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Increasing Language Access in Oregon:

A Workbook for Providers

Acknowledgments

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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 offers practical guidance to improve performance related to the Meaningful Language Access (Health Equity) incentive measure for coordinated care organizations (CCOs) 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

health settings. Any direct reference (e.g., you) used in this workbook is intended to refer to all relevant audiences and providers.

Approach

This workbook was developed using plain language principles and is based primarily on the findings of a document review. Reviewed documents include, but were not limited to, Oregon Administrative Rules (OARs), findings from needs assessments conducted by OHA and detailed information about both the Meaningful Language Access (Health Equity) measure and OHA Health Care Interpreter program. Findings from provider interviews conducted by OHA were also used to develop example clinical workflows.

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 different settings. We will look at why you might choose one approach over another, depending on the situation. We will also talk about some ways you can ensure high-quality interpretation that meets your patients' needs.

Who provides language access in the health care setting?

Health care organizations can offer language services in different ways, depending on who is available and what systems their organization uses. Some approaches should only be used in emergency situations, while others are considered best practices. In general, four types of individuals provide language services in the health care settings:

1. **Providers**, who speak the same language as patients and provide services in the patient's language of choice.
2. **Bilingual staff**, who perform clinical and non-clinical tasks and can sometimes serve as interpreters.
3. **Health care interpreters**, who may be employed directly by a health care organization as an in-house interpreter, work as contracted staff, or be employed by a language service company.
4. **Friends and family**, who are sometimes asked to help with communication when language differences exist, but whose use is discouraged and should only be used when no other interpreter is available, and the care cannot wait.

The table below outlines the types of individuals who may provide language access services, along with the advantages and disadvantages of each approach in health 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.

[1] "Provider" refers to any individual or entity reimbursed with public funds, in whole or in part, for delivering health care services. This includes licensed professionals (e.g., physicians, nurses, therapists), health care facilities, emergency medical services, laboratories, home health and hospice agencies, and others who provide or bill for health care in the normal course of business, as defined in OAR 950-050-0010.

Individual and Definition	Advantage	Disadvantage
In-house or staff interpreter Organizational staff whose only role is to interpret.	• Offer consistent support and build stronger trust with patients and staff. • Organization knows who will see patients and can provide direct feedback on quality. • Easier to minimize no shows.	• May not have interpreters for every language needed or shift.
Contracted interpreter Professional interpreter who works independently and helps patients and providers communicate while the patient receives care.	• Ensure clear communication between patients and provider. • Organization able to decide which interpreter sees patients and can provide direct quality feedback.	• Dependence on availability and capacity can cause delays or missed appointments.
Language service company interpreter A professional interpreter from an outside agency who helps patients and providers communicate while the patient receives care.	• Provide quick access to interpreters in many languages. • Ensure interpreters meet professional and ethical standards.	• Less continuity since patients see a different interpreter each visit. • More likely to be video and telephonic interpretation.
Untrained individual Friends, family members, or other untrained individuals who provide interpretation.	• Can be used when care cannot wait and no other interpretation is available.	• Reliance on untrained interpreters is discouraged, as it can lead to inaccurate, incomplete communication, and serious medical errors.

***NOTE**: *A patient can always request an interpreter even if the provider has documented proficiency in the patient's preferred language.*

While it's helpful to know what types of individuals can provide language services in health care settings, not all options meet Oregon's legal standards or guarantee high-quality care. The next section will show how health care organizations can provide language services in ways that follow the law, are consistent and help provide safe, effective care for all patients.

How can you provide language services that meet legal requirements?

Table 1 described the different individuals who may provide language access and some advantages and disadvantages of each approach. While that section focuses on who may provide these services, this section describes how to provide language services that meet legal requirements (see Appendix 2). You can use several different approaches to provide care in a patient's preferred language, and in all likelihood, you will ultimately use a mix of approaches. In the next chapter, we will discuss Oregon's interpreter credentialing requirements.

In-language provider

Health care providers (as defined in OAR 950-050-0010) can conduct in-language health care services only when they have documented proficiency in the patient's preferred language. Providing in-language services is an ideal, long-term strategy for language access.

While in-language providers do not need to meet the same English and training requirements as credentialed health care interpreters, they must have documented proficiency in the preferred language of the person who communicates in a language other than English or communicate in the signed language of choice, as defined in OAR 950-050-0160 (1)(a).

