Meaningful Access to Healthcare Services for Persons with a Preferred Language Other Than English

For Use with Hospitals

MassHealth Hospital Quality and Equity Incentives Program

PY3 Language Access Self-Assessment Survey

Please note the survey below is for informational purposes only; the actual survey will be completed online via Qualtrics (survey link forthcoming).

Language Access Self-Assessment Survey for Hospitals

Introduction

This is a self-assessment of the language services available at your hospital. The purpose of this assessment is to promote high quality language services for all Medicaid patients.

Self-Assessment Requirements

The self-assessment guides your hospital to a progressively higher quality and more robust infrastructure of language services over time. You were required to complete this self-assessment in Performance Years 2 and will be required to complete in Performance Year 3 of the Hospital Quality and Equity Incentives Program (HQEIP), and your responses will be used to determine whether your hospital meets the incentive metric reporting requirements for that Performance Year.

- For Performance Year 2 (2024), this survey was **reporting only**.

- For Performance Year 3 (2025), hospitals **must score the points required** in each of the five domains to pass that domain. The following table indicates the questions that will be scored in Performance Year 3 and the points required to pass each domain. Additionally, a scoring example is provided in Appendix A.

Domain	Question	Scoring	Points Required to Pass Domain
Domain 1	A10	1 point will be awarded for answering "Yes" to any of the six items in the grid	2 points
	A13	1 point will be awarded for answering "Yes"	
Domain 2	B3	1 point will be awarded for answering "Yes" to any of the seven items in the grid	4 points
	B18a	1 point will be awarded for answering "Yes"	
	B18b	1 point will be awarded for answering "Yes"	
	B18c	1 point will be awarded for answering "Yes"	
Domain 3	C1	1 point will be awarded for answering "Yes"	1 point
Domain 4	D18	1 point will be awarded for answering "Yes"	1 point
Domain 5	E5	1 point will be awarded for answering "Yes"	1 point

The questions are organized into five domains. **Your hospital must answer all questions.** Your responses should reflect the language access policies, procedures, and services that were in place **hospital-wide** at your hospital as of December 31, 2025. Please note that unless otherwise specified, all questions about language preference or competency refer to spoken language.

This self-assessment must be completed by **January 31, 2026**.

Glossary of Terms and Phrases

- **Caregivers:** Individuals who give care to patients who need help taking care of themselves. Caregivers may include parents of pediatric patients.

- **Individuals served by your hospital:** All admitted inpatients, patients at the hospital for observation stays, and their caregivers

- **In-language services:** Services where a multilingual staff member or provider provides care in a non-English language preferred by the patient, without the use of an interpreter

- **Multilingual staff and providers:** Hospital staff members and providers who can communicate competently with patients and caregivers in a language other than English and provide in-language services

- **Service area:** The geographical region or location where the hospital offers its medical services to patients

Additional Information

MassHealth reserves the right to request additional or clarifying information to support the responses you provide to this survey, including but not limited to additional details on how data are collected, example policies, and copies of translated materials.

For questions about this survey, please contact Health.Equity@mass.gov

Contact Information

Please enter the contact information for the primary and secondary points of contact if MassHealth has any follow-up or clarifying questions about your survey responses.

HOSP.   Hospital Name:

Primary Contact (Person Completing This Survey):

NAME1.   Name:

TITLE1.   Title:

EMAIL1.   Email Address:

Secondary Contact:

NAME2.   Name:

TITLE2.   Title:

EMAIL2.   Email Address:

Domain 1: Data Collection and Identification of Communication Needs

The questions in this domain assess how well your hospital identifies and tracks the language assistance needs of the populations you serve that prefer a language other than English for health care.

Please answer the questions based on the language services in place as of <u>December 31, 2025</u>.

The first few questions are about the types of data your hospital collects to understand the language assistance needs of the populations in your hospital's service area.

Note that by **"service area"** we mean the geographical region or location where the hospital offers its medical services to patients.

