December 9, 2025

Increasing Language Access In Oregon: A Workbook for Providers

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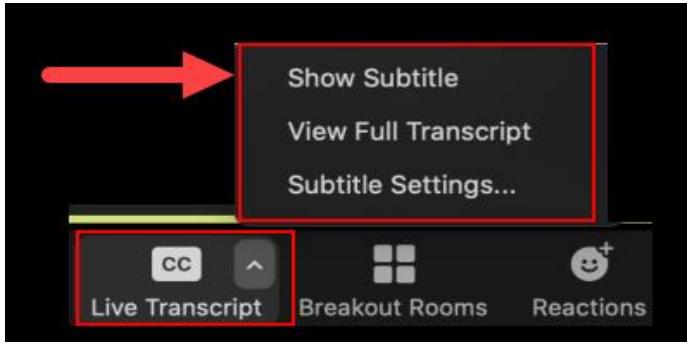


Opening Remarks

Alfonso Ramirez

Interim Equity and Inclusion Director

Health Policy and Analytics Division

Agenda

1. Workbook Background and Overview
2. Workbook Features
3. Workbook Contents
4. Questions

Workbook Background and Overview

What is the Oregon Meaningful Language Access Workbook?

- A plain language, actionable Workbook focused on meeting language needs in health care settings
- A document designed to help health care providers in Oregon understand and comply with legal requirements related to language access
- A resource that provides guidance to improve performance related to the Meaningful Language Access (Health Equity) and information about the Oregon Health Authority's health care interpreter requirements

How was the Workbook developed?

- Created in response to needs assessments and provider feedback identifying challenges with interpreter access, documentation, and compliance, to improve equitable access for individuals who communicate in a language other than English or who are deaf or hard of hearing
- Developed in partnership with NORC at the University of Chicago, a nonpartisan research organization specializing in health research and evaluation
- Subject matter experts throughout OHA contributed guidance and input, including Senior Policy Advisors; the Interpreter Services Team Lead; the Health Care Interpreter Program Team; and Quality Improvement leadership and analysts

Why is the Workbook Important?

- Provides practical guidance and tools to help providers implement language access in everyday care delivery
- Supports organizations in meeting Oregon’s health care interpreter and Meaningful Language Access measure requirements
- Helps streamline workflows, documentation, and communication processes to improve patient experience and care quality

Who is the Workbook for?

- Oregon health care providers, care teams, health care organizations and systems, organizational staff and coordinated care organizations who interact with or provide care to individuals who communicate in a language other than English or those who use sign-language
- Relevant to all health care settings and types of providers and a useful resource for individuals working in medical, behavioral, dental, vision, pharmacy and physical health settings

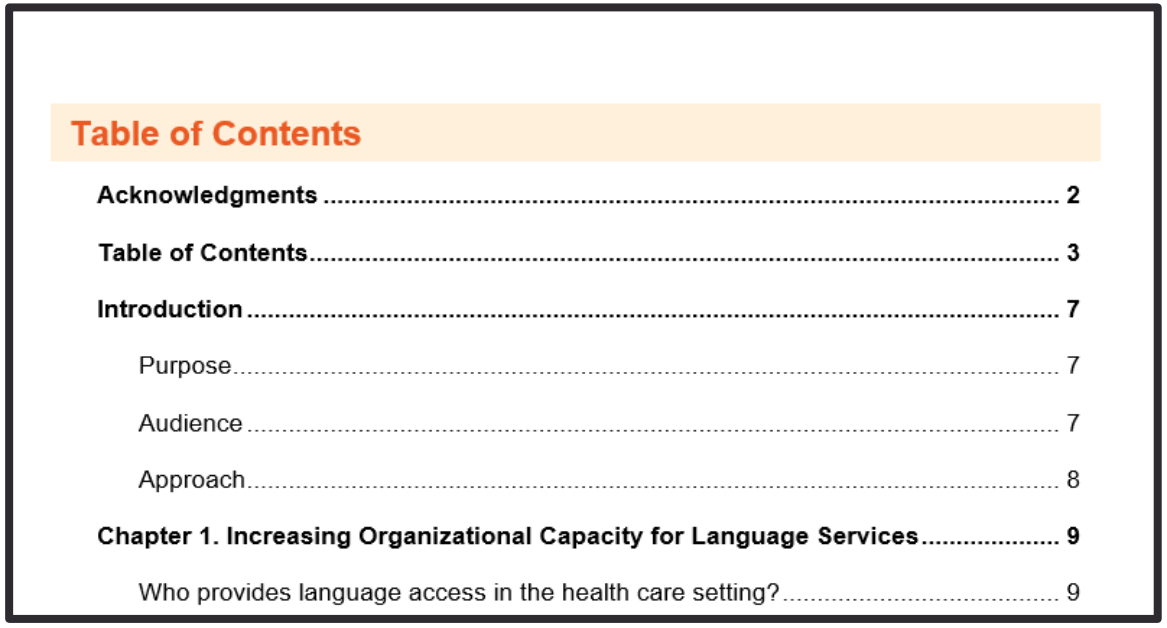
Workbook Features

Workbook Features

- Uses plain language principles throughout
- Includes clear introductory text in each chapter
- Organizes content with headers for easier navigation
- Highlights specific steps to take in callout boxes
- Breaks down complex information into bite-sized pieces
- Presents challenges with actionable best practices and tips
- Provides appendices with legal requirements and sample workflows

Workbook Features

- Developed using plain language principles



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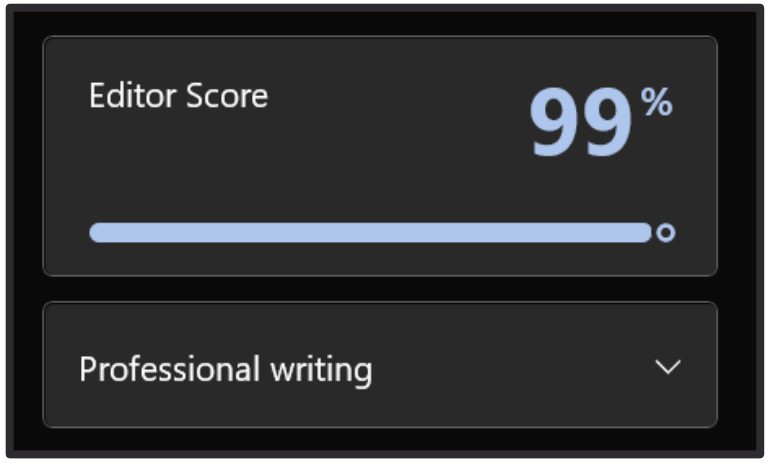
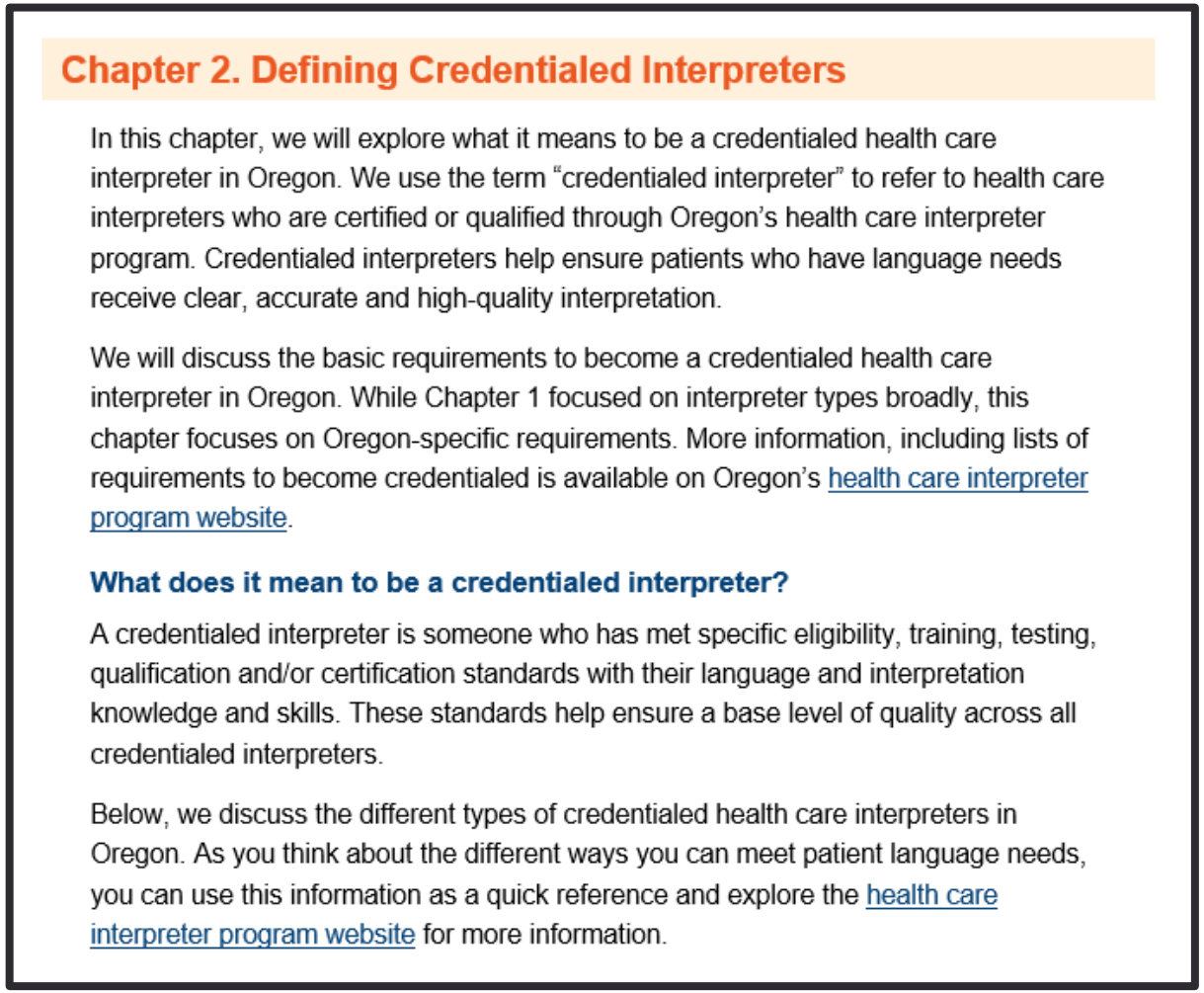


Workbook Features

- Each chapter includes clear introductory text



Chapter 2. Defining Credentialed Interpreters

In this chapter, we will explore what it means to be a credentialed health care interpreter in Oregon. We use the term "credentialed interpreter" to refer to health care interpreters who are certified or qualified through Oregon's health care interpreter program. Credentialed interpreters help ensure patients who have language needs receive clear, accurate and high-quality interpretation.