Bilingual staff

Some organizations also provide language services by working with bilingual staff who are also credentialed health care interpreters. These staff can fill a variety of other clinical or non-clinical roles when not interpreting, helping ensure a complete

workload. They can also serve in a dedicated interpreter role if workloads allow. It is important to create time in their schedule for interpreting and consider increasing their compensation. Please note, just because someone is bilingual does not mean they automatically meet the criteria to provide health care interpreting. **Bilingual staff who will also provide interpreter services must become credentialed health care interpreters through the Oregon health care interpreter program.**

Providers must determine the best use of available resources. When working with bilingual staff who perform both interpreter and clinical duties, it is important to adjust workload in other areas accordingly. In many cases, it is not appropriate or effective to have bilingual staff perform both their clinical work and their interpreter work at the same time. For example, a credentialed Spanish-speaking dental assistant should not be interpreting for the patient and the dentist while also providing dental assistant services. Staff performing clinical work should be supported by an additional interpreter, even if they themselves are an interpreter.

In-house or staff interpreters

If you serve a patient population that primarily speaks one or two languages other than English, you may find it helpful to work with credentialed interpreters who are part of your organization. Having dedicated credentialed health care interpreters on staff (either full- or part-time) can also create consistency for your patients, as it can mean that a patient sees the same interpreter (or one of several interpreters) every time they receive care.

Contracted interpreters

Some health care organizations contract directly with credentialed health care interpreters listed in OHA's health care interpreter central registry for on-site, video, or phone interpretation. Direct contracting can give organizations more flexibility over who provides services and support continuity for patients who prefer working with the same interpreters.

Language service companies

Many health care organizations and providers use language service companies to meet their patients' language access needs because these companies can quickly

connect clinics with interpreters across multiple languages and modalities (e.g., video, phone). However, providers are still responsible for compliance with interpreter requirements even when services are arranged through a language service company. When working with a language service company, it is important to include clear expectations in the contract that the company will prioritize credentialed health care interpreters who are listed in the central registry. Contracts can include how the company should report working with an interpreter (e.g., providing central registry numbers), which can help health care organizations meet documentation and compliance requirements.

What is the difference between on-site and remote interpretation?

On-site interpreters

On-site interpreters can be employed directly by an organization (i.e., in-house or staff interpreters) or contracted on an as-needed basis, usually through a language service company. On-site interpreters are generally preferred by both providers and patients and considered the gold standard for interpretation. On-site interpreters can:

- Help build rapport.
- Navigate cultural differences.
- Facilitate reading body language.

Remote interpreters

Remote interpreters may take part in patient care either by video or phone. Remote interpreters are often provided by language service companies to help ensure interpreters are available on short notice in a wide variety of languages or dialects. As a result, the interpreter may or may not be in the same state as the patient and provider. Working with remote interpreters may be necessary for organizations and providers who serve patients who speak many different languages. It can also be beneficial for less commonly spoken languages. For example, if you see patients who speak Mam once or twice a year, you might work with a remote interpretation service to meet their needs, if an on-site interpreter is not available.

Learn more in the Overview of On-site and Remote Interpreting guide.

How do you balance patient needs with available resources?

Many different factors can affect your organization's approach to providing language access services, including number of languages spoken by the patients you serve, extent of need and patient and provider preferences.

Not all organizations will have the same capacity to offer various approaches. Organizations must consider available resources (e.g., time, staff) and care delivery constraints (e.g., rural settings or on-demand situations) to decide how to best meet patient needs.

The tables below give some recommendations for organizations to think through capacity to meet language needs.

Table 2. High-Number of Patients with Language Needs

Number of Non-English Languages Spoken	Service Options
Primarily one or two	• In-language provider (as defined in OAR 950-050-0010) • In-house or staff interpreters • Bilingual staff (who are also credentialed interpreters)
Multiple	• Language service company • Contracted interpreter • Bilingual staff (who are also credentialed interpreters)

Table 3. Fewer Patients with Language Needs

Number of Non-English Languages Spoken	Service Options
Primarily one or two	• Bilingual staff (who are also credentialed interpreters) • Contracted interpreter • Language service company
Multiple	• Contracted interpreter • Language service company

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.

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.

- Interpreters who already have other certifications may only need an additional 20 hours of OHA-approved training to become credentialed interpreters in Oregon. To learn more about which certifications are eligible for 20-hour training, view the Oregon HCI Program Guidance.