A1. Over the past five years, has your hospital collected data on the prevalence of non-English languages used by individuals **in your services area** (i.e., the proportion of the population in your service area that uses a particular language)?
1. Yes
2. No

If responded 'Yes' to A1, answer A2.
A2. What data sources does your hospital use to collect data on the prevalence of non-English languages used by individuals in your services area? *Please select all that apply.*
1. U.S. Census Bureau data (including the American Community Survey (ACS)
2. MassHealth 834 file
3. Electronic medical record (EMR) data
4. Data supplied by language services vendor
5. Other *(Please specify)*:_____

If responded 'Yes' to A1, answer A3.
A3. How often does your hospital update the data on the prevalence of non-English languages used by individuals in your service area?
1. Multiple times per year
2. Once per year
3. Once every two years
4. Once every three years
5. Less often than every three years

The next few questions are about the types of data your hospital collects to understand the language assistance needs of the individuals served by your hospital.

Note that by "**individuals served by your hospital**" we mean all admitted inpatients, patients at the hospital for observation stays, and their caregivers.

A4. Thinking of the **individuals served by your hospital** each year, does your hospital calculate the following information? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2

a. Total number of individuals who **prefer a language other than English** for health care		
b. **Most common non-English languages** preferred		
c. **Prevalence of non-English languages** preferred (i.e., proportion of individuals served preferring a particular language)		

If responded 'Yes' to A4b or A4c, answer A5.

A5. What are the most frequently encountered non-English languages preferred by patients and caregivers served by your hospital? Please list all languages preferred by at least 200 individuals annually, for up to 10 languages. *List languages in order of prevalence, starting with the most frequently encountered language.*

If responded 'Yes' to any A4a-A4c, answer the applicable A6 question below.

A6. Over the past five years, has your hospital used the following information to periodically reassess the language assistance services that it offers? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
If responded 'Yes' to A4a a. Data on the total number of individuals served by your hospital each year who **prefer a language other than English** for health care		
If responded 'Yes' to A4b b. Data on the **most common non-English languages** preferred by individuals served by your hospital		
If responded 'Yes' to A4c c. Data on the **prevalence of non-English languages** preferred by individuals served by your hospital		

If responded 'Yes' to any A6a-A6c, answer A7.

A7. How often does your hospital review the data it collects to reassess the language assistance services it offers?

    1. Multiple times per year

    2. Once per year

    3. Once every two years

    4. Once every three years

    5. Less often than every three years

A8A. Does your hospital have a process for identifying gaps between the language assistance services that it offers and the needs of patients and caregivers who prefer a language other than English for health care?

    1. Yes

    2. No

If responded 'Yes' to A8A, answer A8B.

A8B. Briefly describe your hospital's process for identifying gaps between the language assistance services that it offers and the needs of patients and caregivers who prefer a language other than English for health care. (maximum 1250 characters)

A9. Does your hospital collect self-reported data from the following staff groups on the languages in which they can fluently communicate (spoken or sign language) with patients and caregivers about health care? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Providers		
b. Clinical staff (not including providers)		
c. Non-clinical staff		

Next, we would like to understand how your hospital identifies patients or caregivers needing language assistance services (i.e., those who prefer a language other than English for health care), and how this information is shared with staff.

A10. Does your hospital …

	Yes 1	No 2
a. Have a process for individuals to **request language assistance services**?		
b. Have a process to **respond to requests** for language assistance services?		
c. Use open-ended questions to determine an individual's preferred language?		
d. Record the preferred language of **patients** at registration or intake?		
e. Record the preferred language of patients' **caregivers**, if applicable, at registration or intake?		
f. Record at registration or intake if individuals **require language assistance services**?		

If responded 'Yes' to any A10a-A10f, answer A11.

A11. Does your hospital use any of the following methods to communicate with relevant staff that a patient or caregiver **prefers a language other than English**? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Notation on EMR storyboard or banner		
b. Discrete field in the patient's EMR		
c. Flag in the patient's EMR		
d. Note in a paper chart		
e. Another method *(Please specify)*:_____		

If responded 'Yes' to any A10a-A10f, answer A12.

A12. Does your hospital use any of the following methods to communicate with relevant staff that a patient or caregiver **requests language assistance services**? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Notation on EMR storyboard or banner		
b. Discrete field in the patient's EMR		
c. Flag in the patient's EMR		
d. Note in a paper chart		
e. Another method *(Please specify)*:_____		

If responded 'Yes' to any A10a-A10f, answer A13.

A13.   Is information about whether a patient needs language access services **readily visible** to relevant staff in the patient's EMR?

