the need to ensure meaningful access by LEP persons to **critical** services while **not** imposing **undue** financial burdens on the facility.
- While designed to be a **flexible** and **fact-dependent standard**, the **starting point** is an **individualized assessment** that balances **four factors**.



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- See [Handout #5](#) – LEP Assessment Checklist.
- These are the four factors that the Office for Civil Rights (OCR) will evaluate to determine the facility's compliance obligations to provide language assistance services to limited English Proficient individuals.
- See [Handout #2](#) – LEP regulations at §92.101(b)(1)(i)-(iv).

Factor #1

Determine the **number** or **proportion** of LEP persons eligible to be served or likely to be encountered by the services provided by the facility.

- One factor in determining what language services the facility should provide, if any, is the number or proportion of LEP persons from a particular language group served or encountered in your service area.
- The **greater** the number or proportion of these LEP persons, the **more likely** language services are needed.
- The **focus** of the analysis is on the **lack** of English proficiency, **not** the **ability** to speak more than one language.



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- Your service area includes all communities or areas from which you admit or serve residents.
- The ability to speak more than one language does **not** mean that one can read, speak, write, or understand the English language.
- See also [Handout #4](#) – Top 15 Languages Spoken (by State) and [Handout #5](#) – LEP Assessment Checklist.

Factor #1 - Continued

When conducting the analysis:

- Examine your **prior** experience with **LEP** encounters.
- **Identify** the **breadth** and **scope** of language services that were needed.
- **Identify** and **include** language **minority** populations that are eligible for program services or activities but may be under-served **because** of **existing** language barriers.



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- A source to consider from your resident population is MDS Item **A1100A and B – Language**.

Factor #1 - Continued

- **Collect** and **analyze** these **additional data** to refine or validate your prior experience:
 - Latest **census data** for the area you serve;
 - Data from **school** systems;
 - Data from **community** or **religious organizations** that serve LEP individuals;
 - **lep.gov**; and
 - Data from **local** and **state** governments.



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- The **lep.gov** website contains a great deal of information relative to demographics, language maps, etc.
- See also **Handout #4** – Top 15 Languages Spoken (by State).
- See also **Handout #8** - Excel Spreadsheet: Languages Spoken by State by County. This spreadsheet was **developed** from the most current (2015) language data housed on the lep.gov website.
- **Click** on the **2015 Map App** or the **2015 Accessible Version** with Downloadable Data to access from your computer.
- The spreadsheet has been formatted by State which lists the counties of that State and the most common languages spoken in that county. Filters have been added so that you can sort the database by any column.

Factor #2

Determine the **frequency** with which LEP persons come in contact with your services or programs.

- Assess, as accurately as possible, the **frequency** with which you have, or the potential to have, contact with LEP individuals from **different** language groups seeking assistance.
- Consider the **frequency** of **different types** of language contacts.
- The steps that are **reasonable** for a facility that serves an LEP individuals on a **limited basis** will be very **different** than those **expected** from a facility that serves LEP persons **daily** or **weekly**.



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- You may find additional information from your local health department, schools, community and religious organizations, etc.
- See also **Handout #4** – Top 15 Languages Spoken (by State) and **Handout #8** – Excel Spreadsheet: Languages Spoken by State by County. This spreadsheet was **developed** from current (2015) data housed on the lep.gov website.

Factor #2 - Continued

- The **more frequent the contact** with a particular language the more likely enhanced language services in that language are needed. Consider the **frequency** of different types of language contacts.
- **Frequent contact** with LEP individuals may indicate a special need for language assistance.
- **Less frequent contact** with different language groups may suggest different and less intensified language assistance services.



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- See also [Handout #5](#) – LEP Assessment Checklist.

Factor #3

Determine the **nature** and **importance** of the program, activity, or service provided by the facility to LEP persons.

- The **more important** the facility's activity, information, service, or program, or the **greater** the possible **consequences** of the contact to the LEP individuals, the **more likely** language services are needed.
- Determine whether **denial** or **delay** of access to services or information **could** have **serious** implications to the LEP individual.



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- Determine what types of services your facility provides (e.g., Skilled Nursing Services, Nursing Services, Specialized Rehabilitation Services, etc.)
- Are those services paid by Medicare Parts A, C, or D?
- How important are these services to the area you serve?

Factor #3 - Continued

- The facility should **consider** the **importance** and **urgency** of its programs, activities, or services.
- If the service is **both important** and **urgent** the **more likely** that **immediate** language services **are needed**.
- **For example:**
 - Communication of critical information concerning an admission.
 - A discharge to the hospital.
 - A significant change in medical conditions or treatments.
 - The obtaining of informed consent to permit a procedure, etc.



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- Is your service area aware that you provides language assistance services free of charge?

Factor #3 - Continued

- If the service is **important**, but **not urgent**, it is **more likely** that language services **are** needed, **but** that such services **can** be **delayed** for a **reasonable** period of time in order to obtain an interpreter or provide translation of a document.
- These **types** of **situations** may include activities such as the communication of information about administrative matters, or communication of information regarding admission to the hospital for tests where **delay** would **not** affect the resident's health.
- If an activity is **neither** important **nor** urgent, such as a tour of the facility, request for admission information, etc., it is **more likely** that language services would **not** be needed.



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Factor #4

Determine the **resources** available to you and the **costs**.

- The facility's level of resources **available**, and the **costs** imposed, **may** have an **impact** on the nature of the steps that should be taken.
- "Reasonable steps" may **cease** to be **reasonable** where the **costs** imposed **substantially exceed** the benefits.
- The facility must **carefully** explore the most cost-effective means of **delivering** competent and accurate language services **before** limiting services due to resource concerns.



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- The driving force behind this requirement will be the **results** of your findings from **Factor #1** – Number or Portion of LEP individuals served or likely to be encountered, **and Factor #2** – Frequency with which LEP persons come into contact with your services or programs.
- You can't refuse to provide language assistance services solely on the basis that you do not have someone on staff to work with LEP individuals.

Factor #4 - Continued

- **Services to consider in reducing the facility's use of its resources and costs include, but are not limited to:**
 - **Utilizing** advances in technology;
 - **Sharing** language assistance materials and services among and between other facilities, advocacy groups, telephone and video interpretation services, etc.;
 - **Training** bilingual staff to act as interpreters and translators;
 - **Pooling** resources and standardizing documents to reduce translation needs; and
 - **Using** qualified community volunteers.



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Ways to Provide Language Services

There are **two predominant** ways to **provide** language services:

- **Oral Interpretation** and
- **Written Translation.**
- The facility must provide **competent** interpreters in a **timely** manner.
- One clear guide for **timeliness** is that the facility must provide language assistance at a **time** and **place** that does **not** cause a **denial, delay**, or the **imposition** of an undue burden in the **receipt** of **important** rights, benefits, or services to the LEP individual.



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- In meeting this requirement, facilities will be responsible for providing auxiliary aides and services as needed.
- See [Handout #2](#) – LEP regulations at §92.101(b)(2) and §92.102(b)(1).

Using Interpreters

- **Interpreters provide **verbal** interpretation and may be:**
 - Dedicated staff interpreters.
 - Contracted interpreters.
 - Qualified bilingual staff.
 - Telephonic or Video-Remote Interpreters.
 - Community Volunteers.
- **Bilingual family members** often are **not** well equipped to interpret, and their use is **highly discouraged**.
- The use of a **minor child** is **not** permitted **unless** it is an emergency involving imminent threat to the safety or well-being of the individual and there is **no qualified interpreter immediately available**.



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- See also **Handout #2** – LEP Regulations at §92.101(b)(3)(4) and (c).

Written Translation

- **Translation** is the **replacement** of a **written text** from one language (the **source** language) into an **equivalent** written text in **another** language (the **target** language).
- The facility should **identify** which documents are "**vital**" documents, or those that "contain information that is **critical** for obtaining services they seek."
- Whether or not a document is "vital" **may depend** upon the **importance** of the program, information, encounter, or service involved, **and** the **consequence** to the LEP person if the information in question is **not** provided accurately or in a timely manner.
- It is **important** to that documents are **translated accurately** to ensure that the LEP individual can understand the content.



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- It is important to ensure, that once translated, the content is **conceptually**, **linguistically**, and **culturally** accurate.
- See also **Handout #2** – LEP Regulations at §92.101(b)(2)(ii); (b)(3)(ii).

Written Translation – cont'd

Vital documents may include, but are not limited to:

- Admission forms;
- Consent forms;
- Complaint/Grievance forms;
- Financial Payment Policies;
- Rights and Responsibilities;
- Medical and treatment instructions;
- Discharge summaries; and
- Advance Directives.



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Safe Harbor

The following actions will be considered strong evidence of compliance with the facility's written-translation obligations:

- The facility provides **written translations** of **vital** documents for each eligible LEP language group that constitutes **five percent or 1,000**, whichever is **less**, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or
- If there are **fewer than 50 persons** in a language group that reaches the **five percent trigger**, the facility does **not** translate **vital** written materials **but** provides **written notice** in the **primary** language of the LEP language group of the right to receive competent **oral interpretation** of those **written** materials, free of cost.



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- **Source:** HHS LEP Policy Guidance Document, December 2003 and Federal Register, Volume 70, No. 239, December 14, 2005.
- A “**safe harbor**” means that if a facility **provides** written translations under these circumstances, such action will be considered by the Office for Civil Rights (OCR) as strong evidence of compliance with the facility's written translation obligations under Title VI.
- The **failure** to provide written translations under the circumstances outlined above does **not** mean there is noncompliance.
- Rather, these circumstances merely provide a **guide** for facilities that would like greater **certainty** of compliance than can be provided by a fact-intensive, four-factor analysis.

Safe Harbor – cont'd

- **Safe harbor** provisions apply **ONLY** to the **translation** of **written** documents.
- Safe Harbor does **not** affect the **requirement** to provide **meaningful** access to LEP individuals through competent **oral interpreters** where an application of the **four factor test** leads to the determination that **oral** language services **are** needed and **are** reasonable.
- **Oral** interpretation of documents may **not** substitute for **translation** of **vital** written documents. **For example**, **oral** interpretation of the resident's rights and responsibilities may **not** substitute for a written **translation** of a document containing the rights and responsibilities and the consequences of violating such rights or responsibilities.



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Identifying LEP Individuals Who Need Language Assistance

The first **two factors** of the four-factor analysis **require** an **assessment** of the **number or proportion** of LEP individuals eligible to be served or encountered **and** the **frequency** of the encounters. This requires the facility to identify LEP persons with whom you have contact.

- **Consider** using "**Language Communication Cards**" or "**I Speak Cards**" which invite the LEP person to **identify** his or her language needs to staff.
- **If available**, use language information in **records** of past interactions with residents, representatives, family members, and members of the public.
- **Consider** posting notices in **commonly encountered** languages notifying LEP persons of the availability of language services.



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- You may want to consider MDS Item **A1100A and B – Languages**.
- See also **Handout #6** – I Speak Cards **and** **Handout #5** – LEP Assessment Checklist.

Identifying Language Assistance Measures

An **effective LEP policy** includes information about the ways in which language assistance will be provided.

When **identifying** language assistance measures, the following information should be considered:

- The types of language services available;
- How staff can obtain those services;
- How to respond to LEP callers;
- How to respond to written communications from LEP persons;
- How to respond to LEP individuals who have in-person contact with your staff; and
- How to ensure competency of interpreters and translation services.



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- See [Handout #3](#) – Language Assistance Service Policy Template.

Identifying Staff Training to be Provided

It is the **responsibility** of the facility to **ensure** that staff know their obligations to **provide** meaningful **access** to information and services for LEP residents, their representative, family members, and potential residents.

The facility's **training program** should ensure that:

- **Staff** know about LEP policies and procedures; and
- **Staff** that have **contact** with the public, residents, resident representative, family members, etc., **are** trained to work effectively with in-person and telephone interpreters.



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Notices

Once a **determination** has been made on the language services that will be **provided**, the facility should consider:

- Posting signs in appropriate languages in lobbies, admission and business offices, bulletin boards, dining and activity rooms, etc., that language services are available free of charge.
- Stating in documents such as brochures, booklets, websites, and other facility marketing information that language services are available.
- Using a telephone voice mail menu in the most common languages encountered.
- Including notices in local newspapers in languages other than English.



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Taglines

- Another way to provide notices is through the use of “taglines” on printed and electronic materials, as well as on the Home Page of your website.
- **Taglines** are designed to **inform** individuals with limited English proficiency (LEP) about the availability of language assistance services your facility provides.
- **Tagline Example Written in Spanish:**
 - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-555-555-1234 (TTY: 771).

If you speak Spanish, language assistance services are available free of charge. Call 555-555-1234 (TTY: 771) for assistance.