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 • Proficiency can be demonstrated through either education or testing Please see the Oregon Health Authority website for more detail on how to demonstrate language proficiency

Category	Requirements
Additional requirements for *certified* interpreters	• Basic eligibility, training, and language proficiency requirements listed above • Pass a certification exam from an approved certification organization (full list of approved organizations is available on the health care interpreter program website)
Additional requirements for *sign language interpreters*	• Provide current certification with Registry of Interpreters for the Deaf (RID), National Interpreter Certification (NIC), or Certified Deaf Interpreter (CDI) • Pass sign language proficiency exam such as the American Sign Language Proficiency Interview (ASLPI) or the Sign Language Proficiency Interview (SLPI: ASL) with a minimum proficiency level of 4 (ASLPI) or advanced (SLPI: ASL) Please see the Oregon Health Authority resource for more details on requirements for sign language interpreters

Why work with credentialed interpreters?

Providing professional, trained (i.e., credentialed) interpreters is critical to patient well-being and complies with Oregon law for providers. When you work with credentialed interpreters, you can be assured that they have a certain level of language proficiency both in English and the non-English language in which they are interpreting. As a result, you can be confident that language differences are addressed and that you are providing effective communication to your patients who communicate in a language other than English.

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.
- **Schedule a credentialed interpreter.** Prioritize working with credentialed interpreters listed in the central registry. When working with a language service company, use the central registry to confirm that an assigned interpreter is credentialed. When contracting directly with an interpreter, use the central registry to identify credentialed interpreters to work with. The central registry serves as a verification and contact tool, not a scheduling portal. Scheduling must be completed through the language service company, directly with the interpreter, or by using existing organizational processes.

- **Document appropriately.** Record interpreter details in the patient record, including the health care interpreter's full name, central registry number and language interpreted. This documentation shows you worked with a credentialed interpreter. For patients with recurring visits, maintain and periodically update a preferred interpreter list so scheduling staff can quickly connect patients with a trusted interpreter.
    - **Keep in mind:** If you bill OHA for Open Card/fee-for-service members, you are required to document additional information during a visit, as outlined in OAR 410-120-0001(3)(a-e). If you work with a coordinated care organization (CCO), you may be asked to document additional information to meet the MLA measure (see Chapter 5).
- **Schedule in advance, when possible.** Scheduling an interpreter early is important, especially for less commonly spoken languages and for ongoing services, such as behavioral health, where continuity with the same interpreter can improve patient comfort. Before each new series of appointments, confirm whether the patient's language preferences or interpreter availability have changed.
- **Ensure access during the visit.** For on-site visits, position the interpreter so the patient and provider can communicate directly. For phone or video interpretation, ensure technology is set up and working before the visit. Ask the patient during the appointment, and again at future visits if needed, whether the interpretation method is working well for them.
- **Have policies and procedures for providing language access services.** Providers should have policies and procedures that describe the steps they take to work with a credentialed interpreter for health care appointments and the efforts they're taking to reduce reliance on interpreters who are not credentialed. If you work with a language service company to help you schedule interpreters, your policies and procedures should also include the expectations for these vendors to prioritize credentialed interpreters. Include how your organization documents good faith effort attempts to schedule a credentialed interpreter and the steps you take when a credentialed interpreter is not available.

The following section explains what a good faith effort is, how to record it, and why it matters for both compliance and accountability.

What if a credentialed interpreter is not available?

While Oregon law (OAR 950-050-0160) requires providers to work with credentialed (i.e., certified or qualified) health care interpreters, there are two exceptions:

1. A language proficient provider is available to provide in-language services.
2. A good faith effort was made.

A good faith effort shows that reasonable steps were taken to work with a credentialed interpreter before working with someone who is not credentialed, ensuring that care is provided in the moment while still maintaining compliance.

How can you document good faith effort?

If attempts to schedule with a credentialed (i.e., certified or qualified) interpreter were unsuccessful (e.g., scheduling conflicts, availability), the record should note your attempts to schedule a credentialed interpreter. If you scheduled a non-credentialed interpreter, document their name, language interpreted and interpretation modality (e.g., on-site, phone, video). Providers that schedule interpreters through contracted vendors or language service companies can incorporate expectations for prioritizing credentialed interpreters into their contracts with these vendors or companies.

What is the purpose of a good faith effort?

The purpose of reporting a good faith effort is to show that providers and health systems are making every reasonable attempt to meet Oregon's language access requirements, even when challenges come up. It demonstrates that credentialed interpreters are always the first choice and that providers took concrete steps to work with one before using other options.