      1.   Yes

      2.   No

Domain 2: Provision of Language Assistance Services

Questions in this domain assess how your hospital communicates with patients and caregivers who prefer a language other than English for health care and what data it collects about the delivery of language access services.

Hospitals should answer questions based on language services in place as of December 31, 2025.

B1. You previously indicated that the languages below were the most frequently encountered non-English languages preferred by patients and caregivers served by your hospital [**responses from A5**]. Does your hospital provide language assistance services in each of the following languages? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		

B2. Does your hospital provide any language assistance services to communicate with individuals with hearing disabilities who use sign languages (such as ASL or CDI)?

1. Yes
2. No

B3. Does your hospital have any of the following types of language assistance services, either in-house or through a contractor? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Multilingual providers		
b. Multilingual staff		
c. In-person interpreters (spoken language)		
If responded 'Yes' to B2, answer B3d. d. In-person sign language interpreters		
e. Telephonic interpreters (spoken language)		
f. Video interpreters (spoken or sign language)		
If responded 'Yes' to B2, answer B3g. g. Staff trained to use video relay or text telephone devices (TTY or TDD)		
h. Translators (for documents)		

If responded 'Yes' to any B3a-g, answer B4.

B4. Does your hospital provide interpreter services or multilingual staff for any of the following types of interactions? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Patient registration		
b. Patient interactions with providers during stay		
c. Patient interactions with nurses during stay		
d. Patient discharge		
e. Hospital information desk or Guest Services		
f. Customer service (for example, patient questions, billing)		
g. Patient complaints		
h. Case management		
i. Other interactions *(Please specify):_____*		

B5. Are the following vital written documents translated into any non-English languages at your hospital? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Intake forms		
b. Consent forms		
c. Pre-procedure instructions		
d. Notices of patient rights		
e. Test results		
f. Discharge instructions		
g. After-visit summaries		
h. Complaint forms		
i. Other documents *(Please specify):_____*		

If responded 'Yes' to B3c or B3e-g, answer B6a.

B6a. Please indicate the availability of interpreter services at your hospital **[If responded 'Yes' to B2:** not including sign language interpreter services**]**.

Number of days per week interpreter services are available: ___

Average number of hours per day that interpreter services are available: ___

If responded 'Yes' to B2, answer B6b.

B6b. Please indicate the availability of **sign language interpreter services** at your hospital.

Number of days per week interpreter services are available: ___

Average number of hours per day that interpreter services are available: ___

B7. Does the main page of your website include information or links to information in any languages other than English?

1. Yes

2. No

3. *Not applicable, this hospital does not have a website*

If responded 'Yes' to B7, answer B8.

B8.   When your hospital updates information on its website, does it also translate the new content into any non-English languages?

  1.   Yes
  2.   No

B9.   Is the signage in your hospital's buildings translated into any non-English languages so that patients, caregivers, and visitors who prefer a language other than English can navigate the facility?

  1.   Yes, all signage is translated
  2.   Yes, some signage is translated
  3.   No, signage is not translated

B10. Does your hospital currently have a system in place for tracking the following? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Number of instances in which language assistance services are **requested** by patients or caregivers		
b. Number of instances in which language assistance services are **delivered** to patients or caregivers		
c. The **modality** through which spoken language assistance services are delivered (in-person, telephonic, or video)		
If responded 'Yes' to B3a or B3b, answer B10d.		
d. Number of instances in which patients or caregivers receive **in-language services from multilingual staff or providers**		
e. Number of instances in which patients or caregivers with a language preference other than English **refuse interpretation services**		
f. Number of instances in which patients or caregivers are **unable to request interpreter services** because of a medical reason (e.g., cognitive limitations)		

If responded 'Yes' to B10a, answer B11.

B11. Briefly describe how your hospital tracks **requests for interpreter services**. (maximum 1250 characters)

If responded 'Yes' to B10b, answer B12.

B12. Briefly describe how your hospital tracks the **delivery of language assistance services**. (maximum 1250 characters)

If responded 'Yes' to B10c answer B13.

B13. Briefly describe how your hospital tracks the **modality** through which interpreter services are delivered. (maximum 1250 characters)

If responded 'Yes' to B10d, answer B14.

B14. Briefly describe how your hospital tracks **the provision of in-language services** from multilingual staff or providers. (maximum 1250 characters)

If responded 'Yes' to B10e, answer B15.