We will discuss the basic requirements to become a credentialed health care interpreter in Oregon. While Chapter 1 focused on interpreter types broadly, this chapter focuses on Oregon-specific requirements. More information, including lists of requirements to become credentialed is available on Oregon's health care interpreter program website.

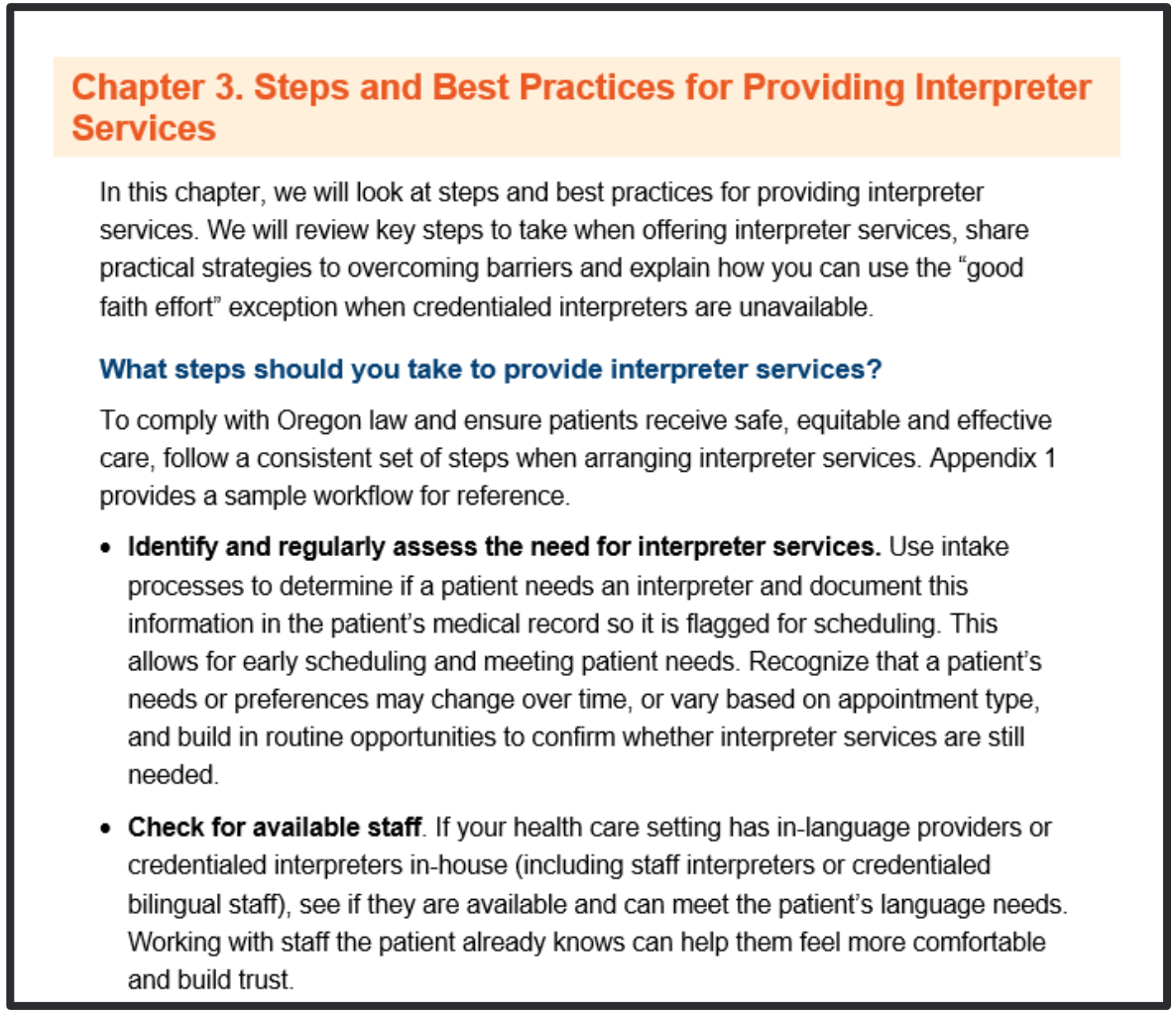
What does it mean to be a credentialed interpreter?

A credentialed interpreter is someone who has met specific eligibility, training, testing, qualification and/or certification standards with their language and interpretation knowledge and skills. These standards help ensure a base level of quality across all credentialed interpreters.

Below, we discuss the different types of credentialed health care interpreters in Oregon. As you think about the different ways you can meet patient language needs, you can use this information as a quick reference and explore the health care interpreter program website for more information.

Workbook Features

- Headers make it easier to navigate content



Chapter 3. Steps and Best Practices for Providing Interpreter Services

In this chapter, we will look at steps and best practices for providing interpreter services. We will review key steps to take when offering interpreter services, share practical strategies to overcoming barriers and explain how you can use the "good faith effort" exception when credentialed interpreters are unavailable.

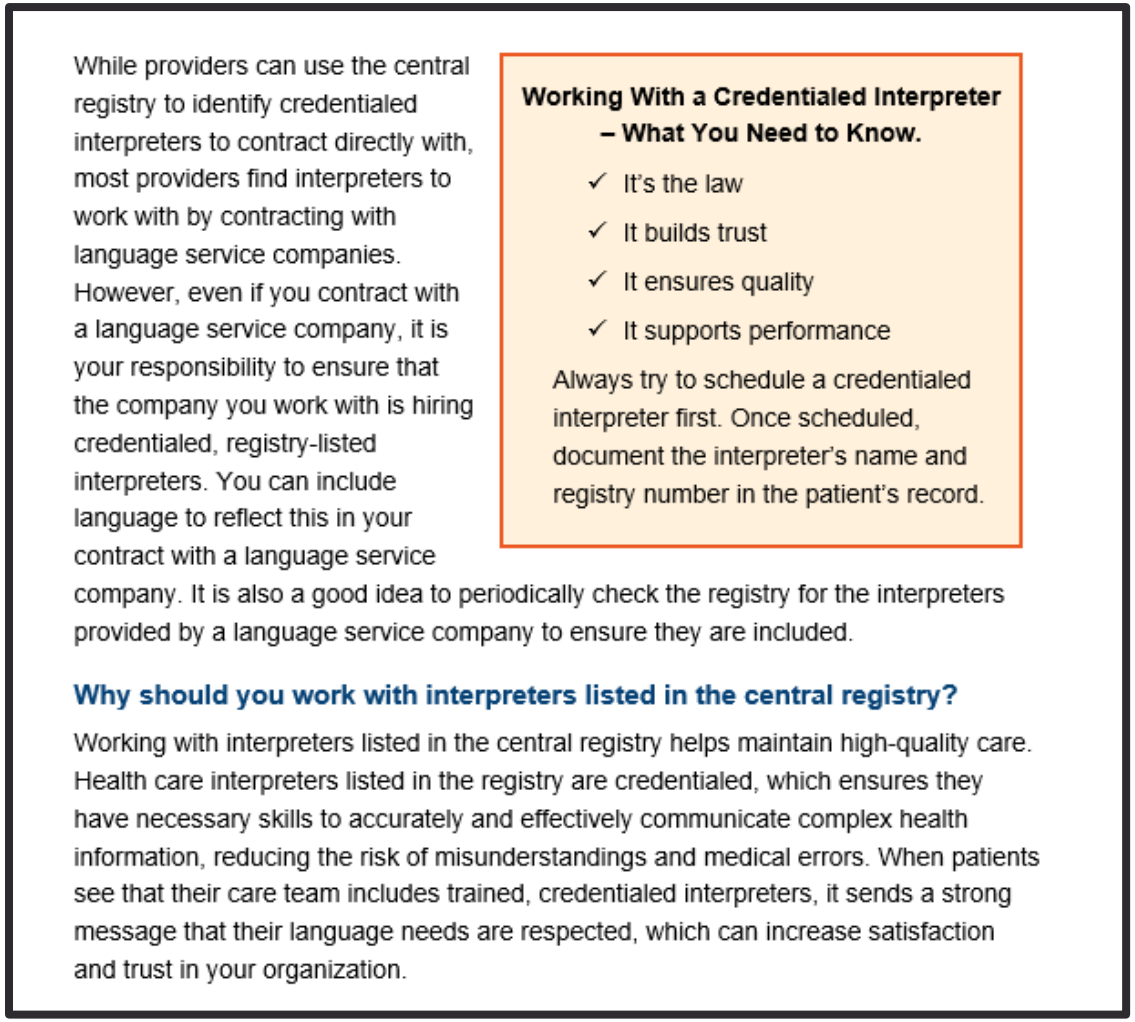
What steps should you take to provide interpreter services?

