

## Colorado

Type*	Provision(s)	Description
MCO	Colo. Rev. Stat. 10-16-704(9)(e)	All managed care plans must have an access plan that includes the carrier's efforts to address the needs of covered persons with limited English proficiency and with diverse cultural and ethnic backgrounds.
PRO	Colo. Rev. Stat. 12-38.1-202(2)(b)	To appropriately meet the long-term and other direct care needs of a growing population of vulnerable Coloradans now and in the future, to assist health care providers in attracting individuals to careers in direct care, and to increase employment satisfaction and retention among individuals working in the direct care field, it is appropriate and advisable to enhance education and training opportunities in the direct care field and to improve outreach to individuals with language barriers to education and training.
OAA	Colo. Rev. Stat. 26-11-201(6)	Under the Older Coloradans Act, "greatest social need" means the need caused by non-economic factors which include language barriers and cultural isolation, including that caused by racial and ethnic status, which restrict an individual's ability to perform normal daily tasks or which threaten his capacity to live independently.
MEN, RGT	Colo. Rev. Stat. 27-10.5-107(3)(a)	To resolve disputes regarding the eligibility, modification of services or supports, and termination of services or supports of individuals with developmental disabilities require that all applicants for services and supports and the parents or guardian of a minor, the guardian, or an authorized representative be informed orally and in writing, in their native language, of the dispute resolution procedures at the time of application, at the time the individualized plan is developed, and any time changes in the plan are contemplated.
MEN	Colo. Rev. Stat. 27-10.5-123	Each person receiving services for developmental disabilities shall have the right to read or have explained, in each person's or family's native language, any rules or regulations adopted by the service agency and pertaining to such person's activities.
MEN, RGT, TRA	2 Colo. Code Regs. § 502-1 (19.311)	Facilities providing evaluation or short or long term services for individuals with mental illness shall furnish all persons receiving evaluation, care or treatment with a written copy of the following rights (translated into language that the person understands) upon admission. If the person is not able to read the rights, the person shall be read the rights in a language that s/he understands. The facility shall post the following list of patient rights (in appropriate languages) in prominent places frequented by patients and their families.
MEN	2 Colo. Code Regs. § 503-1 (16.130[C]), (16.322[C])	All regional centers, community centered boards, and program approved service agencies for people with developmental disabilities shall have written procedures for the protest of agency decisions or actions of the agency's employees or contractors by the person receiving services or parent of a minor or guardian of such person, or authorized representative if within the scope of his/her duties. Interpretation in native languages other than English and through such modes of communication as may be necessary shall be made available upon request. The dispute resolution procedure shall be stated in writing, in English and interpretation in native languages other than English and through such modes of communication as may be necessary shall be made available upon request.

\* Codes are available at the end of the document.

## Colorado continued

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LTC, RGT	6 Colo. Code Regs. § 1011-1 (6.4.6); Part V (12.1.6(4)), (12.1.10)	As a condition of licensure, long term care facilities must inform residents of their rights, including the right to be adequately informed of their medical condition and proposed treatment and to participate in the planning of all treatment; for residents whose primary language is other than English, the facility shall arrange for persons speaking the resident's language to facilitate daily communications and to attend assessment and care planning conferences in order to allow the resident to participate in those activities. This section does not require an interpreter to be present daily as long as the resident is able to engage in necessary daily communication. Grievance procedures for general hospitals, psychiatric hospitals, rehabilitation hospitals, chiropractic centers, maternity hospitals and related facilities having in excess of fifty beds [except for certain religious based nursing facilities], nursing care facilities, and intermediate health care facilities, require making every effort to translate the grievance procedure into the language of the patient if the patient does not understand or is unable to read English. Patients also have the right to an explanation of rights and responsibilities in a language the resident can understand.
CRD	6 Colo. Code Regs. § 1014-4	The health care professional credentialing form requests applicants to list all languages other than English available in this office.
CHI, TRA	10 Colo. Code Regs. § 2505-3(600.2)	For the Children's Health Insurance Program, the Department or its designee shall notify the applicant within ten (10) business days of a decision regarding eligibility, enrollment and cost sharing and provide the notice shall be in his/her primary language.
MED, HEA	10 Colo. Code Regs. § 2505-10 (8.057.7.H)	For Medicaid, if the appellant is not fluent in English or has a language difficulty, the Department will arrange with county assistance to have present at a hearing a qualified interpreter who will be sworn to translate correctly.
MED, MCO, TRA	10 Colo. Code Regs. § 2505-10 (8.209.4.A[1]), (8.209.4.C), (8.209.7.F)	For each action, a Medicaid managed care organization (MCO) or pre-paid in-patient health plan (PIHP) must send the member written notice which must be available in English and the prevalent non-English languages spoken by members throughout the State. "Prevalent" means a non-English language spoken by a significant number or percentage of members in the service area as identified by the State. The MCO or PIHP shall give members reasonable assistance in completing any forms required by the MCO or PIHP, putting oral requests for a State fair hearing into writing and taking other procedural steps, including, but not limited to, providing interpretive services and toll-free numbers that have adequate interpreter capability. MCOs shall ensure that neither cultural, expressive, or receptive communication differences negatively impact the Complaint process and shall provide services to facilitate clients' and the Department's effective use of the Complaint process, inclusive of qualified interpreters for non-English-speaking clients.
EPS	10 Colo. Code Regs. § 2505-10(8.281.2.4)	For ESPDT eligibility, written and oral information shall be culturally appropriate and provided in a manner and format appropriate for children, or their parents or legal guardians, who have limited English proficiency or sensory impairments.
CHI, MFA	10 Colo. Code Regs. § 2505-10(8.508.180.B.2)	All facilities providing children's habilitation residential program services must post a list of patient rights prominently in the facility and translated into Spanish or may other appropriate language as needed.
MED, STA, CON	10 Colo. Code Regs. § 2505-10(8.730.2.F), (8.730.2.J[2]), (8.730.2.K)	For Medicaid payment of sterilization, an interpreter shall be provided if the individual to be sterilized does not understand the language used on the consent form or the language used by the person obtaining consent. If an interpreter is provided, the interpreter shall, by signing the consent form, certify that he or she translated the information presented orally, read the consent form and explained its contents to the individual and that to the best of the interpreter's knowledge the individual understood the information provided.