B15. Briefly describe how the hospital collects data on the number of patient or caregivers with a language preference other than English who **refuse interpretation services**.

If responded 'Yes' to B10f, answer B16.

B16. Briefly describe how the hospital collects data on the number of patient or caregivers who are **unable to request interpreter services because of a medical reason**.

If responded 'Yes' to B3a or B3b, answer B17.

B17. Is your hospital able to report the following for each visit or interaction where **multilingual staff or providers deliver in-language services**? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. The date the service was delivered		
b. The patient the service was delivered to		
c. The multilingual staff member who delivered the service		
d. The language used		

If responded 'Yes' to B3c-g, answer B18.

B18. Is your hospital able to report the following for each visit or interaction where **interpretation services** are provided to a patient or caregiver? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. The date the service was delivered		
b. The patient the service was delivered to		
c. The in-house interpreter or contracted service who delivered the interpretation		
d. The language used		

Domain 3: Providing Notice of Language Assistance Services

Questions in this domain assess how well your hospital informs the populations you serve about the availability of language assistance services and how to access them.

Hospitals should answer questions based on language services in place as of <u>December 31, 2025.</u>

C1.   You previously indicated the most frequently encountered non-English languages preferred by patients and caregivers served by your hospital. For patients or caregivers who prefer one of these languages for health care, does your hospital inform them in their preferred language about the availability of free language assistance services?
   1. Yes
   2. No

C2.   Does your hospital use any of the following methods to inform patients and individuals in your service area about the availability of free language assistance services? *Please select all that apply.*
   1. Hospital website
   2. Signs or posters **in English** in and around the hospital
   3. Signs or posters **in non-English languages** in and around the hospital
   4. Posters or advertisements in public areas outside the hospital
   5. Language ID card
   6. Information provided by patient registration staff
   7. Community advertisements, events, or fairs
   8. Social media
   9. Automated answering service or voicemail in multiple languages
   10. Through community groups
   11. Another method *(Please specify)*: _____
   12. *None of the above*

Domain 4: Policies, Procedures, and Staff Training

Questions in this domain assess your hospital's language access policies and procedures as well as how it trains staff to serve individuals who prefer a language other than English for health care.

Hospitals should answer questions based on language services in place as of <u>December 31, 2025</u>.

These next questions are about your hospital's language access policies and procedures.

D1.   Does your hospital have a written policy and procedures for language access?

   1.   Yes
   2.   No

If responded 'Yes' to D1, answer D2.
D2.   How often does your hospital review and, as needed, update its language access policies and procedures?

   1.   Multiple times per year
   2.   Once per year
   3.   Once every two years
   4.   Once every three years
   5.   Less often than every three years
   6.   Never

If responded 'Yes' to D1, answer D3.
D3.   Do your hospital's language access policies and procedures include specific instructions on how to …

	Yes 1	No 2
a. **Identify language assistance needs** of patients or caregivers?		
b. **Request interpreter services** for patients or caregivers who prefer a language other than English?		
c. **Request the translation of written documents** into languages other than English?		
d. **Provide language assistance services** to patients or caregivers who prefer a language other than English?		

If responded 'Yes' to D1, answer D4.
D4.   Does your hospital have policies regarding the use of patients' family or friends as interpreters?

   1.   Yes
   2.   No

D5.   According to your hospital's policies, in which of the following circumstances may a patient's family or friend serve as an interpreter? *Please select all that apply.*

     1.   In **emergency situations** when a qualified medical interpreter is not immediately available

     2.   In **non-emergency situations** when a qualified medical interpreter is not immediately available

     3.   When the patient specifically requests that an **adult** (18 years of age or older) family member or friend provides interpretation

     4.   When the patient specifically requests that a **minor** (under 18 years of age) family member or friend provides interpretation

     5.   Another situation *(Please specify)*: _____

     6.   There are **no situations** where a patient's family or friend may serve as an interpreter

D6.   Do your hospital's policies and procedures specify circumstances in which oral interpretation of documents (sight translation) may be provided in place of written translation?

     1.   Yes

     2.   No

D7.   Does your hospital use any of the following means to inform staff about its language access policies and procedures? *Please select all that apply.*

     1.   Internet or intranet

     2.   In-service memos, emails, or hospital newsletter

     3.   Policy manual

     4.   Staff meetings

     5.   Interpreter service resource manual

     6.   Interpreter staff rounds

     7.   Instructor-led training

     8.   Self-directed training

     9.   Another method *(Please specify)*: _____

     10. *None of the above*

These next questions ask about how your hospital trains staff members who may work with individuals who prefer a language other than English.