To comply with Oregon law and ensure patients receive safe, equitable and effective care, follow a consistent set of steps when arranging interpreter services. Appendix 1 provides a sample workflow for reference.

- **Identify and regularly assess the need for interpreter services.** Use intake processes to determine if a patient needs an interpreter and document this information in the patient's medical record so it is flagged for scheduling. This allows for early scheduling and meeting patient needs. Recognize that a patient's needs or preferences may change over time, or vary based on appointment type, and build in routine opportunities to confirm whether interpreter services are still needed.
- **Check for available staff**. If your health care setting has in-language providers or credentialed interpreters in-house (including staff interpreters or credentialed bilingual staff), see if they are available and can meet the patient's language needs. Working with staff the patient already knows can help them feel more comfortable and build trust.

Workbook Features

- Call out boxes highlight specific steps to take



While providers can use the central registry to identify credentialed interpreters to contract directly with, most providers find interpreters to work with by contracting with language service companies. However, even if you contract with a language service company, it is your responsibility to ensure that the company you work with is hiring credentialed, registry-listed interpreters. You can include language to reflect this in your contract with a language service company. It is also a good idea to periodically check the registry for the interpreters provided by a language service company to ensure they are included.

Working With a Credentialed Interpreter – What You Need to Know.

- ✓ It's the law
- ✓ It builds trust
- ✓ It ensures quality
- ✓ It supports performance

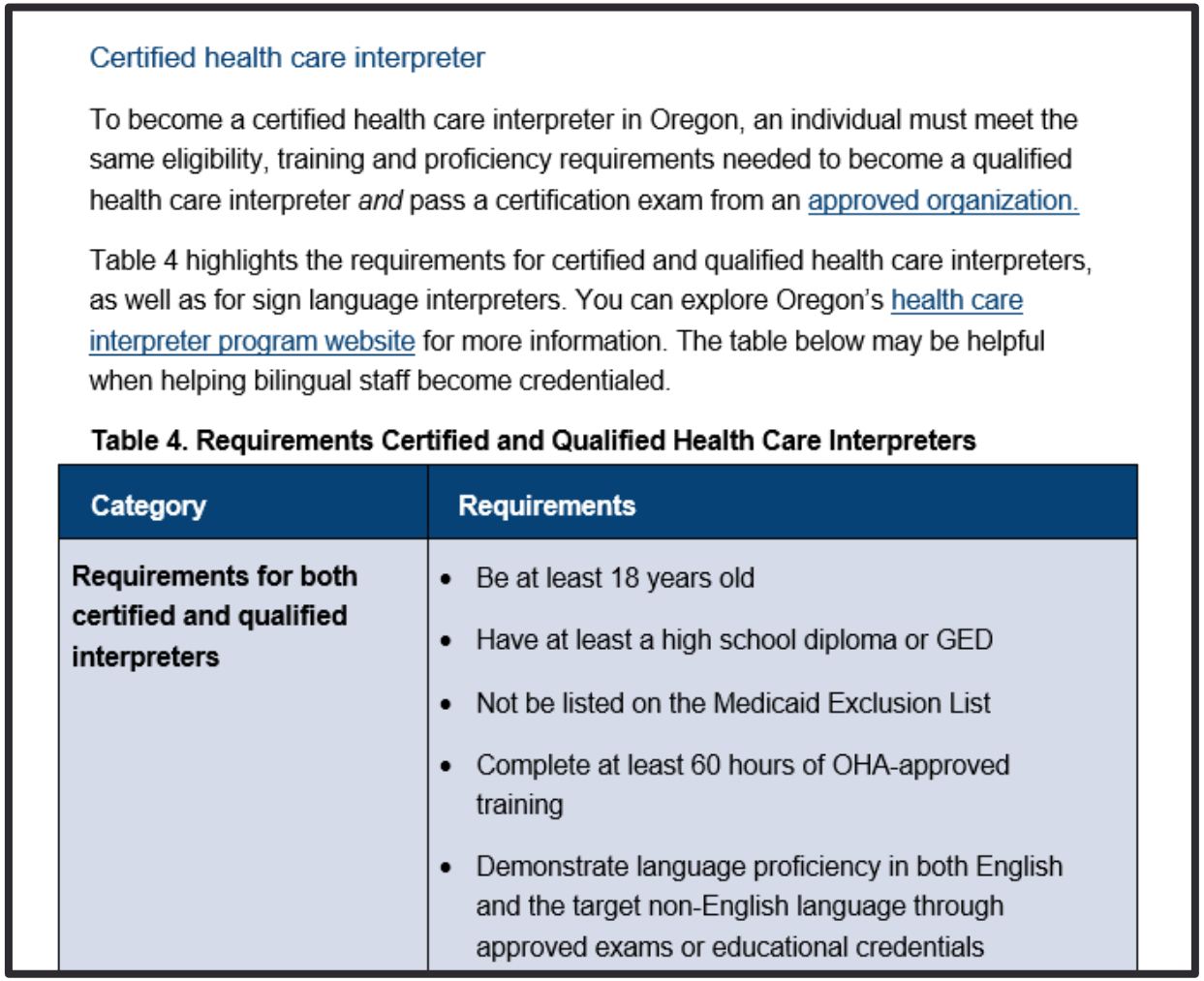
Always try to schedule a credentialed interpreter first. Once scheduled, document the interpreter's name and registry number in the patient's record.

Why should you work with interpreters listed in the central registry?

Working with interpreters listed in the central registry helps maintain high-quality care. Health care interpreters listed in the registry are credentialed, which ensures they have necessary skills to accurately and effectively communicate complex health information, reducing the risk of misunderstandings and medical errors. When patients see that their care team includes trained, credentialed interpreters, it sends a strong message that their language needs are respected, which can increase satisfaction and trust in your organization.

Workbook Features

- Tables breakdown complex information into bite-sized pieces



Certified health care interpreter

To become a certified health care interpreter in Oregon, an individual must meet the same eligibility, training and proficiency requirements needed to become a qualified health care interpreter *and* pass a certification exam from an approved organization.

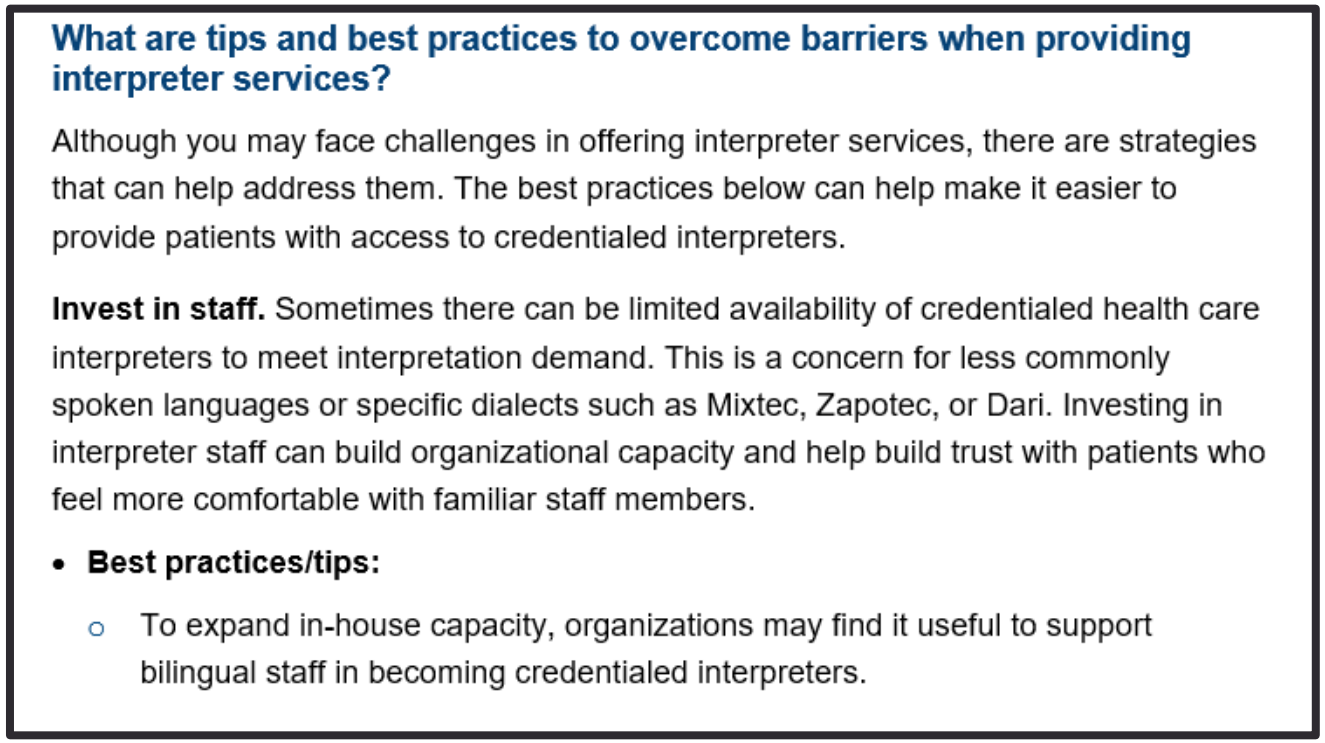
Table 4 highlights the requirements for certified and qualified health care interpreters, as well as for sign language interpreters. You can explore Oregon's health care interpreter program website for more information. The table below may be helpful when helping bilingual staff become credentialed.