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- **Taglines** are short sentences written in non-English languages that indicate the availability of language assistance free of charge.
- The **current** rule **removed** the **15 language requirement** for taglines in written communication, marketing materials, notices, etc.
- The facility should provide **taglines** in their written communications, notices, websites, etc., in at least the top 5-6 common languages spoken in the area served.

Monitoring and Updating Your LEP Plan

- The facility should have a **process** for determining, on an **ongoing** basis, whether **new** documents, programs, services, and activities need to be made accessible for LEP individuals.
- When **changes** in services **occur**, the facility may want to provide **notice** of these changes to LEP individuals and employees.
- Also **ensure** that:
 - Complaint/Grievance **procedures** are in place; and
 - A QAPI/QAA **monitoring** process has been developed.



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- Facilities should monitor and/or update their language assistance program at least **annually** which should **include** a review of the Language Assessment Checklist ([Handout #5](#)) and the four factors which determines the extent of the facility's level of compliance.

Question and Answer Session



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PART 92—NONDISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY IN HEALTH PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE AND PROGRAMS OR ACTIVITIES ADMINISTERED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES UNDER TITLE I OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OR BY ENTITIES ESTABLISHED UNDER SUCH TITLE

Subpart A—General Provisions

Sec.

- 92.1 Purpose.
- 92.2 Nondiscrimination requirements.
- 92.3 Scope of application.
- 92.4 Assurances.
- 92.5 Enforcement mechanisms.
- 92.6 Relationship to other laws.

Subpart B—Specific Applications to Health Programs or Activities

- 92.101 Meaningful access for individuals with limited English proficiency.
- 92.102 Effective communication for individuals with disabilities.
- 92.103 Accessibility standards for buildings and facilities.
- 92.104 Accessibility of information and communication technology.
- 92.105 Requirement to make reasonable modifications.

Authority: 42 U.S.C. 18116; 5 U.S.C. 301, Pub. L. 100–259, 102 Stat. 28 (Mar. 22 1988); 42 U.S.C. 2000d *et seq.* (Title VI of the Civil Rights Act of 1964, as amended); 29 U.S.C. 794 (Section 504 of the Rehabilitation Act of 1973, as amended); 20 U.S.C. 1681 *et seq.* (Title IX of the Education Amendments of 1972, as amended); 42 U.S.C. 6101 *et seq.*; (Age Discrimination Act of 1975, as amended); *Lau v. Nichols*, 414 U.S. 563 (1974).

Subpart A—General Provisions

§ 92.1 Purpose.

The purpose of this part is to provide for the enforcement of section 1557 of the Patient Protection and Affordable Care Act, 42 U.S.C. 18116, prohibiting discrimination under any health program or activity receiving Federal financial assistance, or under any program or activity administered by an Executive agency, or by any entity established, under Title I of such law, on the grounds of race, color, national origin, sex, age, or disability, except as provided in Title I of such law (or any amendment thereto). Section 1557 requires the application of the enforcement mechanisms under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*), the Age Discrimination Act of 1975 (42 U.S.C.

6101 *et seq.*), and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) for purposes of violations of Section 1557 and this part.

§ 92.2 Nondiscrimination requirements.

(a) Except as provided in Title I of the Patient Protection and Affordable Care Act (or any amendment thereto), an individual shall not, on any of the grounds set forth in paragraph (b) of this section, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity, any part of which is receiving Federal financial assistance (including credits, subsidies, or contracts of insurance) provided by the U.S. Department of Health and Human Services; or under any program or activity administered by the Department under such Title; or under any program or activity administered by any entity established under such Title.

(b) The grounds are the grounds prohibited under the following statutes:

- (1) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et seq.*) (race, color, national origin);
- (2) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*) (sex);
- (3) The Age Discrimination Act of 1975 (42 U.S.C. 6101 *et seq.*) (age); or
- (4) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) (disability).

§ 92.3 Scope of application.

(a) Except as otherwise provided in this part, this part applies to

(1) Any health program or activity, any part of which is receiving Federal financial assistance (including credits, subsidies, or contracts of insurance) provided by the Department;

(2) Any program or activity administered by the Department under Title I of the Patient Protection and Affordable Care Act; or

(3) Any program or activity administered by any entity established under such Title.

(b) As used in this part, “health program or activity” encompasses all of the operations of entities principally engaged in the business of providing healthcare that receive Federal financial assistance as described in paragraph (a)(1) of this section. For any entity not principally engaged in the business of providing healthcare, the requirements applicable to a “health program or activity” under this part shall apply to such entity’s operations only to the extent any such operation receives Federal financial assistance as described in paragraph (a)(1) of this section.

(c) For purposes of this part, an entity principally or otherwise engaged in the

business of providing health insurance shall not, by virtue of such provision, be considered to be principally engaged in the business of providing healthcare.

(d) Any provision of this part held to be invalid or unenforceable by its terms, or as applied to any person or circumstance, shall be construed so as to continue to give maximum effect to the provision permitted by law, unless such holding shall be one of utter invalidity or unenforceability, in which event the provision shall be severable from this part and shall not affect the remainder thereof or the application of the provision to other persons not similarly situated or to other, dissimilar circumstances.

§ 92.4 Assurances.

(a) *Assurances.* An entity applying for Federal financial assistance to which this part applies shall, as a condition of any application for Federal financial assistance, submit an assurance, on a form specified by the Director of the Department's Office for Civil Rights, that the entity's health programs or activities will be operated in compliance with section 1557 and this part. A health insurance issuer seeking certification to participate in an Exchange or a State seeking approval to operate a State Exchange to which section 1557 or this part applies shall, as a condition of certification or approval, submit an assurance, on a form specified by the Director of the Department's Office for Civil Rights, that the health program or activity will be operated in compliance with section 1557 and this part. An applicant or entity may incorporate this assurance by reference in subsequent applications to the Department for Federal financial assistance or requests for certification to participate in an Exchange or approval to operate a State Exchange.

(b) *Duration of obligation.* The duration of the assurances required by this subpart is the same as the duration of the assurances required in the Department's regulations implementing section 504 at 45 CFR 84.5(b).

(c) *Covenants.* When Federal financial assistance is provided in the form of real property or interest, the same conditions apply as those contained in the Department's regulations implementing section 504 at 45 CFR 84.5(c), except that the nondiscrimination obligation applies to discrimination on all bases covered under section 1557 and this part.

§ 92.5 Enforcement mechanisms.

(a) The enforcement mechanisms provided for, and available under, Title VI of the Civil Rights Act of 1964 (42

U.S.C. 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*), the Age Discrimination Act of 1975 (42 U.S.C. 6101 *et seq.*), or Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), including under the Department's regulations implementing those statutes, shall apply for purposes of violations of § 92.2 of this part.

(b) The Director of the Office for Civil Rights has been delegated the authority to enforce 42 U.S.C. 18116 and this part, which includes the authority to handle complaints, initiate and conduct compliance reviews, conduct investigations, supervise and coordinate compliance within the Department, make enforcement referrals to the Department of Justice, in coordination with the Office of the General Counsel and the relevant component or components of the Department, and take other appropriate remedial action as the Director deems necessary, in coordination with the relevant component or components of the Department, and as allowed by law to overcome the effects of violations of 42 U.S.C. 18116 or of this part.

§ 92.6 Relationship to other laws.

(a) Nothing in this part shall be construed to invalidate or limit the rights, remedies, procedures, or legal standards available to individuals aggrieved under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et seq.*), Title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*), the Age Discrimination Act of 1975 (42 U.S.C. 6101 *et seq.*), or Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), or to supersede State laws that provide additional protections against discrimination on any basis described in § 92.2 of this part.

(b) Insofar as the application of any requirement under this part would violate, depart from, or contradict definitions, exemptions, affirmative rights, or protections provided by any of the statutes cited in paragraph (a) of this section or provided by the Architectural Barriers Act of 1968 (42 U.S.C. 4151 *et seq.*); the Americans with Disabilities Act of 1990, as amended by the Americans with Disabilities Act Amendments Act of 2008 (42 U.S.C. 12181 *et seq.*), Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d), the Coats-Snowe Amendment (42 U.S.C. 238n), the Church Amendments (42 U.S.C. 300a-7), the Religious Freedom Restoration Act (42 U.S.C. 2000bb *et seq.*), Section 1553 of the Patient Protection and

Affordable Care Act (42 U.S.C. 18113), Section 1303 of the Patient Protection and Affordable Care Act (42 U.S.C. 18023), the Weldon Amendment (Consolidated Appropriations Act, 2019, Pub. L. 115-245, Div. B sec. 209 and sec. 506(d) (Sept. 28, 2018)), or any related, successor, or similar Federal laws or regulations, such application shall not be imposed or required.

Subpart B—Specific Applications to Health Programs or Activities

§ 92.101 Meaningful access for individuals with limited English proficiency.

(a) Any entity operating or administering a health program or activity subject to this part shall take reasonable steps to ensure meaningful access to such programs or activities by limited English proficient individuals.

(b) *Specific applications*—(1) *Enforcement discretion.* In evaluating whether any entity to which paragraph (a) of this section applies has complied with paragraph (a) of this section, the Director of the Department's Office for Civil Rights may assess how such entity balances the following four factors:

(i) The number or proportion of limited English proficient individuals eligible to be served or likely to be encountered in the eligible service population;

(ii) The frequency with which LEP individuals come in contact with the entity's health program, activity, or service;

(iii) The nature and importance of the entity's health program, activity, or service; and

(iv) The resources available to the entity and costs.

(2) *Language assistance services requirements.* Where paragraph (a) of this section, in light of the entity's individualized assessment of the four factors set forth in paragraph (b)(1) of this section, requires the provision of language assistance services, such services must be provided free of charge, be accurate and timely, and protect the privacy and independence of the individual with limited English proficiency. Language assistance services may include:

(i) Oral language assistance, including interpretation in non-English languages provided in-person or remotely by a qualified interpreter for an individual with limited English proficiency, and the use of qualified bilingual or multilingual staff to communicate directly with individuals with limited English proficiency; and

(ii) Written translation, performed by a qualified translator, of written content in paper or electronic form into languages other than English.

(3) *Specific requirements for interpreter and translation services.* (i) Where paragraph (a) of this section, in light of the entity's individualized assessment of the four factors set forth in paragraph (b)(1) of this section, requires the provision of interpreter services, they must be provided by an interpreter who:

(A) Adheres to generally accepted interpreter ethics principles, including client confidentiality;

(B) Has demonstrated proficiency in speaking and understanding at least spoken English and the spoken language in need of interpretation; and

(C) Is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

(ii) Where paragraph (a) of this section, in light of the entity's individualized assessment of the four factors set forth in paragraph (b)(1) of this section, requires the provision of translation services for written content (in paper or electronic form), they must be provided by a translator who:

(A) Adheres to generally accepted translator ethics principles, including client confidentiality;

(B) Has demonstrated proficiency in writing and understanding at least written English and the written language in need of translation; and

(C) Is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

(iii) If remote audio interpreting services are required to comply with paragraph (a) of this section, in light of the entity's individualized assessment of the four factors set forth in paragraph (b)(1) of this section, the entity to which section 1557 applies (as defined in § 92.3 of this part) shall provide:

(A) Real-time, audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality audio without lags or irregular pauses in communication;

(B) A clear, audible transmission of voices; and

(C) Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the remote interpreting services.

(4) *Restricted use of certain persons to interpret or facilitate communication.* If an entity is required by paragraph (a) of this section, in light of the entity's individualized assessment of the four factors set forth in paragraph (b)(1) of

this section, to provide interpretation services, such entity shall not:

(i) Require an individual with limited English proficiency to provide his or her own interpreter;

(ii) Rely on an adult accompanying an individual with limited English proficiency to interpret or facilitate communication, except

(A) In an emergency involving an imminent threat to the safety or welfare of an individual or the public, where there is no qualified interpreter for the individual with limited English proficiency immediately available; or

(B) Where the individual with limited English proficiency specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances;

(iii) Rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public, where there is no qualified interpreter for the individual with limited English proficiency immediately available; or

(iv) Rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with limited English proficiency.

(c) *Acceptance of language assistance services is not required.* Nothing in this section shall be construed to require an individual with limited English proficiency to accept language assistance services.

§ 92.102 Effective communication for individuals with disabilities.

(a) Any entity operating or administering a program or activity under this part shall take appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with others in such programs or activities, in accordance with the standards found at 28 CFR 35.160 through 35.164. Where the regulatory provisions referenced in this section use the term "public entity," the term "entity" shall apply in its place.

(b) A recipient or State Exchange shall provide appropriate auxiliary aids and services, including interpreters and information in alternate formats, to individuals with impaired sensory, manual, or speaking skills, where necessary to afford such persons an equal opportunity to benefit from the service in question.

(1) Auxiliary aids and services include:

(i) Interpreters on-site or through video remote interpreting (VRI) services, as defined in 28 CFR 35.104 and 36.303(f); note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunication products and systems, text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible information and communication technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing; and

(ii) Readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs; large print materials; accessible information and communication technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.