D8. Are the following staff groups in your hospital required to complete any training on working with patients or caregivers who prefer a language other than English for health care? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Management or senior staff		
b. Providers		
c. Clinical staff who interact with patients		
d. Administrative staff who interact with patients		

If responded 'Yes' to any D8a-d, answer D9.

D9. How often are the following staff groups in your hospital required to complete training on working with patients and caregivers who prefer a language other than English? *Please select an answer for each item.*

	Multiple times per year 4	Every year 3	Every two years or less often 2	One time only 1
If responded 'Yes' to D8a, answer D9a. a. Management or senior staff				
If responded 'Yes' to D8b, answer D9b. b. Providers				
If responded 'Yes' to D8c, answer D9c. c. Clinical staff who interact with patients				
If responded 'Yes' to D8d, answer D9d. d. Administrative staff who interact with patients				

If responded 'Yes' to any D8a-d, answer D10.

D10. Do mandatory staff trainings include specific instructions on how to …

	Yes 1	No 2
a. **Identify language assistance needs** of patients or caregivers?		
b. **Request interpreter services** for patients or caregivers who prefer a language other than English?		
c. **Communicate with patients or caregivers** who prefer a language other than English through a qualified interpreter?		
d. **Request the translation of written documents** into languages other than English?		
e. **Provide language assistance services** to patients or caregivers who prefer a language other than English?		

If responded 'Yes' to any B3c-g, answer D11.

D11.   Does your hospital utilize in-house interpreters (individuals who are employees of the hospital), contracted interpreters (individuals who work for a contracted language service provider), or both?

      1.   In-house interpreters

      2.   Contracted interpreters

      3.   Both in-house and contracted interpreters

If responded 'Yes' to any B3a-h, answer D12.

D12.   Does your hospital have specific training protocols for each of the following? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
If responded '1' or '3' to D11, answer D12a. a. In-house interpreters		
If responded '2' or '3' to D11, answer D12b. b. Contracted interpreters		
If responded 'Yes' to B3h, answer D12c. c. Translators		
If responded 'Yes' to B3b, answer D12d. d. Multilingual staff		
If responded 'Yes' to B3a, answer D12e. e. Multilingual providers		

If responded 'Yes' to D12a, answer D13.

D13.   Does your hospital require **in-house interpreters** to periodically complete any of the following types of ongoing trainings related to medical interpreting knowledge and skills enhancement? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Trainings provided by the hospital		
b. Workshops or continuing education courses		
c. Medical interpreter recertification		
d. Conferences or events		
e. Another type of ongoing training *(Please specify)*: _____		

If responded 'Yes' to D12b, answer D14.

D14.   Does your organization require **contracted interpreters** to periodically complete any of the following types of ongoing trainings related to medical interpreting knowledge and skills enhancement? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Trainings provided by the organization		
b. Workshops or continuing education courses		
c. Conferences or events		
d. Another type of ongoing training *(Please specify)*: _____		

These next questions ask about how your hospital assesses the qualifications and competency of staff members who provide language assistance services to individuals who prefer a language other than English.

If responded '1' or '3' to D11, answer D15.

D15. Does your hospital require **in-house interpreters** to have any of the following qualifications before they can be hired to provide interpretation services at your hospital? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Completion of a medical interpreting training program		
b. Medical interpreter certification		
c. Previous experience working as a medical interpreter		
d. Another qualification *(Please specify)*: _____		

If responded '1' or '3' to D11, answer D16.

D16. Does your hospital require **in-house interpreters** to **submit proof** of the following qualifications or otherwise verify that the requirement is met? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
If responded 'Yes' to D12a, answer D16a. a. Completion of a medical interpreting training program		
If responded 'Yes' to D12b, answer D16b. b. Medical interpreter certification		
If responded 'Yes' to D12c, answer D16c. c. Previous experience working as a medical interpreter		
If responded 'Yes' to D12d, answer D16d. d. [open response from D15d]		

If responded '2' or '3' to D11, answer D17.