Table 4. Requirements Certified and Qualified Health Care Interpreters

Category	Requirements
Requirements for both certified and qualified interpreters	• Be at least 18 years old • Have at least a high school diploma or GED • Not be listed on the Medicaid Exclusion List • Complete at least 60 hours of OHA-approved training • Demonstrate language proficiency in both English and the target non-English language through approved exams or educational credentials

Workbook Features

- Challenges presented along with actionable best practices/tips



What are tips and best practices to overcome barriers when providing interpreter services?

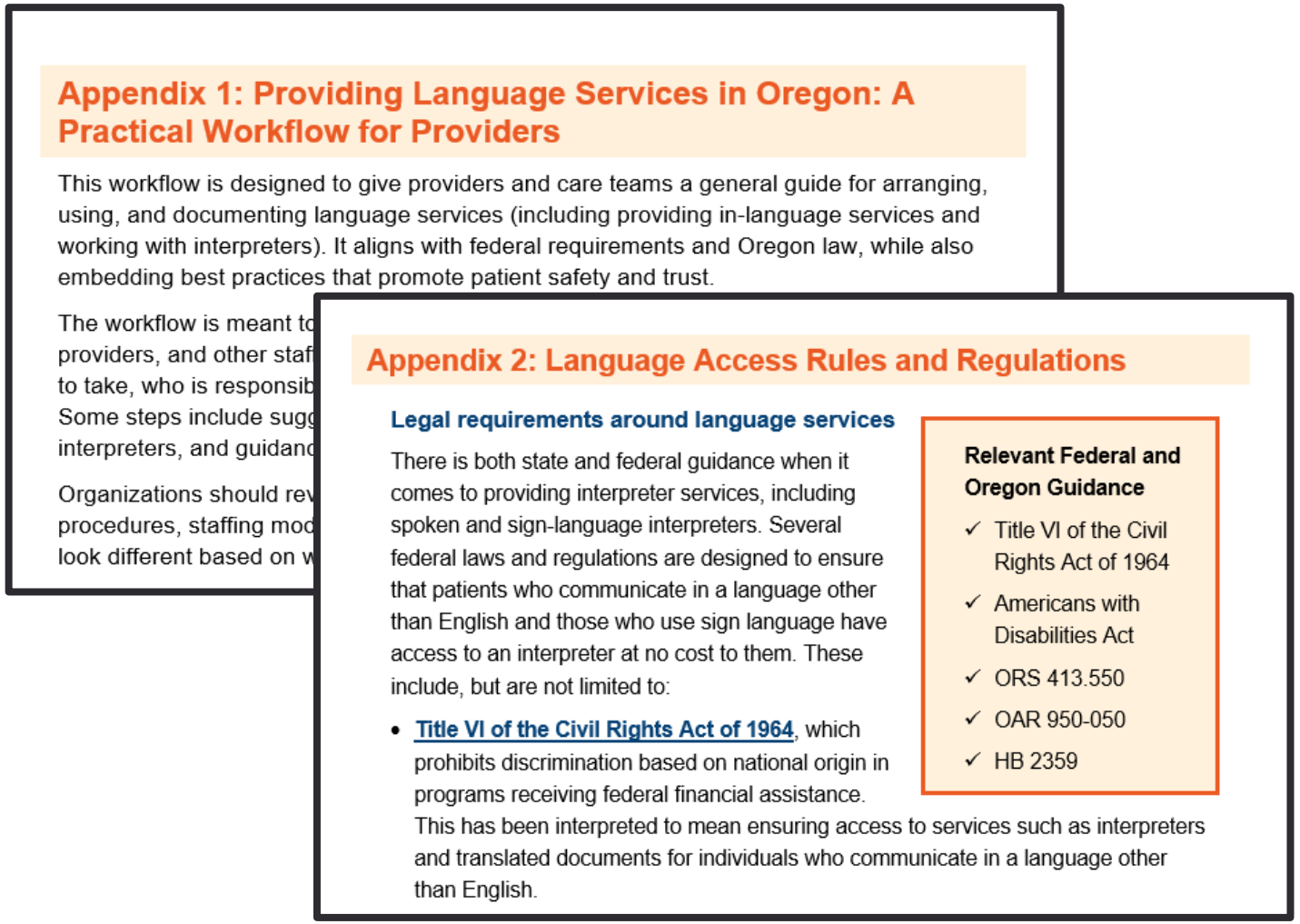
Although you may face challenges in offering interpreter services, there are strategies that can help address them. The best practices below can help make it easier to provide patients with access to credentialed interpreters.

Invest in staff. Sometimes there can be limited availability of credentialed health care interpreters to meet interpretation demand. This is a concern for less commonly spoken languages or specific dialects such as Mixtec, Zapotec, or Dari. Investing in interpreter staff can build organizational capacity and help build trust with patients who feel more comfortable with familiar staff members.

- **Best practices/tips:**
  - To expand in-house capacity, organizations may find it useful to support bilingual staff in becoming credentialed interpreters.

Workbook Features

- Appendices sample workflows and legal requirements



Appendix 1: Providing Language Services in Oregon: A Practical Workflow for Providers

This workflow is designed to give providers and care teams a general guide for arranging, using, and documenting language services (including providing in-language services and working with interpreters). It aligns with federal requirements and Oregon law, while also embedding best practices that promote patient safety and trust.

The workflow is meant to
providers, and other staff
to take, who is responsib
Some steps include sugg
interpreters, and guidanc

Organizations should rev
procedures, staffing mod
look different based on w

Appendix 2: Language Access Rules and Regulations

Legal requirements around language services

There is both state and federal guidance when it comes to providing interpreter services, including spoken and sign-language interpreters. Several federal laws and regulations are designed to ensure that patients who communicate in a language other than English and those who use sign language have access to an interpreter at no cost to them. These include, but are not limited to:

- Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on national origin in programs receiving federal financial assistance. This has been interpreted to mean ensuring access to services such as interpreters and translated documents for individuals who communicate in a language other than English.

Relevant Federal and Oregon Guidance

- ✓ Title VI of the Civil Rights Act of 1964
- ✓ Americans with Disabilities Act
- ✓ ORS 413.550
- ✓ OAR 950-050
- ✓ HB 2359

OREGON HEALTH AUTHORITY

Workbook Contents

Five Chapters and Two Appendices

Introduction: Purpose, Audience, Approach

Chapter 1: Increasing Organizational Capacity for Language Services

Chapter 2: Defining Credentialed Interpreters

Chapter 3: Steps and Best Practices for Providing Interpreter Services

Chapter 4: What is the Oregon Health Care Interpreter Central Registry

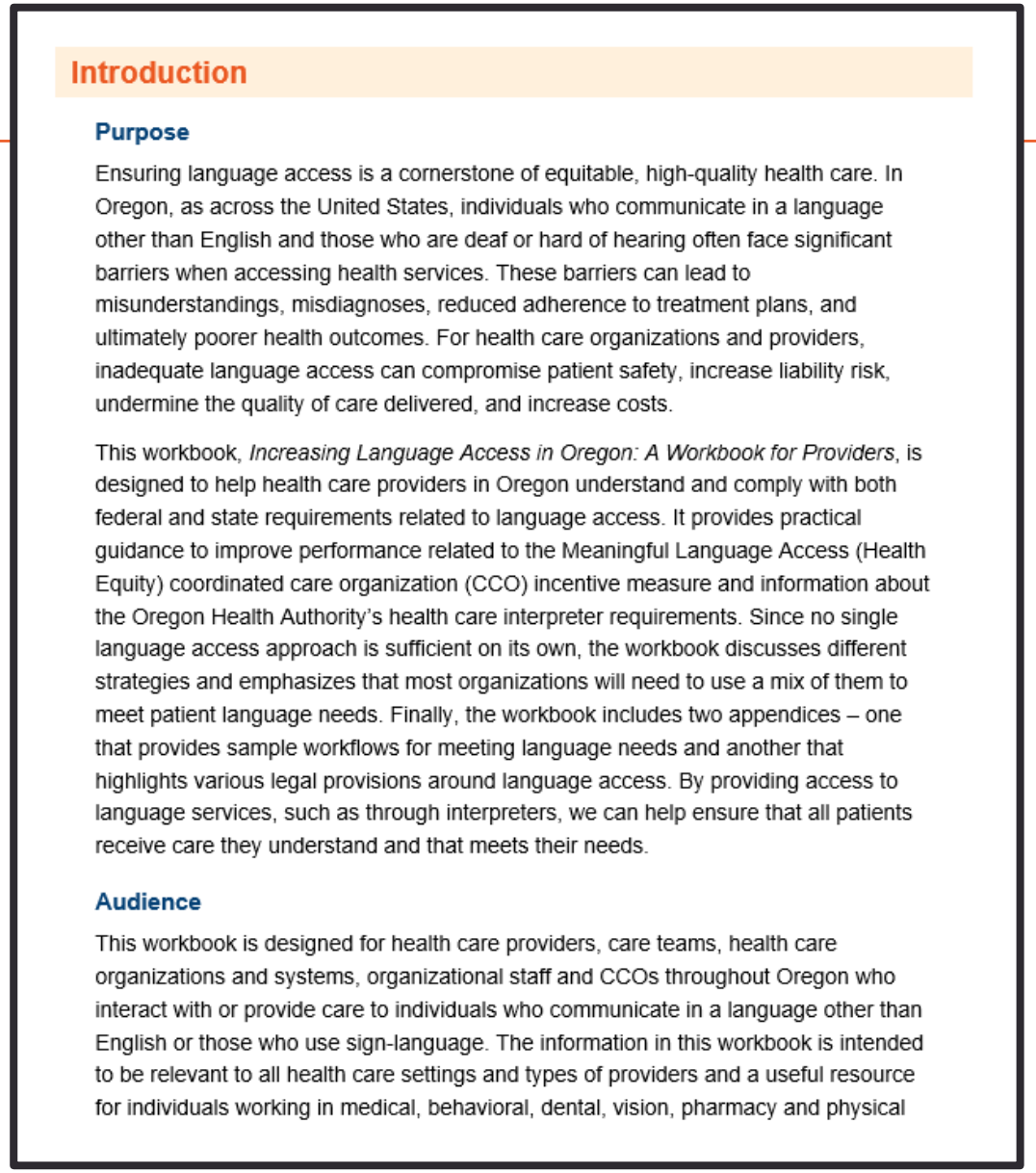
Chapter 5: Meaningful Language Access Measure