(2) When an entity is required to provide an interpreter under paragraph (b) of this section, the interpreting service shall be provided to individuals free of charge and in a timely manner, via a remote interpreting service or an onsite appearance, by an interpreter who

(i) Adheres to generally accepted interpreter ethics principles, including client confidentiality; and

(ii) Is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, terminology and phraseology.

(3) An interpreter for an individual with a disability for purposes of this section can include, for example, sign language interpreters, oral transliterators (individuals who represent or spell in the characters of another alphabet), and cued language transliterators (individuals who represent or spell by using a small number of handshapes).

(c) Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment, as defined and construed in the Rehabilitation Act, 29 U.S.C. 705(9)(B), which incorporates the definition of disability in the Americans

with Disabilities Act (ADA), as amended (42 U.S.C. 12102 *et seq.*). Where this part cross-references regulatory provisions that use the term “handicap,” “handicap” means “disability” as defined in this section.

§ 92.103 Accessibility standards for buildings and facilities.

(a) Each facility or part of a facility in which health programs or activities are conducted that is constructed or altered by or on behalf of, or for the use of, a recipient or State Exchange shall comply with the 2010 Standards, if the construction or alteration was commenced after July 18, 2016, except that if a facility or part of a facility in which health programs or activities are conducted that is constructed or altered by or on behalf of, or for the use of, a recipient or State Exchange, was not covered by the 2010 Standards prior to July 18, 2016, such facility or part of a facility shall comply with the 2010 Standards if the construction was commenced after January 18, 2018. Departures from particular technical and scoping requirements by the use of other methods are permitted where substantially equivalent or greater access to and usability of the facility is provided. All newly constructed or altered buildings or facilities subject to this section shall comply with the requirements for a “public building or facility” as defined in section 106.5 of the 2010 Standards.

(b) Each facility or part of a facility in which health programs or activities under this part are conducted that is constructed or altered by or on behalf of, or for the use of, a recipient or State Exchange in conformance with the 1991 Standards at appendix D to 28 CFR part 36 or the 2010 Standards shall be deemed to comply with the requirements of this section and with 45 CFR 84.23(a) and (b) with respect to those facilities, if the construction or alteration was commenced on or before July 18, 2016. Each facility or part of a facility in which health programs or activities are conducted that is constructed or altered by or on behalf of, or for the use of, a recipient or State Exchange in conformance with UFAS shall be deemed to comply with the requirements of this section and with 45 CFR 84.23(a) and (b), if the construction was commenced on or before July 18, 2016 and such facility was not covered by the 1991 Standards or 2010 Standards.

(c) For purposes of this part:

(1) “1991 Standards” refers to the 1991 Americans with Disabilities Act Standards for Accessible Design at appendix D to 28 CFR part 36.

(2) “2010 Standards” refers to the 2010 ADA Standards for Accessible Design, as defined in 28 CFR 35.104.

(3) “UFAS” refers to the Uniform Federal Accessibility Standards as promulgated in 49 FR 31528 (Aug. 7, 1984).

§ 92.104 Accessibility of information and communication technology.

(a) Entities required to comply with § 92.2, unless otherwise exempted by this part, shall ensure that their health programs or activities provided through information and communication technology are accessible to individuals with disabilities, unless doing so would result in undue financial and administrative burdens or a fundamental alteration in the nature of the health programs or activities. When undue financial and administrative burdens or a fundamental alteration exist, the covered entity shall provide information in a format other than an electronic format that would not result in such undue financial and administrative burdens or a fundamental alteration, but would ensure, to the maximum extent possible, that individuals with disabilities receive the benefits or services of the health program or activity that are provided through information and communication technology.

(b) A recipient or State Exchange shall ensure that its health programs or activities provided through websites comply with the requirements of Title II of the Americans with Disabilities Act (42 U.S.C. 12131 through 12165).

(c) For purposes of this part, “information and communication technology” (ICT) means information technology and other equipment, systems, technologies, or processes, for which the principal function is the creation, manipulation, storage, display, receipt, or transmission of electronic data and information, as well as any associated content. Examples of ICT include computers and peripheral equipment; information kiosks and transaction machines; telecommunications equipment; customer premises equipment; multifunction office machines; software; applications; websites; videos; and, electronic documents.

§ 92.105 Requirement to make reasonable modifications.

Any entity to which section 1557 applies (as defined in § 92.3 of this part) shall make reasonable modifications to its policies, practices, or procedures when such modifications are necessary to avoid discrimination on the basis of disability, unless the covered entity can

demonstrate that making the modifications would fundamentally alter the nature of the health program or activity. For the purposes of this section, the term “reasonable modifications” shall be interpreted in a manner consistent with the term as set forth in the regulation promulgated under Title II of the Americans with Disabilities Act, at 28 CFR 35.130(b)(7).

*This **Template** is Provided Courtesy of TeamTSI*

Language Assistance Services

Policy and Procedure Template

POLICY:

1. Our facility will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs, and other benefits.
2. The purpose of our policy is to ensure meaningful communication with LEP residents and their authorized representatives involving their medical conditions and treatment.
3. This policy also provides for communication of information contained in vital documents, including but not limited to, consent to treatment forms, financial and insurance benefit forms, etc., including those documents applicable to our facility.
4. All interpreters, translators and other aids needed to comply with this policy will be provided without cost to the person being served, and residents and their families will be informed of the availability of such assistance free of charge.
5. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services.
6. All staff will be provided notice of this policy and procedure through orientation and training programs, posted notices, etc., and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.
7. Our facility will conduct an annual review of the language access needs of our resident population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

IDENTIFYING LEP PERSONS AND THEIR LANGUAGE NEEDS:

1. Our facility will promptly identify the language and communication needs of the LEP person.
2. If necessary, staff will use a language identification card (or “I speak cards,” or posters to determine the language.
3. In addition, when records are kept of past interactions with residents or family members, the language used to communicate with the LEP person will be included as part of the record (e.g., MDS item A1100A and B).

OBTAINING A QUALIFIED INTEPRETER:

1. Our facility’s Social Services Director, or other designated individual, is responsible for:
 - a. Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff. A copy of the listing is available in the admission’s office and business office.
 - b. Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret.

- c. Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language.
2. Our facility has made arrangements with the following agency to provide qualified interpreter services:

_____ (Agency Name)
 _____ (Telephone Number(s))
 _____ (Hours of Availability)

3. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility.
4. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered.
5. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.
6. Children and other residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

PROVIDING WRITTEN TRANSLATIONS:

1. When translation of vital documents is needed, each department in our facility will submit documents for translation into frequently encountered languages to the Social Services Director, or other designated individual.
2. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.
3. Our facility will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.
4. Our facility will set benchmarks for translation of vital documents into additional languages over time.

PROVIDING NOTICE TO LEP PERSONS:

1. Our facility will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand.
2. At a minimum, notices and signs will be posted and provided in lobbies, recreational areas, on resident bulletin boards, and other points of entry as necessary.
3. Notification may also be provided through one or more of the following:
 - a. Outreach documents;
 - b. Telephone voice mail menus;
 - c. Local newspapers, radio and television stations; and/or
 - d. Community-based organizations.

MONITORING LANGUAGE NEEDS AND IMPLEMENTATION:

1. On an ongoing basis, our facility will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures.
2. In addition, our facility will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from residents, resident representative, family members, and community organizations, etc.

Resource for Entities Covered by Section 1557 of the Affordable Care Act

Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency for the 50 States, the District of Columbia, and the U.S. Territories.

August 2016

Rank	State	Language	Estimate
1	AL	Spanish	75,000
2	AL	Chinese	5,405
3	AL	Korean	4,554
4	AL	Vietnamese	3,708
5	AL	Arabic	1,440
6	AL	German	1,411
7	AL	French	1,278
8	AL	Gujarati	888
9	AL	Tagalog	856
10	AL	Hindi	818
11	AL	Laotian	681
12	AL	Russian	586
13	AL	Portuguese	516
14	AL	Turkish*	505
15	AL	Japanese	484
1	AK	Tagalog	7,021
2	AK	Spanish	5,975
3	AK	Korean	2,219
4	AK	Hmong	1,944
5	AK	Russian	1,392
6	AK	Chinese	1,008
7	AK	Samoan*	870
8	AK	Laotian	743
9	AK	Japanese	737
10	AK	Ilocano*	535
11	AK	Vietnamese	516
12	AK	Ukrainian*	505
13	AK	Thai	474
14	AK	German	247
15	AK	Polish	223
1	AZ	Spanish	457,022
2	AZ	Navajo	20,627
3	AZ	Chinese	14,028
4	AZ	Vietnamese	12,996
5	AZ	Arabic	7,166
6	AZ	Tagalog	6,109
7	AZ	Korean	4,759
8	AZ	French	2,978
9	AZ	German	2,896
10	AZ	Russian	2,353
11	AZ	Japanese	2,308
12	AZ	Persian (Farsi)	2,262
13	AZ	Syriac*	2,110
14	AZ	Serbo-Croatian*	2,000
15	AZ	Thai	1,779

Rank	State	Language	Estimate
1	AR	Spanish	68,847
2	AR	Vietnamese	3,088
3	AR	Marshallese*	2,615
4	AR	Chinese	2,358
5	AR	Laotian	1,701
6	AR	Tagalog	1,074
7	AR	Arabic	986
8	AR	German	799
9	AR	French	670
10	AR	Hmong	574
11	AR	Korean	550
12	AR	Portuguese	442
13	AR	Japanese	432
14	AR	Hindi	376
15	AR	Gujarati	324
1	CA	Spanish	4,490,408
2	CA	Chinese	610,934
3	CA	Vietnamese	316,886
4	CA	Tagalog	260,443
5	CA	Korean	218,938
6	CA	Armenian	94,516
7	CA	Persian (Farsi)	74,437
8	CA	Russian	73,133
9	CA	Japanese	63,441
10	CA	Arabic	62,500
11	CA	Panjabi*	53,335
12	CA	Mon-Khmer, Cambodian	41,476
13	CA	Hmong	34,953
14	CA	Hindi	31,256
15	CA	Thai	27,573
1	CO	Spanish	226,453
2	CO	Vietnamese	12,078
3	CO	Chinese	10,489
4	CO	Korean	8,475
5	CO	Russian	6,405
6	CO	Amharic*	4,200
7	CO	Arabic	4,093
8	CO	German	2,856
9	CO	French	2,528
10	CO	Nepali*	2,095
11	CO	Tagalog	2,055
12	CO	Japanese	1,635
13	CO	Cushite*	1,610
14	CO	Persian (Farsi)	1,280
15, 16, 17	CO	Kru (Bassa), Ibo, and Yoruba*	1,220
1	CT	Spanish	156,861
2	CT	Portuguese	16,008
3	CT	Polish	15,109
4	CT	Chinese	13,409
5	CT	Italian	10,037

Rank	State	Language	Estimate
6	CT	French	7,501
7	CT	French Creole (Haitian Creole)	5,567
8	CT	Russian	4,916
9	CT	Vietnamese	4,681
10	CT	Arabic	3,805
11	CT	Korean	3,535
12	CT	Albanian*	3,295
13	CT	Hindi	2,930
14	CT	Tagalog	2,639
15	CT	Greek	2,242
1	DE	Spanish	25,069
2	DE	Chinese	3,265
3	DE	French Creole (Haitian Creole)	1,281
4	DE	Gujarati	1,104
5	DE	French	729
6	DE	Korean	709
7	DE	Italian	614
8	DE	Vietnamese	532
9	DE	German	491
10	DE	Tagalog	418
11	DE	Hindi	406
12	DE	Urdu	362
13	DE	Arabic	348
14	DE	Telugu*	315
15	DE	Dutch*	290
1	DC	Spanish	17,465
2	DC	Amharic*	2,475
3	DC	Chinese	2,070
4	DC	French	1,824
5	DC	Tagalog	627
6	DC	Russian	552
7	DC	Portuguese	475
8	DC	Italian	432
9	DC	Vietnamese	389
10, 11, 12	DC	Kru (Bassa), Ibo, and Yoruba*	360
13	DC	Bengali*	305
14	DC	Japanese	281
15	DC	Korean	240
16	DC	Thai	230
17	DC	German	217
1	FL	Spanish	1,640,329
2	FL	French Creole (Haitian Creole)	172,555
3	FL	Vietnamese	35,602
4	FL	Portuguese	33,193
5	FL	Chinese	33,151
6	FL	French	29,811
7	FL	Tagalog	17,755
8	FL	Russian	16,572
9	FL	Arabic	15,490
10	FL	Italian	13,210