D17. Does your organization require **contracted interpreters** to have any of the following qualifications before they can be hired to provide interpretation services at your organization? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Completion of a medical interpreting training program		
b. Medical interpreter certification		
c. Previous experience working as a medical interpreter		
d. Another qualification *(Please specify)*: _____		

D18. Does your hospital have a process for assessing competency in source and target languages for each of the following? *Please answer "Yes" or "No" for each item.*
Note: For *contracted interpreters*, assessment of competency may be conducted by the vendor, consistent with the hospital's contractual or oversight requirements.

	Yes 1	No 2
If responded '1' or '3' to D11, answer D18a. a. In-house interpreters		
If responded '2' or '3' to D11, answer D18b. b. Contracted interpreters		
If responded 'Yes' to B3h, answer D18c. c. Translators		
If responded 'Yes' to B3b, answer D18d. d. Multilingual staff		
If responded 'Yes' to B3a, answer D18e. e. Multilingual providers		

D19. Does your hospital use any of the following methods to assess the competency of **in-house interpreters** when they are initially hired to provide interpretation services at your hospital? *Please answer "Yes" or "No" for each item.*

	Yes 1	No 2
a. Competency test (e.g., medical terminology, language competency, interpreting skills, cultural competency, ethics)		
b. Shadowing assessment		
c. Performance evaluation over a probationary period		
d. Assessment by a contracted service		
e. Another method *(Please specify)*: _____		

D20. Briefly describe your policies related to the assessment and documentation of language competency for **multilingual staff**. (maximum 1250 characters)

D21. Briefly describe your policies related to the assessment and documentation of language competency for **in-language service providers**. (maximum 1250 characters)

Domain 5: Monitoring and Evaluation

Questions in this domain assess how your hospital monitors the quality of the language assistance services it provides and the processes that are in place for continual improvement.

Hospitals should answer questions based on language services in place as of <u>December 31, 2025</u>.

If responded 'Yes' to any B3c-g, answer E1.

E1.   Does your hospital use any of the following methods to assure the quality of medical interpretation provided by interpreters? *Please select all that apply.*

1. Patient satisfaction surveys
2. Provider satisfaction surveys
3. Observation or shadowing by an experienced medical interpreter
4. Pairing with a more experienced medical interpreter
5. Mentoring by an experienced medical interpreter
6. Annual job performance assessments
7. Another method *(Please specify)*: _____
8. *None of the above*

If responded 'Yes' to any B3c-g, answer E2.

E2.   Does your hospital collect data on the amount of time it takes for patients or caregivers who prefer a language other than English to be connected with a qualified interpreter (i.e., wait time)?

1. Yes
2. No

If responded 'Yes' to B3h, answer E3.

E3.   Does your hospital collect data on turnaround times for translating documents for individuals who need the information in a language other than English?

1. Yes
2. No

If responded 'Yes' to B3h, answer E4.

E4.   Does your hospital have a process in place, conducted either in-house or by a contractor, for evaluating the quality of translations to ensure that the intended meaning of the source document is appropriately conveyed and culturally appropriate?

1. Yes
2. No

E5.   Does your hospital solicit feedback from patients or caregivers specific to their experience receiving language assistance services?

1. Yes
2. No

If responded 'Yes' to E5, answer E6.

E6.   Which of the following methods does your hospital use to evaluate patient experience with language

assistance services? *Please select all that apply.*

1. Surveys about patients' overall experience at the hospital (e.g., Press Ganey, HCAHPS)
2. Surveys about patients' specific experience receiving language assistance services
3. Brief patient satisfaction surveys conducted immediately after language assistance service is provided (e.g., automated after-call survey)
4. One-on-one in-depth interviews
5. Focus groups
6. Another method *(Please specify)*: _____

E7. Does your hospital solicit feedback and suggestions from providers or staff members about the language assistance services that the hospital offers?

1. Yes
2. No

E8. Does your hospital have a formal language access complaint process that is clearly communicated to all patients?

1. Yes
2. No

E9. Does your hospital have a process for responding to patient complaints about language access and language assistance services?

1. Yes
2. No

E10. Please provide any comments or feedback you have for MassHealth about this self-assessment, including any technical difficulties you experienced or particular questions that you found confusing or had difficulty answering. (maximum 1250 characters)

Thank you for taking the time to complete this survey. If you have any questions about this survey, please contact us at Health.Equity@mass.gov.