Appendix 1: Providing Language Services in Oregon: A Practical Workflow for Providers

Appendix 2: Language Access Rules and Regulations

Introduction

Includes details on purpose, audience, and approach to develop the Workbook



Introduction

Purpose

Ensuring language access is a cornerstone of equitable, high-quality health care. In Oregon, as across the United States, individuals who communicate in a language other than English and those who are deaf or hard of hearing often face significant barriers when accessing health services. These barriers can lead to misunderstandings, misdiagnoses, reduced adherence to treatment plans, and ultimately poorer health outcomes. For health care organizations and providers, inadequate language access can compromise patient safety, increase liability risk, undermine the quality of care delivered, and increase costs.

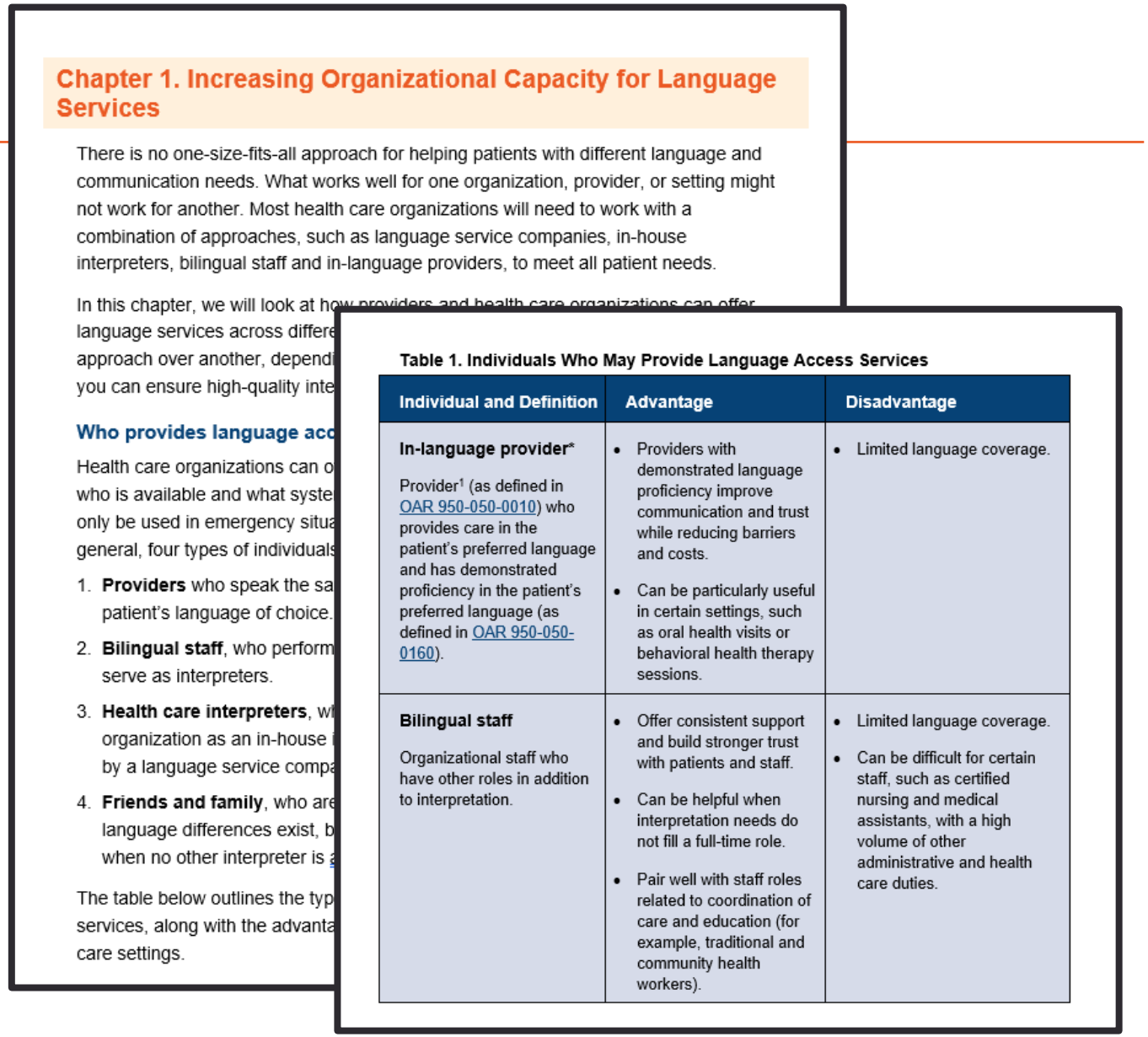
This workbook, *Increasing Language Access in Oregon: A Workbook for Providers*, is designed to help health care providers in Oregon understand and comply with both federal and state requirements related to language access. It provides practical guidance to improve performance related to the Meaningful Language Access (Health Equity) coordinated care organization (CCO) incentive measure and information about the Oregon Health Authority's health care interpreter requirements. Since no single language access approach is sufficient on its own, the workbook discusses different strategies and emphasizes that most organizations will need to use a mix of them to meet patient language needs. Finally, the workbook includes two appendices – one that provides sample workflows for meeting language needs and another that highlights various legal provisions around language access. By providing access to language services, such as through interpreters, we can help ensure that all patients receive care they understand and that meets their needs.

Audience

This workbook is designed for health care providers, care teams, health care organizations and systems, organizational staff and CCOs throughout Oregon who interact with or provide care to individuals who communicate in a language other than English or those who use sign-language. The information in this workbook is intended to be relevant to all health care settings and types of providers and a useful resource for individuals working in medical, behavioral, dental, vision, pharmacy and physical

Chapter 1

Highlights various approaches to providing language access in clinical settings



Chapter 1. Increasing Organizational Capacity for Language Services

There is no one-size-fits-all approach for helping patients with different language and communication needs. What works well for one organization, provider, or setting might not work for another. Most health care organizations will need to work with a combination of approaches, such as language service companies, in-house interpreters, bilingual staff and in-language providers, to meet all patient needs.

In this chapter, we will look at how providers and health care organizations can offer language services across differe
approach over another, dependi
you can ensure high-quality inte

Who provides language acc

Health care organizations can o
who is available and what syste
only be used in emergency situa
general, four types of individuals

1. **Providers** who speak the sa
patient's language of choice.
2. **Bilingual staff**, who perform
serve as interpreters.
3. **Health care interpreters**, w
organization as an in-house
by a language service compa
4. **Friends and family**, who are
language differences exist, b
when no other interpreter is

The table below outlines the typ
services, along with the advanta
care settings.