Documenting these efforts keeps providers in compliance with state law and can inform where interpreter shortages exist. Documenting a good faith effort is a way of showing accountability to patients, building transparency with oversight bodies, and contributing to longer-term solutions that improve equitable access to care.

To learn more, please review the good faith effort guidance document available on the HCI program resource webpage.

Document and Report Good Faith Effort

Providers should:

- ✓ Record their attempts to schedule a credentialed interpreter.
- ✓ Document if they worked with a non-credentialed interpreter, and if so, document the interpreter's name, language interpreted, and the interpretation modality (e.g., on-site, video, phone).
- ✓ Train staff to include good faith effort documentation in their electronic health record or scheduling system so it becomes a standard part of intake and care delivery.

While documenting a good faith effort is important when credentialed interpreters are not available, the goal is to work with credentialed health care interpreters. The following section highlights common barriers to providing credentialed interpreters and offers practical strategies to overcome them.

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.

Streamline scheduling and ensure consistency with interpretation. Appointments that require interpreters can run longer and last-minute requests are often difficult to fulfill. Continuity is also important for patients who need recurring services and may be particularly critical for patients with behavioral or mental health needs.

- **Best practices/tips:**
  - Flag interpreter needs as early as possible, whether at appointment scheduling or patient intake.
  - Consider using color-coded schedules, suffix codes, or language-specific phone lines.
  - For recurring services like behavioral health or pediatrics, try to assign the same interpreter across visits to improve continuity and comfort.
  - Create a preferred interpreter list and keep registry numbers, credential information and contact information on hand so scheduling staff can quickly connect patients with interpreters who already know the community.

Reduce administrative burden. Working across multiple CCOs and language service companies can create inconsistent documentation, scheduling and reporting processes, which can increase staff workload and strain staff.

- **Best practices/tips:**
  - Whenever possible, take steps to standardize internal workflows within your health care organization. Appendix 1 includes sample workflows that you can adapt to meet your organizational needs.
  - Always record interpreter name, central registry number and the interpreted language.
  - Use a simple workflow checklist for staff that covers scheduling and documentation.

- Build templates in your electronic health record to reduce duplication, and train staff so processes are consistent across visits.

Strengthen infrastructure for remote interpretation. Remote interpretation has drawbacks but may sometimes be necessary. Providers often rely on personal devices or shared tablets in clinics without phones in exam rooms. Infrastructure challenges can also lead to poor audio quality, dropped calls, or difficulty hearing over background noise.

- **Best practices/tips**:
  - When possible, equip exam rooms with speaker phones or tablets to minimize disruption.
  - If it is not possible to equip all rooms with the necessary technology, consider how to use rolling carts or whether you can equip certain rooms.
  - Test technology solutions before appointments and always train staff on how to troubleshoot common issues before a patient visits.

Address patient concerns. Some patients decline interpreters due to concerns about confidentiality or because they prefer family members or bilingual staff they trust. Others may want an interpreter of a specific gender or dialect to feel comfortable.

- **Best practices/tips:**
  - Explain to patients that credentialed interpreters are bound to a code of ethics and confidentiality standards and are there to ensure complete understanding.
  - Clarify the limitations of having family members or friends interpret (e.g., lack of specific medical terminology and interpretation skills, unintentionally withholding or changing information, privacy concerns).
  - Emphasize that minors cannot serve as interpreters except in emergencies. If a patient still declines, consider working with traditional health workers to address cultural concerns or other sensitivities.
  - Build in routine opportunities (such as during annual updates, at check-in, or when discussing a new treatment plan) where a dedicated care team can confirm whether interpreter services are needed.

Collaborate as needed. Remember that you do not need to solve interpreter access challenges on your own. Community-based organizations and traditional health workers may be available in your area to help you connect with interpreters, learn about cultural considerations and strengthen community trust.

- **Best practices/tips:**
    - Consider whether you might be able to build on existing partnerships or create new ones to help ensure services are culturally and linguistically appropriate.
    - When possible, partner with community-based organizations and traditional health workers to support community members in becoming credentialed interpreters. Supporting community partners can help increase the pool of trusted, credentialed interpreters.

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.

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.

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

[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.

patient, all patients seen by the provider's office must receive services that meet health care interpreter requirements, regardless of how an individual visit is paid for. This legal requirement ensures that patients receive interpretation from professionals who have completed OHA-approved training, demonstrated language proficiency and met all standards set by OHA.

What information does the central registry include?