Rank	State	Language	Estimate
11	FL	German	11,442
12	FL	Korean	9,686
13	FL	Polish	9,020
14	FL	Gujarati	5,850
15	FL	Thai	5,259
1	GA	Spanish	342,161
2	GA	Vietnamese	26,867
3	GA	Korean	25,239
4	GA	Chinese	23,196
5	GA	Gujarati	6,945
6	GA	French	6,923
7	GA	Amharic*	5,585
8	GA	Hindi	5,381
9	GA	French Creole (Haitian Creole)	5,169
10	GA	Russian	5,146
11	GA	Arabic	4,485
12	GA	Portuguese	3,623
13	GA	Persian (Farsi)	3,618
14	GA	German	3,394
15	GA	Japanese	3,114
1	HI	Ilocano*	33,085
2	HI	Tagalog	31,449
3	HI	Japanese	21,288
4	HI	Chinese	19,649
5	HI	Korean	11,595
6	HI	Spanish	6,974
7	HI	Vietnamese	6,349
8	HI	Samoan*	4,400
9	HI	Marshallese*	3,840
10	HI	Trukese*	3,410
11	HI	Hawaiian*	3,010
12	HI	Micronesian*	2,210
13	HI	Bisayan*	1,640
14	HI	Tongan*	1,515
15	HI	Laotian	1,362
1	ID	Spanish	47,041
2	ID	Chinese	1,798
3	ID	Serbo-Croatian*	815
4	ID	Korean	767
5	ID	Nepali*	715
6	ID	Vietnamese	630
7	ID	Arabic	628
8	ID	German	588
9	ID	Tagalog	562
10	ID	Russian	481
11	ID	French	449
12	ID	Japanese	395
13	ID	Romanian*	315
14	ID	Bantu*	305
15	ID	Persian (Farsi)	296

Rank	State	Language	Estimate
1	IL	Spanish	694,457
2	IL	Polish	90,066
3	IL	Chinese	52,736
4	IL	Korean	25,762
5	IL	Tagalog	23,742
6	IL	Arabic	19,749
7	IL	Russian	19,419
8	IL	Gujarati	17,728
9	IL	Urdu	12,001
10	IL	Vietnamese	11,973
11	IL	Italian	10,319
12	IL	Hindi	9,862
13	IL	French	8,435
14	IL	Greek	8,392
15	IL	German	7,481
1	IN	Spanish	121,383
2	IN	Chinese	14,737
3	IN	German	7,565
4	IN	Pennsylvanian Dutch*	4,600
5	IN	Burmese*	4,320
6	IN	Arabic	3,783
7	IN	Korean	3,729
8	IN	Vietnamese	3,434
9	IN	French	2,835
10	IN	Japanese	2,679
11	IN	Dutch*	2,595
12	IN	Tagalog	1,887
13	IN	Russian	1,759
14	IN	Panjabi*	1,755
15	IN	Hindi	1,712
1	IA	Spanish	49,357
2	IA	Chinese	6,025
3	IA	Vietnamese	4,552
4	IA	Serbo-Croatian*	3,795
5	IA	German	2,624
6	IA	Arabic	2,213
7	IA	Laotian	1,997
8	IA	Korean	1,950
9	IA	Hindi	1,078
10	IA	French	937
11	IA	Pennsylvanian Dutch*	875
12	IA	Thai	872
13	IA	Tagalog	789
14	IA	Karen*	780
15	IA	Russian	614
1	KS	Spanish	83,374
2	KS	Vietnamese	7,435
3	KS	Chinese	5,876
4	KS	German	2,202
5	KS	Korean	2,022

Rank	State	Language	Estimate
6	KS	Laotian	1,998
7	KS	Arabic	1,647
8	KS	Tagalog	1,223
9	KS	Burmese*	830
10	KS	French	786
11	KS	Japanese	777
12	KS	Russian	748
13	KS	Hmong	590
14	KS	Persian (Farsi)	549
15	KS	Swahili*	525
1	KY	Spanish	48,275
2	KY	Chinese	4,565
3	KY	German	3,138
4	KY	Vietnamese	3,076
5	KY	Arabic	3,004
6	KY	Serbo-Croatian*	2,545
7	KY	Japanese	2,320
8	KY	French	1,914
9	KY	Korean	1,739
10	KY	Pennsylvanian Dutch*	1,255
11	KY	Nepali*	1,185
12	KY	Cushite*	1,060
13	KY	Russian	875
14	KY	Tagalog	589
15	KY	Bantu*	580
1	LA	Spanish	69,262
2	LA	French	17,467
3	LA	Vietnamese	15,024
4	LA	Chinese	5,462
5	LA	Arabic	2,460
6	LA	Tagalog	1,567
7	LA	Korean	1,271
8	LA	Portuguese	1,048
9	LA	Laotian	836
10	LA	Japanese	719
11	LA	Urdu	604
12	LA	German	562
13	LA	Persian (Farsi)	475
14	LA	Russian	470
15	LA	Thai	411
1	ME	French	8,381
2	ME	Spanish	2,583
3	ME	Chinese	1,490
4	ME	Cushite*	1,285
5	ME	Vietnamese	1,191
6	ME	Arabic	880
7	ME	Mon-Khmer, Cambodian	567
8	ME	Russian	489
9	ME	Tagalog	486
10	ME	German	385

Rank	State	Language	Estimate
11	ME	Thai	307
12	ME	Nilotic*	290
13	ME	Korean	221
14	ME	Polish	200
15	ME	Japanese	162
1	MD	Spanish	174,142
2	MD	Chinese	29,766
3	MD	Korean	21,344
4	MD	Vietnamese	12,905
5	MD	French	12,695
6	MD	Tagalog	10,644
7	MD	Russian	8,713
8	MD	Amharic*	7,435
9, 10, 11	MD	Kru (Bassa), Ibo, and Yoruba*	5,605
12	MD	Urdu	5,456
13	MD	Persian (Farsi)	4,756
14	MD	French Creole (Haitian Creole)	3,854
15	MD	Portuguese	3,496
16	MD	Arabic	3,363
17	MD	Gujarati	3,270
1	MA	Spanish	219,004
2	MA	Portuguese	81,920
3	MA	Chinese	59,573
4	MA	French Creole (Haitian Creole)	30,607
5	MA	Vietnamese	24,785
6	MA	Russian	15,633
7	MA	Arabic	13,726
8	MA	Mon-Khmer, Cambodian	12,262
9	MA	French	11,221
10	MA	Italian	10,022
11	MA	Korean	7,725
12	MA	Greek	6,453
13	MA	Polish	6,240
14	MA	Hindi	3,552
15	MA	Gujarati	3,543
1	MI	Spanish	93,487
2	MI	Arabic	50,019
3	MI	Chinese	20,265
4	MI	Syriac*	11,725
5	MI	Vietnamese	9,173
6	MI	Albanian*	8,895
7	MI	Korean	8,479
8	MI	Bengali*	7,110
9	MI	Polish	6,508
10	MI	German	6,385
11	MI	Italian	5,720
12	MI	Japanese	5,543
13	MI	Russian	5,107
14	MI	Serbo-Croatian*	4,470
15	MI	Tagalog	4,453

Rank	State	Language	Estimate
1	MN	Spanish	83,799
2	MN	Hmong	24,584
3	MN	Cushite*	18,500
4	MN	Vietnamese	13,241
5	MN	Chinese	9,922
6	MN	Russian	6,463
7	MN	Laotian	5,053
8	MN	Amharic*	4,395
9	MN	Karen*	4,045
10	MN	German	4,032
11	MN	Mon-Khmer, Cambodian	3,691
12	MN	Arabic	3,251
13	MN	French	3,187
14	MN	Korean	2,146
15	MN	Tagalog	1,800
1	MS	Spanish	28,414
2	MS	Vietnamese	3,687
3	MS	Chinese	2,298
4	MS	French	969
5	MS	Arabic	908
6	MS	Choctaw*	800
7	MS	Tagalog	699
8	MS	German	696
9	MS	Korean	662
10	MS	Gujarati	419
11	MS	Japanese	273
12	MS	Russian	224
13	MS	Panjabi*	190
14	MS	Italian	186
15	MS	Hindi	148
1	MO	Spanish	54,023
2	MO	Chinese	10,426
3	MO	Vietnamese	7,399
4	MO	Serbo-Croatian*	6,045
5	MO	German	5,476
6	MO	Arabic	4,383
7	MO	Korean	4,183
8	MO	Russian	3,831
9	MO	French	2,596
10	MO	Tagalog	2,067
11	MO	Pennsylvanian Dutch*	1,685
12	MO	Persian (Farsi)	1,094
13	MO	Cushite*	1,000
14	MO	Portuguese	938
15	MO	Amharic*	915
1	MT	Spanish	3,129
2	MT	German	1,030
3	MT	Chinese	709
4	MT	Japanese	433
5	MT	Tagalog	312

Rank	State	Language	Estimate
6	MT	French	306
7	MT	Russian	266
8	MT	Korean	256
9	MT	Arabic	171
10	MT	Thai	132
11	MT	Norwegian*	115
12	MT	Vietnamese	106
13	MT	Ukrainian*	95
14	MT	Pennsylvanian Dutch*	80
15	MT	Italian	56
1	NE	Spanish	57,612
2	NE	Vietnamese	4,973
3	NE	Chinese	2,504
4	NE	Arabic	2,161
5	NE	Karen*	1,465
6	NE	French	1,244
7	NE	Cushite*	1,110
8	NE	German	759
9	NE	Korean	728
10	NE	Nepali*	715
11	NE	Russian	651
12	NE	Laotian	474
13	NE	Kurdish*	410
14	NE	Persian (Farsi)	392
15	NE	Japanese	388
1	NV	Spanish	229,155
2	NV	Tagalog	21,723
3	NV	Chinese	16,103
4	NV	Korean	6,342
5	NV	Vietnamese	5,068
6	NV	Amharic*	3,915
7	NV	Thai	3,348
8	NV	Japanese	2,445
9	NV	Arabic	1,945
10	NV	Russian	1,757
11	NV	French	1,734
12	NV	Persian (Farsi)	1,344
13	NV	Samoan*	1,315
14	NV	German	1,156
15	NV	Ilocano*	795
1	NH	Spanish	9,708
2	NH	French	4,372
3	NH	Chinese	2,621
4	NH	Nepali*	1,550
5	NH	Vietnamese	1,338
6	NH	Portuguese	998
7	NH	Greek	713
8	NH	Arabic	664
9	NH	Serbo-Croatian*	655
10	NH	Indonesian*	565

Rank	State	Language	Estimate
11	NH	Korean	534
12	NH	Russian	500
13	NH	French Creole (Haitian Creole)	353
14	NH	Bantu*	345
15	NH	Polish	344
1	NJ	Spanish	598,155
2	NJ	Chinese	52,343
3	NJ	Korean	41,424
4	NJ	Portuguese	36,578
5	NJ	Gujarati	29,495
6	NJ	Polish	29,060
7	NJ	Italian	23,336
8	NJ	Arabic	22,488
9	NJ	Tagalog	21,205
10	NJ	Russian	18,816
11	NJ	French Creole (Haitian Creole)	18,642
12	NJ	Hindi	14,913
13	NJ	Vietnamese	12,659
14	NJ	French	9,881
15	NJ	Urdu	8,280
1	NM	Spanish	152,981
2	NM	Navajo	10,292
3	NM	Vietnamese	2,727
4	NM	German	1,488
5	NM	Chinese	2,205
6	NM	Arabic	766
7	NM	Korean	717
8	NM	Tagalog	697
9	NM	Japanese	563
10	NM	French	548
11	NM	Italian	390
12	NM	Russian	319
13	NM	Hindi	275
14	NM	Persian (Farsi)	271
15	NM	Thai	238
1	NY	Spanish	1,240,490
2	NY	Chinese	350,976
3	NY	Russian	130,296
4	NY	French Creole (Haitian Creole)	68,509
5	NY	Korean	61,833
6	NY	Italian	58,200
7	NY	Yiddish	53,052
8	NY	Bengali*	48,980
9	NY	Polish	40,883
10	NY	Arabic	36,053
11	NY	French	32,900
12	NY	Urdu	29,109
13	NY	Tagalog	22,095
14	NY	Greek	19,521
15	NY	Albanian*	17,010

Rank	State	Language	Estimate
1	NC	Spanish	329,155
2	NC	Chinese	14,502
3	NC	Vietnamese	14,257
4	NC	Korean	7,473
5	NC	French	6,338
6	NC	Arabic	5,494
7	NC	Hmong	3,804
8	NC	Russian	3,420
9	NC	Tagalog	3,339
10	NC	Gujarati	3,338
11	NC	Mon-Khmer, Cambodian	2,607
12	NC	German	2,578
13	NC	Hindi	2,428
14	NC	Laotian	2,346
15	NC	Japanese	2,335
1	ND	Spanish	1,984
2	ND	German	1,452
3	ND	Chinese	807
4	ND	Cushite*	685
5	ND	Vietnamese	497
6	ND	Bantu*	410
7	ND	Arabic	331
8	ND	Swahili*	245
9	ND	Russian	243
10	ND	Japanese	210
11	ND	Nepali*	190
12	ND	French	184
13	ND	Korean	181
14	ND	Tagalog	173
15	ND	Norwegian*	170
1	OH	Spanish	88,196
2	OH	Chinese	20,651
3	OH	German	13,583
4	OH	Arabic	12,864
5	OH	Pennsylvanian Dutch*	10,900
6	OH	Russian	8,141
7	OH	French	6,525
8	OH	Vietnamese	6,438
9	OH	Cushite*	5,820
10	OH	Korean	5,516
11	OH	Italian	4,766
12	OH	Japanese	4,709
13	OH	Dutch*	4,255
14	OH	Ukrainian*	3,735
15	OH	Romanian*	3,055
1	OK	Spanish	104,866
2	OK	Vietnamese	9,131
3	OK	Chinese	4,498
4	OK	Korean	2,267
5	OK	German	1,477