Table 1. Individuals Who May Provide Language Access Services

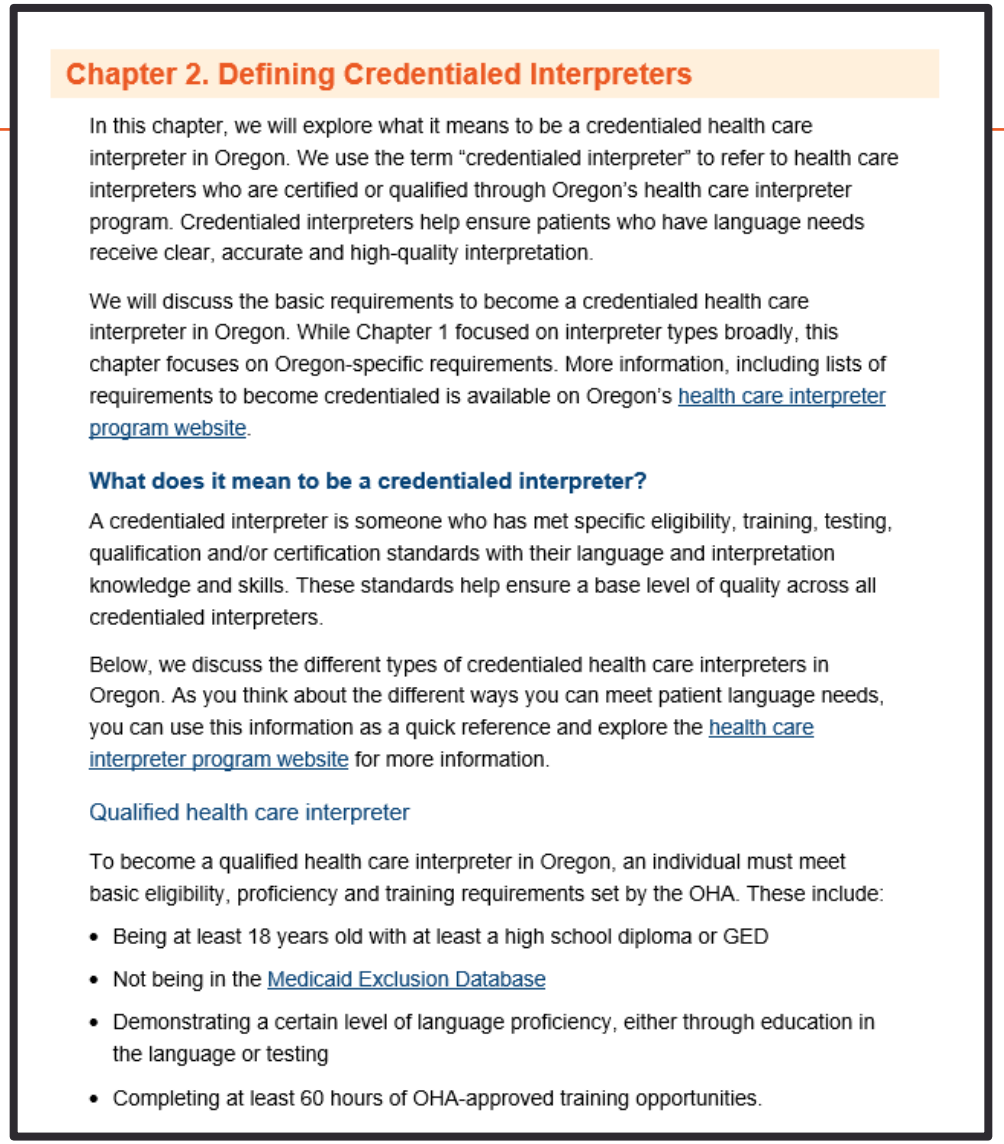
Individual and Definition	Advantage	Disadvantage
In-language provider* Provider[1] (as defined in OAR 950-050-0010) who provides care in the patient's preferred language and has demonstrated proficiency in the patient's preferred language (as defined in OAR 950-050-0160).	• Providers with demonstrated language proficiency improve communication and trust while reducing barriers and costs. • Can be particularly useful in certain settings, such as oral health visits or behavioral health therapy sessions.	• Limited language coverage.
Bilingual staff Organizational staff who have other roles in addition to interpretation.	• Offer consistent support and build stronger trust with patients and staff. • Can be helpful when interpretation needs do not fill a full-time role. • Pair well with staff roles related to coordination of care and education (for example, traditional and community health workers).	• Limited language coverage. • Can be difficult for certain staff, such as certified nursing and medical assistants, with a high volume of other administrative and health care duties.

Chapter 1 Details

- Highlights approaches to providing language access in health care settings
  - Describes options for meeting patient language needs through in-language provider, bilingual staff and health care interpreters
  - Compares on-site and remote interpretation methods, emphasizing when each approach is most effective
- Describes how to balance patient needs with available resources
  - Notes there is no one-size-fits-all approach and most organizations will need a mix of approaches
  - Emphasizes aligning language access strategies with available funding, staffing capacity, and care-delivery settings (e.g., rural or on-demand situations)

Chapter 2

- Discusses requirements to be a credentialed health care interpreter and why to work with one



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We will discuss the basic requirements to become a credentialed health care interpreter in Oregon. While Chapter 1 focused on interpreter types broadly, this chapter focuses on Oregon-specific requirements. More information, including lists of requirements to become credentialed is available on Oregon's health care interpreter program website.

What does it mean to be a credentialed interpreter?

A credentialed interpreter is someone who has met specific eligibility, training, testing, qualification and/or certification standards with their language and interpretation knowledge and skills. These standards help ensure a base level of quality across all credentialed interpreters.

Below, we discuss the different types of credentialed health care interpreters in Oregon. As you think about the different ways you can meet patient language needs, you can use this information as a quick reference and explore the health care interpreter program website for more information.

Qualified health care interpreter

To become a qualified health care interpreter in Oregon, an individual must meet basic eligibility, proficiency and training requirements set by the OHA. These include:

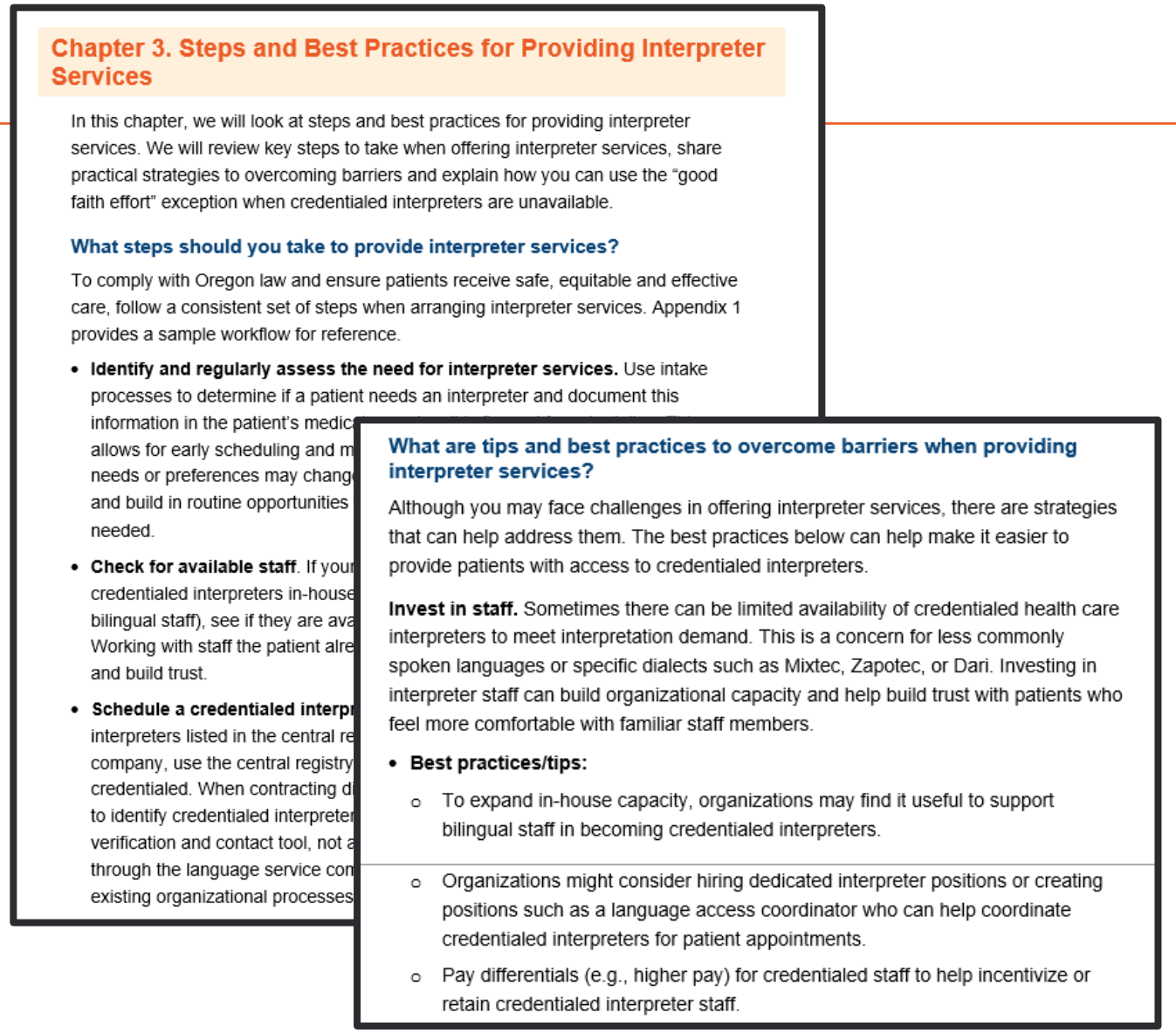
- Being at least 18 years old with at least a high school diploma or GED
- Not being in the Medicaid Exclusion Database
- Demonstrating a certain level of language proficiency, either through education in the language or testing
- Completing at least 60 hours of OHA-approved training opportunities.

Chapter 2 Details

- Discusses what it means to be a credentialed interpreter
  - Outlines requirements to become a qualified health care interpreter vs. certified health care interpreter
  - Describes requirements for sign language interpreters
- Highlights importance of working with credentialed interpreters
  - Ensures compliance with Oregon law
  - Promotes equitable, safe and culturally responsive care for patients with language or communication needs

Chapter 3

Discusses best practices for providing interpreter services, including defining good faith effort



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In this chapter, we will look at steps and best practices for providing interpreter services. We will review key steps to take when offering interpreter services, share practical strategies to overcoming barriers and explain how you can use the "good faith effort" exception when credentialed interpreters are unavailable.

What steps should you take to provide interpreter services?

To comply with Oregon law and ensure patients receive safe, equitable and effective care, follow a consistent set of steps when arranging interpreter services. Appendix 1 provides a sample workflow for reference.

- **Identify and regularly assess the need for interpreter services.** Use intake processes to determine if a patient needs an interpreter and document this information in the patient's medic
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verification and contact tool, not a
through the language service con
existing organizational processes

What are tips and best practices to overcome barriers when providing interpreter services?

Although you may face challenges in offering interpreter services, there are strategies that can help address them. The best practices below can help make it easier to provide patients with access to credentialed interpreters.