When you search the central registry, each interpreter listing will show:

- Name of the interpreter
- Registry number
- Language(s) offered
- Credential type (i.e., Certified Health Care Interpreter, Qualified Health Care Interpreter)
- Counties served
- Contact information
- Schedule availability

In addition to the search function, you can also download a spreadsheet from the central registry that includes interpreters who wish to be listed on the publicly facing register and are currently credentialed. It does not show health care interpreters whose credentials have expired. This list contains interpreter contact information and you can reach out to these interpreters directly to work with them.

How should you use the central registry?

The central registry is a tool to help improve patient care, strengthen trust with the community and meet legal requirements. You can use the central registry to verify an interpreter's credentials. For example, just like providers verify nursing staff credentials through the Oregon State Nursing Board, providers can verify interpreter credentials through the central registry.

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, language interpreted, 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.

How can you use the central registry most effectively?

To effectively use the central registry, you can build its use into your scheduling workflow and train staff to check the central registry as soon as they know a patient will need interpretation. If you work with a contracted vendor or language service company, you should ensure they are prioritizing interpreters listed in the central registry. You can also use the central registry as a starting point for your own preferred list of credentialed interpreters who work well with your patient population, which can save time. If you create a list of preferred credentialed interpreters, be sure

to include each interpreter’s name, registry number, credential type, contact information and languages served. This list can become a go-to resource for schedulers, helping to secure consistent services.

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 services by collecting health care interpreter and in-language service utilization data. The measure specifications are not legal requirements for language access in the state of Oregon or federal law. Instead, the measure provides a foundation for quality improvement work on language access and fixing systemic inequities in the healthcare system.

Why is it important to collect data on language access services?

Collecting data on language access services is important for quality improvement efforts. It allows providers, health systems and CCOs to see how consistently interpreters and in-language providers are being worked with, and to identify where gaps in access remain. These insights can guide targeted training, resource allocation and workflow changes to make it easier for patients to receive services. Additionally, documenting when you work with an interpreter and in-language providers can demonstrate compliance with state and federal requirements and build transparency.

Tracking patterns across settings and populations helps ensure that language access is not left to chance but is monitored.

What documentation requirements exist for the measure?

As noted in table 5 and described below, there are two components used to provide a score for the MLA measure: **a self-assessment survey** and a **quantitative report**. Additional information on the MLA measure and how it is calculated is included in the MLA FAQ document.

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.

Quantitative report

Component 2 is a **quantitative report** that assesses how well providers and CCOs met patient language needs over a period of time.[3] Component 2 measures:

[3] Refer to Standard for Health Carte Interpreter Registry Enrolment and Requirements to Work with Qualified or Certified Health Care Interpreters – Health Care Provider Requirements (OAR 950-050-0160).

$$\frac{\text{\# Visits with Language Services Provided* (numerator)}}{\text{\# Visits that Needed Language Services (denominator)}}$$

*by an OHA-qualified or -certified health care interpreter or an in-language provider (clinician) with documented language proficiency

To reduce administrative burden, OHA uses the Language Access and Interpreter Services Report to calculate Component 2 of the MLA measure. CCOs are required to collect data from their provider network as specified in the Language Access and Interpreter Services Report (see **410-141-3515** Network Adequacy (Section 16(g)(B)) and Oregon Health Plan contractual reporting requirements).

What data elements are captured in the Language Access and Interpreter Services Report for Component 2?

The Language Access and Interpreter Services Report allows the Oregon Health Authority to calculate the scores for Component 2. The following items are included for reporting:

- Medicaid Member ID
- Type of Care (Physical Health, Behavioral Health or Dental)
- Care Setting
- Visit Date
- Modality of Language Service (In Person, Telephone, or Video)
- Language Interpreted
- Certified or Qualified Health Care Interpreter present
- OHA HCI Registry Number
- Proficient In Language Provider
- Interpreter was bilingual staff (optional)
- Member Refused Language Access (Y/N)

- Reason for Refusal
- Hospital Facility
- Hospital National Provider Identifier (NPI)
- Good Faith Effort (Added to reporting template in 2026)

How do bilingual providers and in-language visits fit into the MLA measure?

For component 2 of the MLA measure, it is important to distinguish patient visits that are supported by credentialed interpreters or a proficient in-language provider (i.e., in-language services) versus appointments where in-language services are not offered.