Rank	State	Language	Estimate
6	OK	Arabic	1,403
7	OK	Burmese*	1,110
8	OK	Hmong	1,084
9	OK	Tagalog	1,003
10	OK	French	906
11	OK	Laotian	881
12	OK	Thai	739
13	OK	Urdu	698
14	OK	Cherokee*	695
15	OK	Persian (Farsi)	694
1	OR	Spanish	140,093
2	OR	Vietnamese	15,643
3	OR	Chinese	13,886
4	OR	Russian	9,547
5	OR	Korean	5,322
6	OR	Ukrainian*	3,065
7	OR	Japanese	3,036
8	OR	Arabic	2,610
9	OR	Romanian*	2,350
10	OR	Mon-Khmer, Cambodian	1,666
11	OR	Cushite*	1,580
12	OR	German	1,459
13	OR	Persian (Farsi)	1,342
14	OR	French	1,241
15	OR	Thai	1,208
1	PA	Spanish	215,529
2	PA	Chinese	43,089
3	PA	Vietnamese	23,912
4	PA	Russian	17,418
5	PA	Pennsylvanian Dutch*	16,510
6	PA	Korean	14,783
7	PA	Italian	12,079
8	PA	Arabic	11,150
9	PA	French	9,751
10	PA	German	9,444
11	PA	Gujarati	7,231
12	PA	Polish	7,030
13	PA	French Creole (Haitian Creole)	6,849
14	PA	Mon-Khmer, Cambodian	6,820
15	PA	Portuguese	5,087
1	RI	Spanish	48,872
2	RI	Portuguese	12,291
3	RI	Chinese	3,616
4	RI	French Creole (Haitian Creole)	2,610
5	RI	Mon-Khmer, Cambodian	2,397
6	RI	French	1,922
7	RI	Italian	1,739
8	RI	Laotian	1,387
9	RI	Arabic	1,259
10	RI	Russian	930

Rank	State	Language	Estimate
11	RI	Vietnamese	808
12, 13, 14	RI	Kru (Bassa), Ibo, and Yoruba*	795
15	RI	Polish	766
16	RI	Korean	652
17	RI	Tagalog	620
1	SC	Spanish	91,878
2	SC	Chinese	5,355
3	SC	Vietnamese	3,766
4	SC	Korean	2,446
5	SC	French	2,187
6	SC	Tagalog	2,108
7	SC	Russian	1,945
8	SC	German	1,712
9	SC	Gujarati	1,575
10	SC	Arabic	1,531
11	SC	Portuguese	1,248
12	SC	Japanese	1,134
13	SC	Ukrainian*	940
14	SC	Hindi	647
15	SC	Mon-Khmer, Cambodian	596
1	SD	Spanish	6,600
2	SD	German	972
3	SD	Chinese	820
4	SD	Karen*	750
5	SD	Vietnamese	455
6	SD	Nepali*	370
7	SD	Serbo-Croatian*	325
8	SD	Amharic*	315
9	SD	Sudanic*	315
10	SD	Tagalog	277
11	SD	Korean	252
12	SD	Russian	250
13	SD	Cushite*	240
14	SD	Ukrainian*	235
15	SD	French	205
1	TN	Spanish	111,267
2	TN	Arabic	7,880
3	TN	Chinese	6,462
4	TN	Vietnamese	6,361
5	TN	Korean	3,969
6	TN	French	2,544
7	TN	Laotian	2,418
8	TN	Amharic*	1,995
9	TN	German	1,895
10	TN	Gujarati	1,825
11	TN	Japanese	1,814
12	TN	Tagalog	1,635
13	TN	Hindi	1,346
14	TN	Russian	1,319
15	TN	Persian (Farsi)	1,224

Rank	State	Language	Estimate
1	TX	Spanish	2,966,475
2	TX	Vietnamese	115,640
3	TX	Chinese	71,139
4	TX	Korean	30,852
5	TX	Arabic	22,002
6	TX	Urdu	18,041
7	TX	Tagalog	17,982
8	TX	French	12,673
9	TX	Hindi	12,656
10	TX	Persian (Farsi)	11,610
11	TX	German	10,664
12	TX	Gujarati	9,864
13	TX	Russian	7,004
14	TX	Japanese	6,620
15	TX	Laotian	5,709
1	UT	Spanish	99,208
2	UT	Chinese	5,825
3	UT	Vietnamese	4,190
4	UT	Korean	1,835
5	UT	Navajo	1,450
6	UT	Nepali*	1,405
7	UT	Tongan*	1,330
8	UT	Serbo-Croatian*	1,330
9	UT	Tagalog	1,319
10	UT	German	1,289
11	UT	Russian	1,287
12	UT	Arabic	1,225
13	UT	Mon-Khmer, Cambodian	1,152
14	UT	French	1,132
15	UT	Japanese	1,127
1	VT	French	1,583
2	VT	Spanish	1,501
3	VT	Chinese	777
4	VT	Vietnamese	672
5	VT	Nepali*	570
6	VT	Serbo-Croatian*	455
7	VT	German	309
8	VT	Cushite*	275
9	VT	Italian	146
10	VT	Arabic	144
11	VT	Russian	141
12	VT	Tagalog	136
13	VT	Portuguese	128
14	VT	Japanese	117
15	VT	Thai	115
1	VA	Spanish	217,843
2	VA	Korean	30,193
3	VA	Vietnamese	25,813
4	VA	Chinese	23,706
5	VA	Arabic	13,844

Rank	State	Language	Estimate
6	VA	Tagalog	12,976
7	VA	Persian (Farsi)	9,316
8	VA	Amharic*	8,550
9	VA	Urdu	8,094
10	VA	French	6,755
11	VA	Russian	5,332
12	VA	Hindi	4,552
13	VA	German	4,056
14	VA	Bengali*	4,000
15, 16, 17	VA	Kru (Bassa), Ibo, and Yoruba*	3,805
1	WA	Spanish	232,748
2	WA	Chinese	42,812
3	WA	Vietnamese	38,432
4	WA	Korean	27,088
5	WA	Russian	25,421
6	WA	Tagalog	19,128
7	WA	Ukrainian*	12,555
8	WA	Mon-Khmer, Cambodian	9,046
9	WA	Japanese	9,016
10	WA	Amharic*	7,590
11	WA	Cushite*	6,965
12	WA	Arabic	6,417
13	WA	Panjabi*	6,145
14	WA	German	3,863
15	WA	Laotian	3,712
1	WV	Spanish	6,677
2	WV	Chinese	1,534
3	WV	French	711
4	WV	German	668
5	WV	Arabic	654
6	WV	Vietnamese	592
7	WV	Korean	369
8	WV	Japanese	346
9	WV	Tagalog	336
10	WV	Italian	193
11	WV	Thai	185
12	WV	Nepali*	165
13	WV	Persian (Farsi)	149
14	WV	Russian	94
15	WV	Urdu	85
1	WI	Spanish	103,190
2	WI	Hmong	17,202
3	WI	Chinese	8,142
4	WI	German	6,583
5	WI	Arabic	2,816
6	WI	Russian	2,482
7	WI	Korean	2,398
8	WI	Vietnamese	2,151
9	WI	Pennsylvanian Dutch*	1,970
10	WI	Laotian	1,767

Rank	State	Language	Estimate
11	WI	French	1,678
12	WI	Polish	1,666
13	WI	Hindi	1,472
14	WI	Albanian*	1,460
15	WI	Tagalog	1,336
1	WY	Spanish	7,924
2	WY	Chinese	525
3	WY	German	233
4	WY	Tagalog	229
5	WY	French	134
6	WY	Korean	126
7	WY	Vietnamese	98
8	WY	Italian	71
9	WY	Russian	63
10	WY	Indonesian*	55
11	WY	Japanese	55
12	WY	Nepali*	55
13	WY	Persian (Farsi)	52
14	WY	Gujarati	40
15	WY	Navajo	39
1	PR	Spanish	2,724,973
2	PR	Chinese	1,242
3	PR	French	347
4	PR	Arabic	314
5	PR	Portuguese	236
6	PR	Italian	164
7	PR	German	126
8	PR	Hindi	58
9	PR	Catalonian*	55
10	PR	Japanese	48
11	PR	Ukrainian*	40
12	PR	Vietnamese	37
13	PR	Polish	23
14	PR	French Creole (Haitian Creole)	22
15	PR	Korean	22
1	U.S. Virgin Islands^	Spanish	2,628
2	U.S. Virgin Islands^	French & French Creole (Haitian Creole)	803
1	Guam^	Chamorro	25,827
1	N. Mariana Islands^	Chamorro	11,819
2	N. Mariana Islands^	Chinese	3,316

Rank	State	Language	Estimate
1	American Samoa^	Samoan	43,329
2	American Samoa^	Tongan	1,300

Data sources for the 50 States District of Columbia and Puerto Rico: American FactFinder, Language Spoken at Home by Ability to Speak English for the Population 5 Years and Older, Table ID B16001, American Community Survey (ACS) Estimates by State: 2010–2014 (released Dec. 2015), www.factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_B16001&prodType=table; U.S. Census Bureau, ACS Estimates by State: 2009–2013 Detailed Languages Spoken at Home by Ability to Speak English for the Population 5 Years and Older (released Oct. 2015), www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html.

***An asterisk after the language denotes that the data came from the detailed language data in the 2013 ACS 5-year estimates (released in Oct. 2015) rather than from the 2014 ACS 5-year estimates (released in Dec. 2015).**

[^] Data Sources for the U.S. Territories other than Puerto Rico:

-The estimates shown for the U.S. Virgin Islands represent individuals who speak the non-English language shown who speak English “not well.” Data is not available for individuals who speak non-English languages who speak English less than “very well.” Data is available for Spanish and the language group “French and French Creole”; the remaining data identifies language groups instead of any one language. See U.S. Census Bureau, 2010 Census of Population and Housing, U.S. Virgin Islands Detailed Crosstabulations (Part 1), Table 1-8. Language Spoken at Home and Ability to Speak English and Sex by Race and Hispanic or Latino Origin: 2010 (rev. Aug. 2013), www2.census.gov/census_2010/10-Island_Areas_Detailed_Cross_Tabulations/Virgin_Islands/USVI_2010_Census_Detailed_Crosstabulations_Part1_v3.xlsx.

-The estimates shown for Guam represent individuals who speak a language other than English. Data is not available on whether these individuals who speak a non-English language have an ability to speak English. Data is available for Chamorro; the remaining data identifies language groups instead of any one language. See U.S. Census Bureau, 2010 Census of Population and Housing, Guam Detailed Crosstabulations (Part 1), Table 1-8. Language Spoken at Home, Frequency of English Usage, and Sex by Ethnic Origin or Race: 2010 (rev. Aug. 2013), www2.census.gov/census_2010/10-Island_Areas_Detailed_Cross_Tabulations/Guam/Guam_2010_Census_Detailed_Crosstabulations_Part1_v3.xlsx.

-The estimates shown for the Commonwealth of the Northern Mariana Islands represent individuals who speak a language other than English. Data is not available on whether these individuals who speak a non-English language have an ability to speak English. Data is available for Chamorro and Chinese; the remaining data identifies language groups instead of any one language. See U.S. Census Bureau, 2010 Census of Population and Housing, Commonwealth of the Northern Mariana Islands Detailed Crosstabulations (Part 1) Table 1-8. Language Spoken at Home, Frequency of English Usage, and Sex by Ethnic Origin or Race: 2010 (rev. Aug. 2013), www2.census.gov/census_2010/10-Island_Areas_Detailed_Cross_Tabulations/CNMI/CNMI_2010_Census_Detailed_Crosstabulations_Part1_v3.xlsx.

-The estimates shown for American Samoa represent individuals who speak a language other than English. Data is not available on whether these individuals who speak a non-English language have an ability to speak English. The non-English languages identified are Samoan and Tongan; the remaining data identifies language groups instead of any one language. See U.S. Census Bureau, 2010 Census of Population and Housing, American Samoa Detailed Crosstabulations (Part 1), Table 1-8, Language Spoken at Home, Frequency of English Usage, and Sex by Ethnic Origin or Race: 2010 (rev. Aug. 2013) www2.census.gov/census_2010/10-Island_Areas_Detailed_Cross_Tabulations/American_Samoa/AS_2010_Census_Detailed_Crosstabulations_Part1_v3.xlsx.