Invest in staff. Sometimes there can be limited availability of credentialed health care interpreters to meet interpretation demand. This is a concern for less commonly spoken languages or specific dialects such as Mixtec, Zapotec, or Dari. Investing in interpreter staff can build organizational capacity and help build trust with patients who feel more comfortable with familiar staff members.

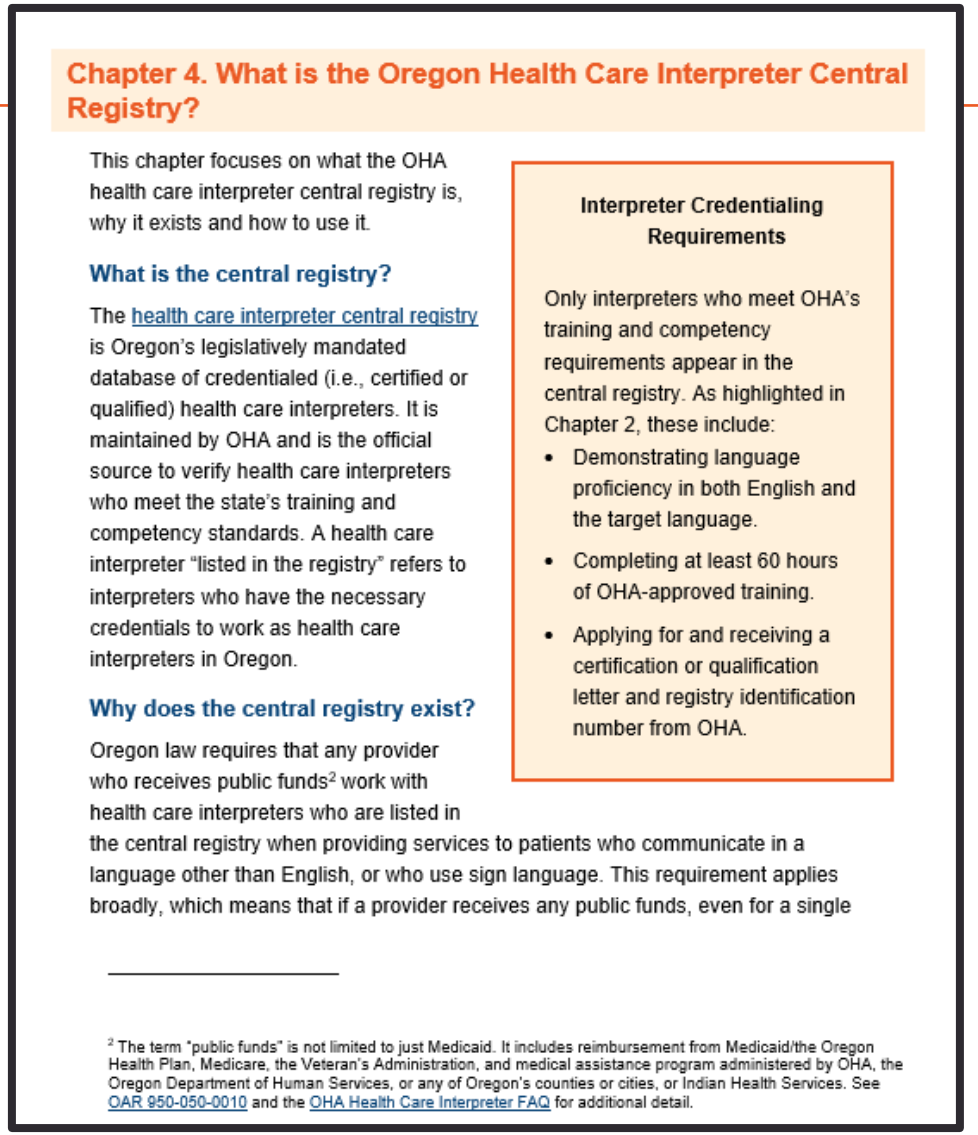
- **Best practices/tips:**
  - To expand in-house capacity, organizations may find it useful to support bilingual staff in becoming credentialed interpreters.
  - Organizations might consider hiring dedicated interpreter positions or creating positions such as a language access coordinator who can help coordinate credentialed interpreters for patient appointments.
  - Pay differentials (e.g., higher pay) for credentialed staff to help incentivize or retain credentialed interpreter staff.

Chapter 3 Details

- Discusses best practices for providing interpreter services
  - Outlines steps to offering interpreter services, from identifying needs to scheduling credentialed interpreters
  - Shares tips to overcoming barriers when providing interpreter services, such as interpreter shortages, scheduling delays, and patient preferences
- Defines good faith effort
  - Explains what constitutes a good faith effort and when it applies
  - Notes that documenting attempts, reasons for unavailability, and interpreter details demonstrates compliance and helps identify interpreter shortages

Chapter 4

Introduces the Oregon Health Care Interpreter Central Registry



Chapter 4. What is the Oregon Health Care Interpreter Central Registry?

This chapter focuses on what the OHA health care interpreter central registry is, why it exists and how to use it.

What is the central registry?

The health care interpreter central registry is Oregon's legislatively mandated database of credentialed (i.e., certified or qualified) health care interpreters. It is maintained by OHA and is the official source to verify health care interpreters who meet the state's training and competency standards. A health care interpreter "listed in the registry" refers to interpreters who have the necessary credentials to work as health care interpreters in Oregon.

Why does the central registry exist?

Oregon law requires that any provider who receives public funds[2] work with health care interpreters who are listed in the central registry when providing services to patients who communicate in a language other than English, or who use sign language. This requirement applies broadly, which means that if a provider receives any public funds, even for a single

Interpreter Credentialing Requirements

Only interpreters who meet OHA's training and competency requirements appear in the central registry. As highlighted in Chapter 2, these include:

- Demonstrating language proficiency in both English and the target language.
- Completing at least 60 hours of OHA-approved training.
- Applying for and receiving a certification or qualification letter and registry identification number from OHA.

[2] The term "public funds" is not limited to just Medicaid. It includes reimbursement from Medicaid/the Oregon Health Plan, Medicare, the Veteran's Administration, and medical assistance program administered by OHA, the Oregon Department of Human Services, or any of Oregon's counties or cities, or Indian Health Services. See OAR 950-050-0010 and the OHA Health Care Interpreter FAQ for additional detail.

Chapter 4 Details

- Introduces the Oregon Health Care Interpreter Central Registry
  - Explains what the registry is and why it exists
  - Describes information included in the registry (e.g., interpreter name, registry number, credential type)
- Highlights how and why to use the registry
  - Explains providers' responsibility to prioritize registry-listed interpreters
  - Emphasizes that using credentialed interpreters ensures quality, trust, and compliance

Chapter 5

Discusses Oregon's Meaningful Language Access measure

Chapter 5. Meaningful Language Access Measure

In this chapter, we will learn about Oregon's meaningful language access (MLA) measure. The full name of the measure is Health Equity Measure: Meaningful Access to Health Care Services for Persons Who Prefer a Language Other than English (LOE) and Persons Who Are Deaf or Hard of Hearing. Throughout the document and this chapter, we refer to the measure as "MLA measure."

The MLA measure is part of Oregon's Quality Incentive Program, which gives coordinated care organizations (CCOs) the opportunity to earn financial bonuses each year by improving on a set of health care quality measures.

What is the MLA measure?

The MLA measure supports an individual's right to communicate with health care providers in the language they feel most comfortable using. It ensures that members who communicate in a language other than English and members who are deaf or hard of hearing receive meaningful access to culturally appropriate and high-quality language access services.

The measure also increases accountability for providers, health systems and CCOs to provide quality language access s
language service utilization data.
requirements for language access
measure provides a foundation fo
access and fixing systemic inequi

Why is it important to collect

Collecting data on language acce
efforts. It allows providers, health
interpreters and in-language prov
gaps in access remain. These ins
and workflow changes to make it
documenting when you work with
demonstrate compliance with stat

Table 5. Components of the MLA measure

Self-assessment survey (component 1)	Detailed questions about policies, workflows, and infrastructure to support language access
Quantitative report (component 2)	Percentage of member visits where language services were provided by OHA-certified or -qualified interpreter or by in-language providers who meet proficiency standards