In-language providers

If a patient sees a **provider who speaks their preferred language fluently** and has documented language proficiency, that visit counts directly toward the numerator for the MLA measure. In other words, this is not considered a refusal reason and taken out of the denominator but instead counts directly toward the numerator.

Credentialed health care interpreters

When a patient visit involves a credentialed interpreter (i.e., certified or qualified), those visits count towards the numerator for the MLA measure (Component 2 Language Access and Interpreter Services Report). This is true regardless of whether that interpreter is a bilingual staff who is also a credentialed interpreter, an in-house or staff interpreter, a contracted interpreter, or part of a language service company.

Bilingual staff who are not credentialed

When bilingual staff who are not credentialed health care interpreters provide interpretation during a visit, those encounters do not count towards the measure. They are also not considered a good faith effort exception *unless* the provider documents unsuccessful attempts to secure **credentialed interpreters** from the central registry.

Table 6 provides details on which types of visits count towards the MLA measure, including those with uncredentialed bilingual staff and in-language providers.

Table 6. Which visits count toward MLA measure?

Role	Definition	Counts toward MLA measure
In-language provider	Provider with documented proficiency in the patient's preferred language (see MLA measure specification sheet for details).	**Yes**
Credentialed health care interpreter	Certified or qualified health care interpreter listed in the central registry. Includes: • In-house interpreters (e.g., staff interpreters employed by an organization in a full- or part-time interpreter capacity) • Contracted interpreters • Language service company interpreters* • Credentialed bilingual staff (e.g., staff who have become credentialed as interpreters and perform both interpreter and other clinical duties)	**Yes**
Bilingual staff (not credentialed)	Staff who are **not** credentialed health care interpreters who provide interpretation during the visit	**No**
Family and friends	Patient's family member or friends interpreting during the visit	**No**

***NOTE:** *Interpreters provided by language service companies may or may not be credentialed. When services are provided by an interpreter from a language service company, they only count towards the MLA measure if the interpreter is credentialed.*

Conclusion

This workbook was created to support health care providers and frontline staff across Oregon in their efforts to deliver equitable, high-quality care to individuals who communicate in a language other than English or who are deaf or hard of hearing. The workbook offers comprehensive information on interpreter types, describes what a credentialed interpreter is and highlights best practices for integrating language services into clinical workflows. It also explains Oregon's MLA measure and how providers can document "good faith effort" when credentialed interpreters are unavailable. By using this workbook, not only do providers strengthen their performance on equity-focused metrics but also improve patient safety and enhance communication to ensure high-quality care for all.