Language Assistance Services Program Analysis Checklist

This checklist is provided as a template only. Modify to meet your facility's specific Language Assistance Program

Identification and Assessment of LEP Communities

The following series of questions will assist in identifying the Limited English Proficiency (LEP) population you serve:

<p>1. How does the facility identify Limited English Proficiency (LEP) individuals? (Select all that apply)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Assume limited English proficiency if communication seems impaired <input type="checkbox"/> Respond to individual requests for language assistance services <input type="checkbox"/> Self-identification by the non-English speaker or LEP individual <input type="checkbox"/> Ask open-ended questions to determine language proficiency on the telephone or in person <input type="checkbox"/> Use of "I Speak" language identification cards or posters </div> <div style="width: 48%;"> <input type="checkbox"/> Based on written material submitted to the facility (e.g. complaints) <input type="checkbox"/> We have not identified non-English speakers or LEP individuals <input type="checkbox"/> Other (Please specify): </div> </div>	
<p>2. Does the program have a process to collect data on:</p> <p style="margin-left: 20px;">a. The number of LEP individuals that you serve?</p> <p style="margin-left: 20px;">b. The number of LEP individuals in your service area?</p> <p style="margin-left: 20px;">c. The number and prevalence of languages spoken by LEP individuals in your service area?</p>	<p style="text-align: center;">a. <input type="checkbox"/> Yes</p> <p style="text-align: center;">b. <input type="checkbox"/> Yes</p> <p style="text-align: center;">c. <input type="checkbox"/> Yes</p>	<p style="text-align: center;">a. <input type="checkbox"/> No</p> <p style="text-align: center;">b. <input type="checkbox"/> No</p> <p style="text-align: center;">c. <input type="checkbox"/> No</p>
<p>3. How often does the facility assess the language data for your service area?</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Annually <input type="checkbox"/> Biennially </div> <div style="width: 48%;"> <input type="checkbox"/> Not Sure <input type="checkbox"/> Other: </div> </div>	

Identification and Assessment of LEP Communities - Continued

<p>4. What data does the facility use to determine the LEP communities in your service area? (Select all that apply)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Census <input type="checkbox"/> US Dept. of Education <input type="checkbox"/> US Dept. of Labor <input type="checkbox"/> State Agencies </div> <div style="width: 45%;"> <input type="checkbox"/> lep.gov <input type="checkbox"/> Community Organizations <input type="checkbox"/> Intake information <input type="checkbox"/> Other: </div> </div>	
<p>5. Does the facility collect and record primary language data from individuals when they first contact your programs and activities?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>6. If the facility collects and records primary language data, where is that information stored?</p>		
<p>7. What is the total number of LEP individuals who use or receive services from your facility each year?</p>		
<p>8. How many LEP individuals attempt to access your programs or services each month?</p>		
<p>9. How many LEP individuals use your programs or services each month?</p>		
<p>10. Specify the top six most frequently encountered non-English languages by your facility and how often these encounters occur (e.g., 2-3 times a year, once a month, once a week, daily, constantly).</p>	Language 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	Frequency of Encounters 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Providing Language Assistance Services

The following set of questions will assist in assessing how well the facility is providing language assistance services to Limited English Proficiency (LEP) individuals:

1. Does your facility currently have a system in place for tracking the type of language assistance services it provides to LEP individuals at each interaction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. What data, if any, do you maintain regarding language assistance services? (Select all that apply)	<input type="checkbox"/> Primary language of persons encountered or served <input type="checkbox"/> Use of language assistance services such as interpreters and translators <input type="checkbox"/> Funds or staff time spent on language assistance services	<input type="checkbox"/> Number of bilingual staff <input type="checkbox"/> Cost of interpreter services <input type="checkbox"/> Cost of translation of materials into non-English languages <input type="checkbox"/> Other (Please specify):
3. Does your facility have a system to track the cost of language assistance services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. What types of language assistance services does your facility provide? (Select all that apply)	<input type="checkbox"/> Bilingual staff <input type="checkbox"/> In-house interpreters (oral) <input type="checkbox"/> In-house translators (documents) <input type="checkbox"/> Contracted interpreters <input type="checkbox"/> Contracted translators <input type="checkbox"/> Telephone interpretation services <input type="checkbox"/> Video interpretation services	<input type="checkbox"/> Language bank or dedicated pool of interpreters or translators <input type="checkbox"/> Volunteer interpreters or translators <input type="checkbox"/> Interpreters or translators borrowed from another facility <input type="checkbox"/> Other (Please specify):

Providing Language Assistance Services - Continued

<p>5. Does the facility</p> <p>a) have a certification or assessment process that staff must complete before serving as interpreters or translators for LEP individuals?</p> <p>b) Does the process include use of standardized language proficiency exams?</p>	<p>a) <input type="checkbox"/> Yes</p> <p>b) <input type="checkbox"/> Yes</p>	<p>a) <input type="checkbox"/> No</p> <p>b) <input type="checkbox"/> No</p>
<p>6. Does the facility ask or allow LEP individuals to provide their own interpreters or have family members or friends interpret?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>7. Does the facility have contracts with language assistance service providers (e.g., in-person interpreters, telephone interpreters, video interpreters, or translators)?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>8. Does the facility provide staff with a list of available interpreters and the non-English languages they speak, or information on how to access qualified interpreters?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>9. Does the facility identify and translate vital documents into the non-English languages of the communities in your service area?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>10. Which vital written documents has your facility translated into non-English languages?</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Consent forms</p> <p><input type="checkbox"/> Complaint forms</p> <p><input type="checkbox"/> Intake forms</p> <p><input type="checkbox"/> Notices of rights</p> <p><input type="checkbox"/> Notice of denial, loss or decrease in benefits or services</p> <p><input type="checkbox"/> Admission Agreements</p> <p><input type="checkbox"/> Advance Directives</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Applications to participate in programs or activities or to receive benefits or services</p> <p><input type="checkbox"/> Policies & Procedures</p> <p><input type="checkbox"/> Other (please specify):</p> </div> </div>	
<p>11. Does the facility translate signs or posters announcing the availability of language assistance services?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>12. When the facility updates information on its website, does it also add that content in non-English languages?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>

Training of Staff on Policies and Procedures

The following series of questions will assist in identifying whether staff receive appropriate training on your language access policies and procedures:

1. Does all facility staff receive initial and periodic training on how to access and provide language assistance services to LEP individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Who receives staff training on working with LEP individuals? (Select all that apply)	<input type="checkbox"/> Management or senior staff <input type="checkbox"/> Employees who interact with or are responsible for interactions with non-English speakers or LEP individuals	<input type="checkbox"/> Bilingual Staff <input type="checkbox"/> New employees <input type="checkbox"/> All employees <input type="checkbox"/> Volunteers <input type="checkbox"/> Others (Please specify): <input type="checkbox"/> None of the above
3. Are language access policies and LEP issues included in the mandatory training curriculum for staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the facility policy manual(s) or handbook include specific instructions related to providing language assistance services to LEP individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does staff receive periodic training on how to obtain and work with interpreters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does staff receive periodic training on how to request the translation of written documents into other languages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do staff members who serve as interpreters receive regular training on proper interpreting techniques, ethics, specialized terminology, and other topics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do staff members who serve as interpreters receive interpreter training from competent interpreters or other trainers familiar with the ethical and professional requirements of an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Providing Notice of Language Assistance Services

The following series of questions will assist in assessing how the facility provides notice of language assistance services to the Limited English Proficiency (LEP) population in your service area:

<p>1. How does the facility inform members of the public about the availability of language assistance services? (Select all that apply)</p>	<p><input type="checkbox"/> Frontline and outreach multilingual staff</p> <p><input type="checkbox"/> Posters in public areas</p> <p><input type="checkbox"/> “I Speak” language identification cards distributed to frontline staff</p> <p><input type="checkbox"/> Website</p>	<p><input type="checkbox"/> Social networking website (e.g. Facebook, Twitter)</p> <p><input type="checkbox"/> E-mail to individuals or a list serve</p> <p><input type="checkbox"/> Other (Please specify):</p> <p><input type="checkbox"/> None of the above</p>
<p>2. Does your translated outreach materials inform LEP individuals about the availability of free language assistance services?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>3. Does the facility regularly advertise on non-English media (television, radio, newspaper, and websites)?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>4. Does the facility inform community groups about the availability of free language assistance services for LEP individuals?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>5. Does the facility inform current residents or potential admissions about the availability of language assistance services?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>6. Does the main page of the facility’s website include non-English information that would be easily accessible to LEP individuals?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>7. Does the facility have multilingual signs or posters in its offices, lobbies, bulletin boards, etc., announcing the availability of language assistance services?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>

Monitoring and Updating a Language Access Procedures, Policy, and Plan

The following set of questions will assist in assessing whether the facility has an effective process for monitoring and updating your language access policies, plan, and procedures:

1. Does the facility have a written language access policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If so, is a description of this policy available to the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. How often is the facility's language access policy reviewed and updated?	<input type="checkbox"/> Annually <input type="checkbox"/> Not Sure <input type="checkbox"/> Biennially <input type="checkbox"/> Other:	
4. When was the last time the facility's language access policy was updated?	Month: _____ Year: _____	
5. How often does the facility update its data on the LEP communities in your service area?	<input type="checkbox"/> Annually <input type="checkbox"/> Not Sure <input type="checkbox"/> Biennially <input type="checkbox"/> Other:	
6. Does the facility have a language access coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the facility have a formal language access complaint process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has the facility received any complaints because it did not provide language assistance services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you monitor the system for collecting data on beneficiary satisfaction and/or grievance/complaint filing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you obtain feedback from the LEP community on the effectiveness of your language access program and the language assistance services you provide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Language Identification Guide

I Speak Card

Use this card to identify the foreign language spoken by non-English speakers. Show the card to the individual and ask them to point to the language they speak. If assistance is needed, CALL:

- | | |
|--|--|
| <input type="checkbox"/> Unë flas shqip (Albanian) | <input type="checkbox"/> N̄ a po Klào Win. (Kru) |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic) | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao) |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic) | <input type="checkbox"/> Yie gorngv Mienh waac. (Mien) |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian) | <input type="checkbox"/> म नेपाली बोल्छु (Nepali) |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali) | <input type="checkbox"/> Mówię po polsku . (Polish) |
| <input type="checkbox"/> Ja govorim bosanski jezik (Bosnian) | <input type="checkbox"/> Eu falo Português . (Portuguese) |
| <input type="checkbox"/> ကျွန်တော်မြန်မာစကားပြောသည်။ (Burmese) | <input type="checkbox"/> ਇ ਸੁਪਆਕ ਪੰਜਾਬੀ (Punjabi) |
| <input type="checkbox"/> 我说中文 (Chinese Simplified) | <input type="checkbox"/> Cunosc limba Română . (Romanian) |
| <input type="checkbox"/> 我說中文 (Chinese Traditional) | <input type="checkbox"/> Я говорю по-русски . (Russian) |
| <input type="checkbox"/> Ja govorim hrvatski . (Croatian) | <input type="checkbox"/> Ou te tautala faaSamoa . (Samoan) |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi) | <input type="checkbox"/> Govorim srpski . (Serbian) |
| <input type="checkbox"/> Je parle français . (French) | <input type="checkbox"/> Waxaan ku hadlaa Somali . (Somali) |
| <input type="checkbox"/> Je parle le Français haïtien (French Creole) | <input type="checkbox"/> Yo hablo español . (Spanish) |
| <input type="checkbox"/> Μιλάω ελληνικά . (Greek) | <input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese) |
| <input type="checkbox"/> ཧུ་ཤར་ཤེས་པའི་ ཡེལ་ ལུ་ ལུ་ (Gujarati) | <input type="checkbox"/> Marunong po akong magsalita ng Tagalog . (Tagalog) |
| <input type="checkbox"/> Mwen pale Kreyòl . (Haitian Creole) | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai) |
| <input type="checkbox"/> मैं हिंदी बोलता हूँ (Hindi) | <input type="checkbox"/> ኣካ ትግርኛ ይዘረብ እየ. (Tigrinya) |
| <input type="checkbox"/> Kuv hais lus hmoob . (Hmong) | <input type="checkbox"/> Я розмовляю українською . (Ukrainian) |
| <input type="checkbox"/> Ana m a sụ igbo (Igbo) | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں . (Urdu) |
| <input type="checkbox"/> Parlo Italiano (Italian) | <input type="checkbox"/> Tôi nói tiếng Việt . (Vietnamese) |
| <input type="checkbox"/> 私は日本語を話します (Japanese) | <input type="checkbox"/> יידיש רעד איך (Yiddish) |
| <input type="checkbox"/> Mi chat Jamiekan langwjj (Jamaican Creole) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> y k t ʈk q ʈʈɪ ʈ (Karen) | |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer) | |
| <input type="checkbox"/> 본인의 모국어는 한국어입니다 (Korean) | |
| <input type="checkbox"/> نه ز زمانی کوردی ده ناخفم. (Kurdish) | |