## Colorado continued

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MED, HEA	10 Colo. Code Regs. § 2505-10 (8.1000.3.H[6])	For Medicaid fair hearings, if the appellant is not fluent in English, the Department will arrange with county assistance to have a qualified interpreter present who will be sworn to translate correctly at the hearing.
OAA	12 Colo. Code Regs. § 2510-1(10.260.21[D]), (10.260.22[A]), (10.411.1[C]), (10.411.2[D]), (10.510.4[C-1, 2])	In areas where a predominate number of older individuals speak a language other than English as their principal language, the Area Agencies on Aging shall provide information, assistance and outreach services in that language and the outreach service shall also be provided in that language.
PWD, AGY	12 Colo. Code Regs. § 2513-1(9.216.1[A-4]), (9.216.2[B-2]), (9.220.4[D-1-i, j])	Independent living centers must provide an explanation of center policies and procedures affecting personal information to those who are unable to communicate in English through methods that can be adequately understood by them. To the maximum extent feasible, the center must make available personnel with the ability to communicate in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive independent living services. In evaluating the center's equal access, the center shall make available to a Verification Team documentation of equal access for individuals with significant disabilities to center activities (which may include documentation of center policies about the availability of interpreters, payment for interpreter services, and evidence of the ability to communicate to consumers in a dialect other than English) and documentation that the center has available in alternative formats all of its written policies, materials and services (which may include evidence of the availability to produce information in dialects other than English and interpreters).

## Using the State Charts

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The Charts present information for each state along three columns. The first column provides a three-letter code that signifies the subject matter of the law being cited. The second column gives the citation to the provision, and the last column offers a brief summary of the provision. The first column coding is as follows:

### Code Subject Matter

AGY	Government agency requirements (excluding hearings/legal proceedings)
CHC	Community health centers
CHI	Children's health (excluding EPSDT and early intervention)
CON	Consent (e.g. informed consent)
CRD	Credentialing or profiles for health professionals (e.g. nurses' aides testing)
EIS	Early Intervention Services for children and newborn screening
EPS	Medicaid Early and Periodic Screening, Diagnostic and Treatment Services
FAM	Use of family members, friends, children as interpreters
HEA	Hearings/legal proceedings
HHC	Home health agencies, personal care services, and adult day health centers (not related to mental illness/developmental disabilities)
HIV	HIV/AIDS
HOS	Hospitals
INS	Insurance carriers (may include health maintenance organizations)
INT	Interpreter standards/certification/qualifications
LTC	Long-term care, including nursing homes, assisted living (not related to mental illness/developmental disabilities)
MED	Medicaid

### Code Subject Matter

MEN	Services for people with mental health issues or developmental disabilities, including behavioral health services, habilitation services and Independent Living services (not facilities)
MCE	Medicare
MCO	Managed care organization/Prepaid in-patient/ambulatory health plan
MFA	Facilities for mental illness, ICF/MRs, and other facilities for the provision of psychiatric or mental health services
OAA	Services for the elderly or services under the Older Americans Act
PAY	Reimbursement/payments
PRO	Health professions standards/requirements
PUB	Public health
PWD	People with disabilities
RGT	Patient/client rights
STA	Sterilization/abortion
TRA	Translation
UNI	Universal
WOM	Services related to women's health but not abortion/sterilization
XXX	Other