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

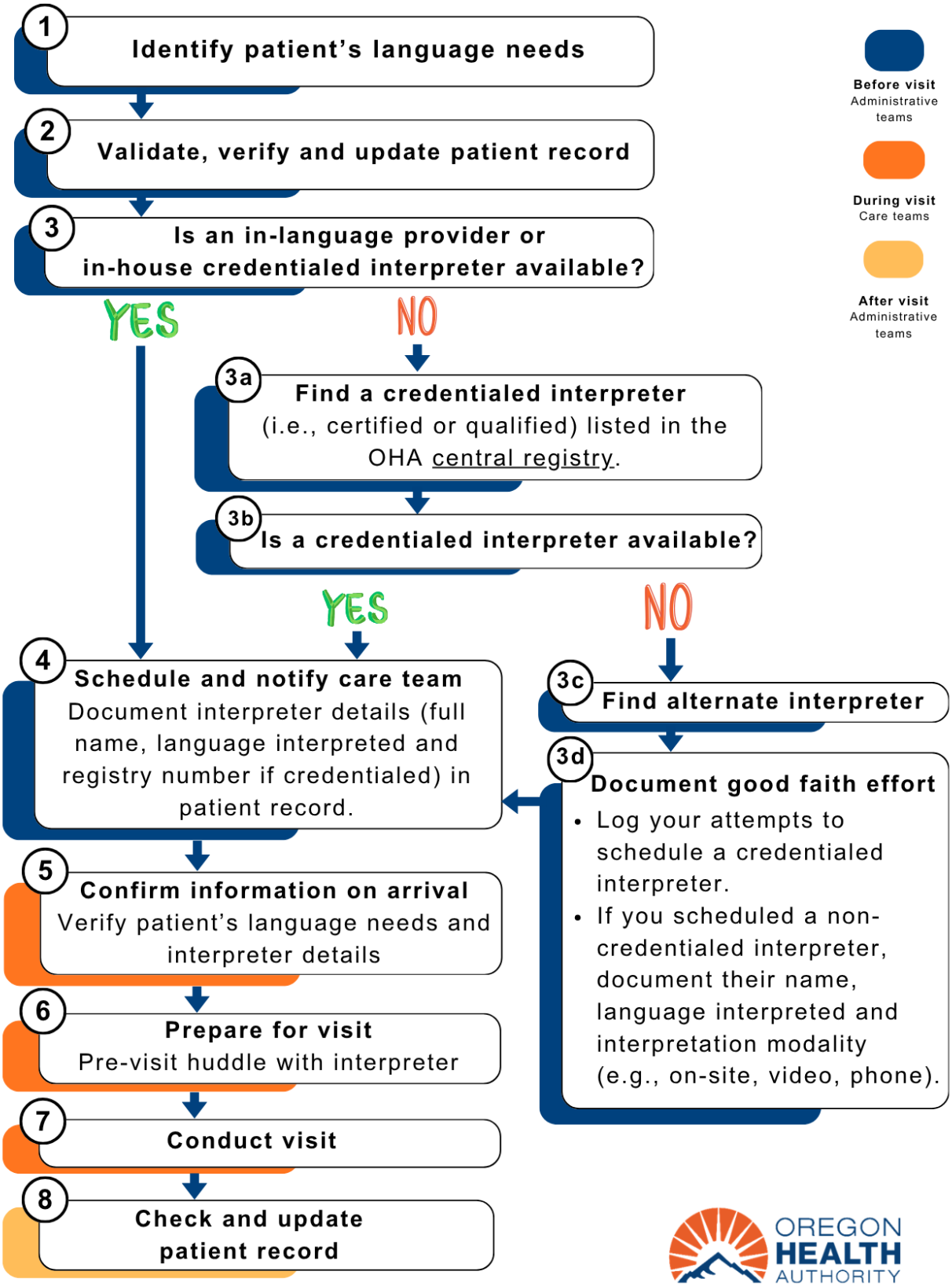
This workflow is designed to give providers and care teams a general guide for arranging, using, and documenting language services (including providing in-language services and working with interpreters). It aligns with federal requirements and Oregon law, while also embedding best practices that promote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

The workflow is meant to be a practical job aid, something front desk, schedulers, providers, and other staff can learn from to ensure consistency. The steps include actions to take, who is responsible for each step, and tips that highlight why the steps matter. Some steps include suggested scripts that staff can use when speaking with patients or interpreters, and guidance on practices to avoid.

Organizations should review this workflow and adapt it to reflect their own policies and procedures, staffing models and patient populations. Your organization’s workflows may look different based on who you serve and the systems you have in place.

By learning from this workflow, providers can ensure they are meeting legal requirements, patient preferences and quality standards while reducing administrative burden and supporting patient care.

Language Access Flowchart for Providers



OREGON HEALTH AUTHORITY

1. Identify Patient's Language Needs

Establishing language need early ensures compliance with federal and Oregon law and sets the tone that language access is both a right and an essential service.

- ❑ At scheduling or intake, ask every patient about their preferred language for health care.

  Script: *"Can you tell me what language feels most comfortable when talking about your health? We can offer a professional interpreter at no cost."*

- ❑ Document language need in the electronic health record. Include dialect or regional language if applicable.
- ❑ Note interpreter modality preference (e.g., in-person, video, audio).
- ❑ If a patient declines, see the box titled: **If a Patient Declines Interpreter**

When scheduling, consider using color-coded schedules or suffix codes in the electronic health record to flag interpreter needs.

Who does this? Front desk

If a Patient Declines Interpreter

Care team must ensure the patient understands key information about their care even if they decline interpreter services.

- ❑ Explain confidentiality and accuracy standards associated with credentialed interpreters.

  Script: *"Our professional interpreters keep your information private and make sure you understand everything correctly. Would you like me to connect you with one for this visit?"*

- ❑ If the patient still declines, document refusal in the electronic health record.

Who does this? Care team or front desk staff (at any step)

2. Validate, verify and update patient record

Preferences can change over time and maintaining current records avoids missed appointments or unnecessary scheduling.

- ❑ For returning patients, confirm or update the language preference and interpreter needs at each encounter.
- ❑ Note interpreter modality preference (e.g., in-person, video, audio).

Who does this? Front desk or clinical staff at check-in

3. Find an In-Language Provider or Credentialed Interpreter

Organizations should meet language needs with a proficient in-language provider or a credentialed interpreter listed in the central registry whenever possible.