Telecommunications Relay Services Directory

Federal Communications Commission

Bureau/Office:

Consumer and Governmental Affairs

Last Updated:

Monday, June 15, 2020

ALABAMA

Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s:

1-800-676-3777 (Voice/TTY)

1-800-676-4290 (Spanish)

1-877-787-1989 (Speech to Speech)

1-866-931-9027 (Voice Carryover)

Email: accessibility@sprint.com

Access #'s:

711

1-800-548-2547 (Voice)

1-800-548-2546 (TTY/HCO)

1-800-548-0259 (VCO)

1-800-877-8973 (Telebraille)

1-800-548-8317 (Spanish)

ALASKA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s:

1-800-676-3777 (Voice/TTY)

1-800-676-4290 (Spanish/TTY/Voice)

1-877-787-1989 (Speech-to-Speech)

1-866-931-9027 (Voice Carryover)

Email: accessibility@sprint.com

711 or 1-800-770-8973 (TTY)

1-800-770-8255 (Voice)

1-800-770-3919 (ASCII)

1-800-770-6108 (VCO)

1-8800-770-8973 (HCO)

1-866-355-6199 (Spanish) Spanish translation available upon request

1-866-355-6198 (Speech-to-Speech)

ARIZONA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: TTY: 800-347-1695, Voice: 866-259-1768, and STS 877-787-1989

Email: accessibility@sprint.com

Access #'s:

1-800-842-4681 (V)

1-800-367-8939 (T)

1-800-842-9818 (VCO)

1-888-842-3372 (ASCII)

1-800-842-6520 (STS)

1-800-842-2088 (Spanish)

ARKANSAS

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 1-800-676-3777; 1-800-676-4290 (Spanish)

Email: accessibility@sprint.com

Access #'s:

711 or 800-285-1131(TTY)

800-285-1121(Voice)

866-656-8260(VCO)

800-285-1131(HCO)

866-656-2966(Speech-to-Speech)

866-656-1842(Spanish)

CALIFORNIA

TRS Provider - Hamilton Relay

Address: P.O. Box 285, Aurora, NE 68818

Customer Service #'s:

Hamilton Relay – English TTY/Voice/VCO/HCO/STS/ASCII - (877) 632-9095

Hamilton Relay – Spanish TTY/Voice/VCO/HCO/STS/ASCII - (877) 419-8440

Email: accessibility@sprint.com

CRS Access #'s:

(800) 855-7100 – English

(800) 855-8300 – STS

(800) 855-7200 - Spanish Voice

(800) 855-7400 - VA STS

COLORADO

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777 (Voice/TTY); 877-787-1989 (Speech-to-Speech); 800-676-4290 (Spanish); 866-931-9027 (Voice Carryover)

Email: accessibility@sprint.com

Access #'s:

711 or 800-659-3656(Voice)

711 or 800-659-2656 (TTY)

877-659-8260 (Voice and Hearing Carryover)

877-659-4279 (Speech-to-Speech)

800-659-2656(Telebraille)

800-337-3242 (Spanish Relay)

844-409-2451 (Spanish Translation)

800-659-4656 (ASCII)

CONNECTICUT

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Sprint Relay Customer Service

(24 hours, 7 days, 365 days a year)

Voice/TTY: 1-800-676-3777

TTY: 1-800-842-9710

Spanish: 1-800-676-4290

Fax: 1-877-877-3291

Email: accessibility@sprint.com

Access #'s:

Relay Connecticut 711

800-842-9710 TTY

800-833-8134 Voice

800-842-9488 VCO

877-855-0921 Spanish to Spanish

877-842-5177 Speech to Speech

DELAWARE

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-682-8706(V) and 800-682-8786(T)

Email: accessibility@sprint.com

Access #'s:

800.676.3777 - TTY/ASCII/VOICE/VCO/Speech-to-Speech in English

800.676.4290 - Spanish

7-1-1 - Statewide Number

800.232.5460 - TTY

800.232.5470 - Voice

877.DEL.RLY0 (877.335.7590) - Voice Carry-Over (VCO)

877.DEL.RLY5 (877.335.7595) - Spanish

877.DEL.RLY9 (877.335.7599) - French

877.DEL.S2S4 (877.335.7274) - Speech-to-Speech (STS)

DISTRICT OF COLUMBIA

TRS Provider - Hamilton Relay**Address:** P.O. Box 285, Aurora, NE 68818**Customer Service #'s:** 866-560-1452Email: dcrelay@hamiltonrelay.com**Access #'s:**

800-643-3769(V)

800-643-3768(TTY)

800-898-0137(ASCII)

800-898-0740(Speech-To-Speech)

800-546-7111(Spanish TTY)

800-546-5111(Spanish Voice)

FLORIDA

TRS Provider - Sprint Accessibility**Address:** P.O. Box 29230, Shawnee Mission, KS 66201-9330**Customer Access Numbers:**

General: 711

Emergency: 911

English: 800-955-8770 (V)

English: 800-955-8771 (TTY)

Spanish: 877-955-8773 (V/TTY)

ASCII: 800-955-1339

Voice Carry Over (VCO): 877-955-8260

Speech to Speech (STS): 877-955-5334

Video Assisted STS: 877-955-5335

Spanish to English Translation: 844-463-9710

French to French: 877-955-8707

Email: accessibility@sprint.com

GEORGIA

TRS Provider - Hamilton Relay**Address:** P.O. Box 285, Aurora, NE 68818**Customer Service #'s:** 866-694-5824 (Voice/TTY)Email: garelay@hamiltonrelay.com**Access #'s:**

800-255-0135(V)

800-255-0056(T)

888-202-4082(STS)

888-202-3972(Spanish)

HAWAII

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s:

(24 hours, 7 days, 365 days a year)

TTY/Voice: 1-800-676-3777

Spanish: 1-800-676-4290 (TTY/Voice)

Speech-to-Speech: 1-877-787-1989

Voice Carryover: 1-866-931-9027

Fax: 1-877-877-3291

Email: accessibility@sprint.com

Access #'s:

Relay Hawaii 711 or

TTY/HCO/ASCII: 1.877.447-5990 (TRS-HI RLY-90)

Voice: 1.877.447.5991 (TRS-HI RLY-91)

VCO: 1.877.447.5992 (TRS-HI RLY-92)

STS: 1.877.447.8711 (TRS-HI STS-11)

Spanish: 1.877.447.7261 (TRS-HI SPAN-1)

IDAHO

TRS Provider - Hamilton Relay

Address: P.O. Box 285, Aurora, NE 68818

Customer Service #'s: 1-800-368-6185(V/T)

Email: relay@hamiltonrelay.com

Access #'s:

1-800-377-3529(T/ASCII)

1-800-377-1363(V)

1-866-252-0684(Spanish)

1-888-791-3004(STS)

ILLINOIS

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777(V/TTY)

Email: accessibility@sprint.com

Access #'s:

800-526-0857(V)

800-526-0844(T)

877-526-6690(STS)

877-826-1130(VCO)

INDIANA

TRS Provider - Sprint Accessibility**Address:** P.O. Box 29230, Shawnee Mission, KS 66201-9330**Customer Service #'s:** 1-800-676-3777(V/T)

1-800-676-4290 (Spanish TTY/Voice)

Email: accessibility@sprint.com**Access #'s:**

7-1-1 or 1-800-743-3333 (V/T)

1-800-743-5207 (VCO)

1-855-892-7429 (HCO)

1-800-743-4869 (Spanish)

1-877-787-1989 (STS)

1-605-224-1837 (Inbound International Call)

IOWA

TRS Provider - Hamilton Relay**Address:** P.O. Box 285, Aurora, NE 68818**Customer Service #'s:** 1-888-516-4692(voice/TTY)Email: iarelay@hamiltonrelay.com**Access #'s:**

1-800-735-2943(V)

1-800-735-2942(T)

1-800-735-4313(VCO)

1-877-735-1007(STS)

1-800-264-7190(Spanish)

KANSAS

TRS Provider - Sprint Accessibility**Address:** P.O. Box 29230, Shawnee Mission, KS 66201-9330**Customer Service #'s:** 1-866-735-2957Email: accessibility@sprint.com**Access #'s:**

1-800-766-3777 (V/T)

1-866-305-1343 (Spanish)

1-877-787-1989 (STS)

KENTUCKY

TRS Provider - Hamilton Relay (TRS and CapTel)**Address:** P.O. Box 285, Aurora, NE 68818**Customer Service #'s:** 1-888-662-2406 (Voice/TTY); 1-866-557-5762 (Spanish)Email: kyrelay@hamiltonrelay.com**Access #'s:**

1-800-648-6056(TTY/ASCII/HCO)

1-800-648-6057(V)

1-866-648-5926(VCO)

1-888-244-6111(STS)

1-866-490-4403(Spanish)

LOUISIANA

TRS Provider - Hamilton Relay**Address:** P.O. Box 285, Aurora, NE 68818**Customer Service #'s:** 1-888-699-6869(V/T)**Email:** larelay@hamiltonrelay.com**Access #'s:**

1-800-846-5277(T)

1-800-947-5277(V)

1-888-272-5530(STS)

1-800-737-1813(Spanish)

MAINE

Service Provider: [Sprint Accessibility](#)**Address:** P.O. Box 29230, Shawnee Mission, KS 66201-9330

- Voice: 800-457-1220
- TTY: 800-437-1220
- ASCII: 888-890-9255
- Voice Carry-Over (VCO): 866-479-7565 (*new service*)
- Hearing Carry-Over (HCO): 800-437-1220
- Speech-to-Speech (STS): 888-890-9256
- Video-Assisted STS (VA-STS): 888-890-9256 (*new service*)
- Spanish-to-Spanish: 888-890-9255
- Spanish-to-English: 888-890-9255
- International: 605-224-1837

Customer Service #'s:

- 1-800-676-3777 (V/TTY)
- 1-800-676-4290 (Spanish)
- 1-877-787-1989 (Speech-to-Speech)
- 1-866-931-9027 (VCO)
- Email: accessibility@sprint.com
- ME Customer Service - Customer Care: 800-270-9709 (voice/TTY)

MARYLAND

TRS Provider - Hamilton Relay; Captioned Telephone (CapTel): Hamilton Relay

Address: P.O. Box 285, Aurora, NE 68818

Customer Service #'s: 1-800-552-7724(V/T)

Email: mdrelay@hamiltonrelay.com

Access #'s:

711 - In Maryland

1-800-201-7165(V/T)

1-800-735-2258(TTY/HCO)

1-888-826-9673(VCO)

1-800-785-5630(STS)

1-877-735-5151(ASCII)

1-877-258-9854(2-Line VCO)

1-855-828-6465 (VA STS)

1-800-877-1264(Spanish)

MASSACHUSETTS

TRS Provider - Hamilton Relay

Address: P.O. Box 285, Aurora, NE 68818

Customer Service #'s: 800-720-3480(T) and 800-729-3479(V)

Email: customerservice@massrelay.com

Access #'s:

711(V/T)

1-800-439-2370(T)

1-800-439-0183(V)

1-866-887-6619 (VCO)

1-866-930-9252 (Spanish)

1-800-439-0183 (STS)

MICHIGAN

TRS Provider - Hamilton Relay

Address: P.O. Box 285, Aurora, MI 68818

Customer Service #: 844-578-6563

Email: mirelay@hamiltonrelay.com

Access #'s:

7-1-1

MINNESOTA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s:

For TTY, VCO, HCO, and STS relay services

Sprint's 24-hour Customer Service

Voice/TTY: 1-800-676-3777

Speech-to-Speech: 1-877/787/1989

VCO: 1-866-931-9027

Spanish Voice/TTY: 1-800-676-4290

Fax: 1-877-877-3291

Email: accessibility@sprint.com

Online: www.sprintrelay.com/contact_us/index.php

For CapTel relay service

CapTel's 24-hour Customer Service (excluding holidays)

Voice: 1-888-269-7477

TTY: 1-800-482-2424

Spanish: 1-866-670-9134

Fax: 1-608-238-3008

Email: CapTel@CapTel.com

Online: www.captel.com/contact-us.php

Minnesota Relay Outreach Office

Voice: 651-602-9005/1-800-657-3775

TTY: 1-888-206-6555

TAM Administrator

Rochelle Garrow

Minnesota Department of Commerce

85 Seventh Place East, Suite 600

Saint Paul, MN 55101-3165

Voice: 651-539-1884/1-800-657-3599

Email: mn.relay@state.mn.us

Website: www.mnrelay.org

To make a Minnesota Relay call dial 7-1-1. Once connected to the relay service, tell the CA the type of relay call you wish to make. Or, you may dial the specific toll-free number for the type of relay service.

