

Language Access Plan

This Language Access Plan should be completed for each Program within a Provider umbrella. Completed Plans shall be sent via e-mail to JEDI@oasas.ny.gov. Use additional pages if necessary.

General Information	
Applicant's Legal Name	
Operating Certificate Number	PRU Number
Originating Site Address	
Name of Language Access Officer	Position/Affiliation with Applicant
Contact person if different from Language Access Officer	
Telephone Number for Contact Person	E-Mail Address of Contact Person
Plan Standards and Requirements	
1.	Describe the population in the program(s) service area, including demographic information, language access need and need for manual translation services (American Sign Language).
2.	Describe the population(s) served by the program. For existing programs, use data on population(s) served during the previous year. New programs may leave this space blank.
3.	Describe efforts to provide notification and other methods of highlighting language access services to potential and current patients and their families. This may include, but is not limited to: written translation of signage and documents; interpretation services via a translator, bilingual staff or use of a vendor either onsite, by phone or virtually; manual translation services, and/or campaign or marketing:
4.	Provide information on agency resources to support the provision of language access services, including grant, state or other funding and third-party reimbursement.

5.	Describe staff training requirements including on working with individuals with language access needs as well as utilizing vendors/other processes for translation.
6.	Describe agency activities or provide written policies in support of monitoring, evaluation and/or quality assurance activities and outcomes.

Provider Attestation	
<p>Statement of Compliance and Signature</p> <p>I, (print or type full name and title of the applicant) _____ hereby attest that the language access plan provided herein is true, accurate and complete to the best of my knowledge and that the provider noted above is in compliance with the Language Access Local Services Bulletin issued January 2023 and any subsequent revisions. I understand that any falsification, omission, or concealment of material fact may result in a citation and corrective action plan, and/or may subject me to administrative or civil liability.</p>	
	Date