Self-assessment survey

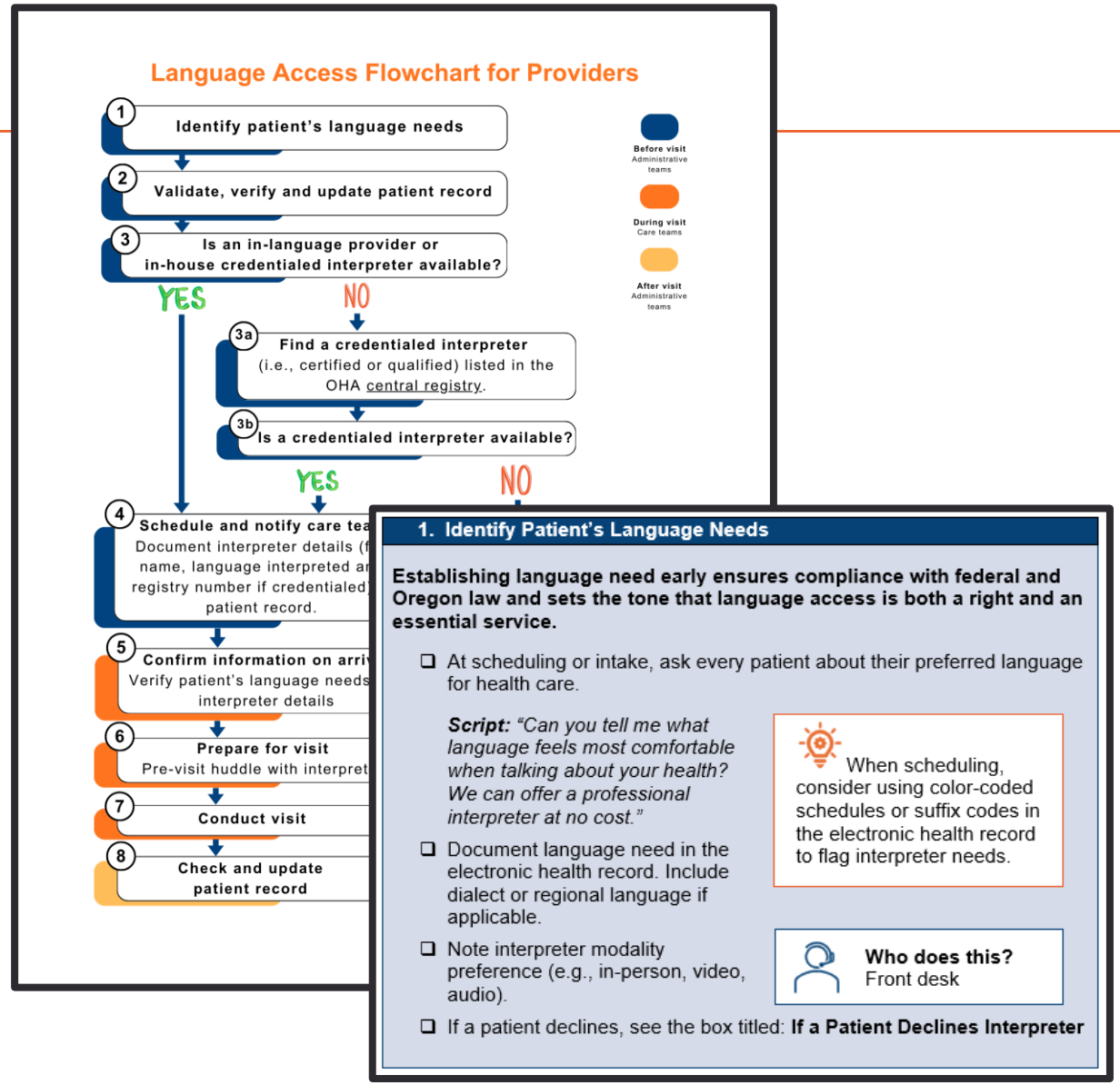
Component 1 of the MLA measure, the **self-assessment survey**, focuses on the availability of language services within an organization and provider network. CCOs are responsible for implementing the activities outlined in the self-assessment survey. CCOs will guide providers on needed policies and procedures to meet component 1 requirements.

Chapter 5 Details

- Introduces Oregon’s Meaningful Language Access (MLA) measure
  - Explains what the MLA measure is and why it matters
  - Describes how it supports equitable communication and care quality
- Highlights the components of the MLA measure
  - Describes the self-assessment survey, which focuses on policies and infrastructure for language access
  - Describes the quantitative report, which tracks how often credentialed interpreters and in-language providers are used
  - Clarifies which visits count toward the measure and why accurate documentation is essential

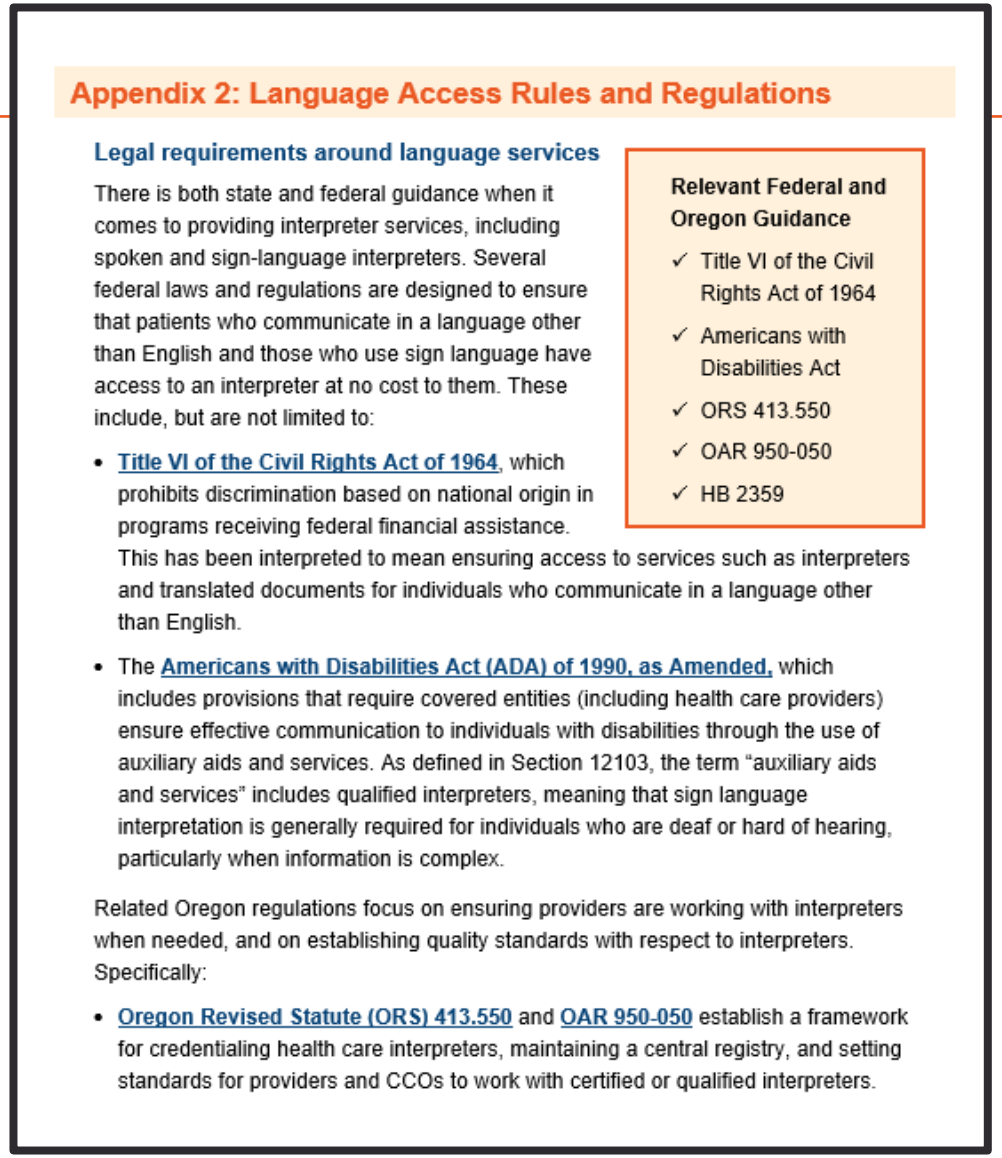
Appendix 1: Workflow

- Provides example flowchart and workflow for providing language services (including interpreters) that providers and health care organizations can adapt to best fit their needs



Appendix 2: Legal

- Discusses federal and state guidance around language access services



Appendix 2: Language Access Rules and Regulations

Legal requirements around language services

There is both state and federal guidance when it comes to providing interpreter services, including spoken and sign-language interpreters. Several federal laws and regulations are designed to ensure that patients who communicate in a language other than English and those who use sign language have access to an interpreter at no cost to them. These include, but are not limited to:

Relevant Federal and Oregon Guidance

- ✓ Title VI of the Civil Rights Act of 1964
- ✓ Americans with Disabilities Act
- ✓ ORS 413.550
- ✓ OAR 950-050
- ✓ HB 2359

- Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on national origin in programs receiving federal financial assistance. This has been interpreted to mean ensuring access to services such as interpreters and translated documents for individuals who communicate in a language other than English.
- The Americans with Disabilities Act (ADA) of 1990, as Amended, which includes provisions that require covered entities (including health care providers) ensure effective communication to individuals with disabilities through the use of auxiliary aids and services. As defined in Section 12103, the term "auxiliary aids and services" includes qualified interpreters, meaning that sign language interpretation is generally required for individuals who are deaf or hard of hearing, particularly when information is complex.

Related Oregon regulations focus on ensuring providers are working with interpreters when needed, and on establishing quality standards with respect to interpreters. Specifically:

- Oregon Revised Statute (ORS) 413.550 and OAR 950-050 establish a framework for credentialing health care interpreters, maintaining a central registry, and setting standards for providers and CCOs to work with certified or qualified interpreters.

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Questions?

About the Q&A

- We welcome questions about:
  - The Workbook's content, purpose, and use
  - How providers and staff can apply the workbook's tools
- Some topics are outside the scope of today's webinar. These include:
  - Billing
  - Questions specific to cases or legality
- For more info on Oregon's HCI Program, visit https://www.oregon.gov/oha/EI/Pages/HCI-Program.aspx

Closing Remarks

Lisa Bui

Quality Improvement Director

Health Policy and Analytics Division

Resources

- The workbook, *Increasing Language Access for In Oregon: A Workbook for Providers*, is now available to download as a PDF.
- This session and future training materials will be posted to the OHA Transformation Center Language Access webpage.

Questions? Questions.LanguageAccess@oha.Oregon.gov

Thank You!

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Transformation Center at Transformation.Center@odhsoha.oregon.gov or 503-793-1920. We accept all relay calls.

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