Access #'s:

1-800-627-3529 (TTY/Voice/ASCII/HCO)

1-877-627-3024 (VCO)

1-866-855-4611 (Two-Line VCO)

1-877-627-3848 (STS)

1-877-627-5448 (Spanish Relay)

If you wish to contact a person who uses a single-line CapTel phone, dial: 1-877-243-2823.

MISSISSIPPI

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777(V)

Email: accessibility@sprint.com

Access #'s:

1-800-855-1000(V) 1-800-582-2233(TTY)

1-800-229-5746(STS English)

1-866-260-9470(STS Spanish)

MISSOURI

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s:

(24 hours, 7 days, 365 days a year)

TTY/ASCII/Voice/VCO/STS 1-800-676-3777

Spanish 1-800-676-4290

Fax 1-877-877-3291

Email: accessibility@sprint.com

Access #'s:

Relay Missouri 711 or

TTY/ASCII: 1-800-735-2966

Voice: 1-866-735-2460

Voice Carry Over: 1-800-735-0135

Speech to Speech: 1-877-735-7877

Spanish: 1-800-520-7309

MONTANA

TRS Provider - Hamilton Relay

Address: P.O. Box 4210, Helena, MT 59604

Customer Service #'s: 1-800-833-8503 V/TTY

Email: relay@mt.gov

Access #'s:

1-866-253-4090(V)

1-800-253-4091(T)

1-877-826-7161(VCO)

1-877-253-4613(STS)

1-866-225-1866(Spanish)

NEBRASKA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 1-800-676-3777(V/TTY)

Access #'s:

1-800-833-7352(TTY)

1-800-564-2481(VCO)

1-800-833-0920(V)

1-888-272-5527(STS)

1-888-272-5528(Spanish)

NEVADA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Sprint Relay Customer Service

(24 hours, 7 days, 365 days a year)

TTY/ASCII/Voice/VCO/STS 1-800-676-3777

Email: accessibility@sprint.com

Access #'s:

1-800-326-6888 (Voice)

1-800-326-6868 (TTY/ASCII/HCO)

1-888-326-5658 (STS)

1-800-326-4013 (VCO)

1-800-877-1219 (Spanish)

NEW HAMPSHIRE

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Sprint Relay Customer Service

(24 hours, 7 days, 365 days a year)

TTY/ASCII/Voice/VCO/STS 1-800-676-3777

Spanish 1-800-676-4290

Fax 1-877-877-3291

Email: accessibility@sprint.com

Access #'s:

Relay New Hampshire 711

800-735-2964 TTY/Voice

800-735-4423 VCO

800-735-1245 Speech to Speech

NEW JERSEY

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777 (Voice/TTY); 800-676-4290 (Spanish); 877-787-1989 (Speech to Speech)

Email: accessibility@sprint.com

Access #'s:

1-800-852-7897 (V)

1-800-852-7899 (T)

1-866-658-7712 (STS)

1-866-658-7714 (Spanish)

1-866-658-7711 (VCO)

1-800-852-7899 (HCO)

1-866-658-7713 (Telebraille)

NEW MEXICO

TRS Provider - Hamilton Relay

Address: P.O. Box 285, Aurora, NE 68818

Customer Service #: 1-877-463-0994 (Voice/TTY)

Email: accessibility@sprint.com

Access #'s:

Spanish: 1-866-355-9214

1-800-659-8331(TTY)

1-800-659-1779(Voice)

1-800-659-4174(VCO)

1-800-327-1857(Spanish)

1-800-745-1570(ASCI)

1-866-355-9213(STS)

NEW YORK

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #:

Sprint Relay Customer Service

(24 hours, 7 days, 365 days a year)

TTY/ASCII/Voice/VCO/STS 1-800-676-3777

Spanish 1-800-676-4290

Fax 1-877-877-3291

Email: accessibility@sprint.com

Access #'s:

New York Relay V/TTY 711

800-662-1220 TTY/HCO

800-421-1220 Voice

877-826-6977 VCO

877-662-4886 Spanish to Spanish

877-662-4234 Speech to Speech

877-243-2823 CapTel Dial-in

866-217-3362 Spanish-to-Spanish Captioning

NORTH CAROLINA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777 (Voice/TTY)

877-787-1989 (Speech to Speech)

800-676-4290 (Spanish)

Email: accessibility@sprint.com

Access #'s:

800-735-8200 (Voice)

800-735-2962 (TTY)

877-735-8261 (STS)

NORTH DAKOTA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777 (V/T)

Email: accessibility@sprint.com

Access #'s:

800-366-6889 (V)

877-366-8600 (VCO)

800-366-6888 (TTY)

877-366-3709 (STS)

800-435-8590 (Spanish) (VCO)

OHIO

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777 (TTY/Voice/ASCII/VCO/HCO)

Email: accessibility@sprint.com

Access #'s:

800-750-0750 (TTY/Voice/HCO)

877-750-9097 (STS)

888-269-0678 (Spanish)

Access Website URL: www.SprintIP.com and www.ohiorelay.com

Access Information: www.sprintrelay.com

OKLAHOMA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777

Email: accessibility@sprint.com

Access #'s:

800-522-8506 (T/V)

800-722-0353 (T/V)

1-877-722-3515 (STS)

OREGON

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 1-800-676-3777 (V/TTY); 1-800-676-4290 (Spanish); 1-877-787-1989 (STS); 1-866-931-9027 (VCO)

Email: accessibility@sprint.com

Access #'s:

7-1-1 (In-State)

1-800-735-2900 (TTY)

1-800-735-1232 (Voice)

1-800-735-3260 (VCO)

1-800-735-7525 (STS)

1-800-735-0644 (ASCII)

1-800-735-3896 (Spanish)

1-800-359-2703 (Spanish to English and English to Spanish)

PENNSYLVANIA

TRS Provider - Hamilton Relay

Address: P.O. Box 285, Aurora, NE 68818

Customer Service #: 800-974-1253(Voice/T)

Email: accessibility@sprint.com

Access #'s:

800-654-5988(V)

800-654-5984(T)

844-308-9292(STS)

844-308-9291(Spanish)

PUERTO RICO

TRS Provider - Sprint Caribe

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 1-800-676-3777 - (V/T) English

1-800-676-4290 - (V/T) Spanish

1-877-787-1989 - Speech to Speech

1-866-931-9027 - VCO

Email: accessibility@sprint.com

Access #'s:

7-1-1(In-State)

Spanish:

1-866-280-2050 (TTY)

1-866-280-2051 (Voice)

1-866-280-2656 (VCO)

VCO Traduccion: 1-866-280-2657

1-866-280-2050 (HCO)

1-866-280-2052 (STS)

English:

1-866-280-2053 (TTY)

1-866-280-2054 (Voice)

1-866-280-2657 (VCO)
1-866-280-2053 (HCO)
1-866-280-2055 (STS)

RHODE ISLAND

TRS Provider - Sprint Accessibility

Address: P. O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service

(24 hours, 7 days, 365 days a year)

Voice/TTY: 1-800-676-3777

TTY: 1-800-842-9710

Spanish: 1-800-676-4290

Fax: 1-877-877-3291

Email: accessibility@sprint.com

Access #'s:

1-800-745-5555(T)

1-800-745-6575(V)

1-800-745-1570(ASCII)

1-866-355-9213(STS)

1-866-355-9214(Spanish)

SOUTH CAROLINA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s:

1-800-676-3777(V/TTY)

1-800-676-4290 (Spanish)

1-877-787-1989 (Speech-to-Speech)

1-866-931-9027 (VCO)

Email: accessibility@sprint.com

Access #'s:

1-800-735-8583 (TTY and Hearing Carryover)

1-800-735-2905 (V)

1-877-735-8263 (Voice Carryover)

1-800-877-1229 (Spanish)

1-877-735-7277(STS)

1-800-735-8583 (SC Relay)

1-800-735-7293 (ASCII)

1-877-225-8337(SC TEDP)

SOUTH DAKOTA

TRS Providers - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s:

1-877-866-8950 (Voice/TTY)

1-800-676-4290 (Spanish)

1-877-787-1989 (Speech-to-Speech)

1-866-931-9027 (VCO)

Email: accessibility@sprint.com

Access #'s:

711 (All Services)

1-800-877-1113 (TTY/Voice HCO/ASCII)

1-877-981-2117 (VCO)

1-877-981-9743 (Spanish)

1-877-981-9744 (STS)

TENNESSEE

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 866-503-0262(V/T and ASCII)

Email: accessibility@sprint.com

Access #'s:

800-848-0299(V)

800-848-0298(TTY)

1-866-503-0264(STS)

1-866-503-0263(V/T/ASCII)

711 In-State

TEXAS

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777(V/T)

Email: accessibility@sprint.com

Access #'s:

800-735-2988(V)

800-735-2989(T)

800-735-2991(A)

1-877-826-6607(STS)

UTAH

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777(V/T)

Email: accessibility@sprint.com

Access #'s:

888-735-5906(Voice)

800-346-4128(V/T)

888-346-5822(STS)

800-346-4128(TTY)

VERMONT

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 800-676-3777(V/T)

Email: accessibility@sprint.com

Access #'s:

800-253-0195(V)

800-253-0191(T)

1-800-229-5746(STS English)

1-866-260-9470(STS Spanish)

VIRGIN ISLANDS

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s:

1-866-883-4038 (V/TTY)

1-800-676-4290 (Spanish)

1-877-787-1989 (Speech to Speech)

1-866-931-9027 (Voice Carryover)

E-mail: accessibility@sprint.com

Access #'s:

1-800-440-8477 TTY

1-800-809-8477 Voice

1-800-940-0656 Spanish

1-800-940-0712 STS

VIRGINIA

TRS Provider - Hamilton Relay

Address: P.O. Box 285, Aurora, NE 68818

Customer Service #'s: 1-866-894-4116 (V) and 1-866-246-9300 (T)

Email: varelay@hamiltonrelay.com

Access #'s:

1-800-828-1140 (Voice)

1-800-828-1120 (TTY)

1-866-221-6784 (STS English)

1-800-855-8220 (VA STS)

1-800-855-8200 (Spanish)

WASHINGTON

TRS Provider - Hamilton Relay

Address: P.O. Box 285, Aurora, NE 68818

Customer Service #'s: 1-800-974-1548(V/T)

Email: wrelay@hamiltonrelay.com

Servicio al Cliente: 1-866-744-7471 (V/T)

CapTel Customer Service: 1-888-744-7477 (V/CapTel/T)

CapTel Servicio al Cliente: 1-866-670-9134 (Voz/CapTel/T)

Access #'s:

7-1-1(In-State)

1-800-833-6388 (TTY)

1-800-833-6384 (Voice)

1-800-833-6386 (VCO)

1-877-833-6341 (STS)

1-800-833-6385 (Telebraille)

1-877-833-6399 (Spanish TTY)

1-877-833-6398 (Spanish Voice)

WEST VIRGINIA

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #: TTY/STS/ASCII/Voice/VCO: 1-800-676-3777

1-800-676-4290 (Español)

Email: accessibility@sprint.com

Access #'s:

711

1-800-982-8772 (Voice)

1-800-982-8771 (TTY/HCO/ASCII)

1-866-519-0570 (Speech-to-Speech)

1-866-519-0569 (Spanish to Spanish)

1-877-243-2823 (CapTel Voice-in)

1-877-298-3348 (Spanish to English)

1-877-298-3349 (TeleBraille)

1-877-298-3330 (VCO Direct)

WISCONSIN

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 1-800-676-3777 (TTY/VCO/Voice/ASCII)

Email: accessibility@sprint.com

Website: www.wisconsinrelay.com

Access #'s:

1-800-947-3529 (TTY/HCO)

1-800-947-6644 (Voice)

1-877-490-3724 (VCO)

1-800-833-7637 (STS)

1-800-833-7813 (Spanish - Spanish)

1-877-490-3723 (Spanish - English)

WYOMING

TRS Provider - Sprint Accessibility

Address: P.O. Box 29230, Shawnee Mission, KS 66201-9330

Customer Service #'s: 1-888-694-4450 (V/TTY)

1-800-676-4290 (Spanish V/TTY)

1-877-787-1989 (Speech to Speech)

1-866-931-9027 (VCO)

1-888-269-7477 (English CapTel)

1-866-670-9134 (Spanish CapTel)

Email: accessibility@sprint.com

Access #'s:

711 (All Services)

1-800-877-9975 (V)

1-800-877-9965 (TTY/HCO)

1-877-787-0503 (STS)

1-877-877-1474 (VCO)

1-800-829-2783 (Spanish)

1-877-243-2823 (to reach a CapTel user)

1-866-217-3362 (Spanish-to-Spanish CapTel)