- ❑ **3a.** In cases where an in-language provider is not available, use the central registry to search for a credentialed interpreter and document your registry search. If you are working with a language service company or other contracted vendor, you should require them to do the same. To view more guidance on working with language service companies, view the GFE Guidance Document.
- ❑ **3b.** Organizations can work with an in-language provider or credentialed bilingual staff, credentialed in-house or staff interpreters, credentialed (i.e., certified or qualified) interpreters listed in the central registry, or with a language service company to schedule an interpreter.
- ❑ **3c and 3d***: If a credentialed interpreter is not available:*
  - Record your attempts to schedule a credentialed interpreter.
  - Document if you worked with a non-credentialed interpreter, the interpreter's name, language interpreted, and interpretation modality (e.g., on-site, video, phone).

This will help demonstrate that you made a good faith effort attempt, in accordance with the law.

Who does this? Front desk or care coordinator

4. Schedule and Notify the Care Team

Keep everyone aligned and reduce last-minute surprises or missed connections.

- ❑ Coordinate interpreter availability ahead of the appointment.
- ❑ Confirm interpreter's credentials in the central registry.
- ❑ Add interpreter details (full name, central registry number*, language interpreted) into the appointment notes or electronic health record.
- ❑ Inform the care team before the visit that there will be an interpreter.

Who does this? Front desk or care coordinator

- ❑ Inform the care team before the visit that there will be an interpreter.
- ❑ Notify the patient (e.g., through MyChart, text message, or phone call).
- ❑ Have a pre-visit huddle between the interpreter and the provider to share relevant clinical context and terminology and ensure accurate interpretation.
- ❑ If the patient declines the interpreter, see the box titled: **If a Patient Declines Interpreter.**

**The central registry number is the official number from the Oregon Health Care Interpreter Central Registry, not the agency or vendor ID. This number is only applicable to credentialed interpreters.*

5. Confirm Information on Arrival

Follow steps 1- 4 to reconfirm language needs when patient arrives.

- ❑ Identify language needs and document specifics in the electronic health record.
- ❑ Check the existing record and update language preferences.
- ❑ Confirm previously identified in-language provider or credentialed interpreter.
- ❑ Make updates to patient language needs and/or in-language provider or credentialed interpreter details, as needed.

Who does this?
Front desk or care coordinator

6. Prepare for Visit (Pre-Visit Huddle) with Interpreter

A short pre-visit huddle is encouraged to ensure accuracy and build trust among providers, interpreters, and patients.

- ❑ Modality check:
  - In-person: Plan seating/standing so providers are able to speak directly to the patient.
  - Remote: Test video and audio connection before patient enters room. Have a phone backup available.

Who does this?
Provider or care coordinator and interpreter

- ❑ Pre-visit huddle with interpreter (2-3 minutes): Share visit goals, sensitivities, and agree on pause signals.

  Script: *"Today we'll be talking about [topics]. Please interpret everything said so the patient feels fully included in the conversation. If something isn't clear, let's pause and check in together. Does that approach work for you?"*

Tip: When working with an interpreter, remember to speak slowly and clearly, allowing time for the interpreter to communicate the information.

7. Conduct Visit with Interpreter

Following best practices minimizes errors, maintains patient dignity, and ensures clear communication.

- ❑ Position interpreter appropriately (in-room or on-screen so both patient and provider can see and hear).
- ❑ Speak directly to the patient in the first person.
- ❑ Pause for interpretation and allow time for the response

Who does this?
Provider, with interpreter present

Maintain eye contact with the patient, not the interpreter; provider should sit facing the patient.

For visits longer than **two hours** or cognitively demanding sessions, schedule two interpreters to rotate.

8. Check and Update Patient Record

Continuous improvement ensures reliable interpreter services and stronger patient-provider trust

- ❑ Capture patient and provider feedback on interpreter services.
- ❑ Note interpreter modality preference (e.g., in-person, video, audio).
- ❑ Review interpreter data (e.g., no shows, patient satisfaction) monthly.

- ❑ Update preferred interpreter list and scheduling practice as needed.

Who does this? Clinic leadership

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.

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

- **OAR 950-050** establishes 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.

- Relatedly, **Oregon Revised Statute (ORS) 413.550** requires health care providers work with interpreters from a health care interpreter registry operated by the Oregon Health Authority.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Questions.LanguageAccess@oha.oregon.gov or 503-979-6980. We accept all relay calls.

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