



Maryland

Type*	Provision(s)	Description
MEN	Md. Code Ann., Health §§ 10-631(c), 10-701(f)(1)	When an individual is being admitted as an inpatient for treatment of mental illness, individual must be informed of certain rights in English or, if the individual does not understand English, in the language or manner best calculated to inform the individual of the applicable provisions of the law.
AGY	Md. Code Ann., State Gov't § 10-1101-1105	Equal Access to Public Services for Individuals with Limited English Proficiency. This subtitle includes a number of provisions to ensure equal access based on the finding that the inability to speak, understand, or read the English language is a barrier that prevents access to public services provided by State departments, agencies, and programs, and that the public services available through these entities are essential to the welfare of Maryland residents. It is the policy of the State that State departments, agencies, and programs shall provide equal access to public services for individuals with limited English proficiency.
HEA	Md. Code Regs. 01.03.01.11(e)(2)	For health care claims arbitration, on written request of a party for an interpreter, the arbitration panel shall first determine the need for an interpreter and, if needed, the panel shall provide the interpreter. The cost of the interpreter is considered a cost of the proceedings. A request for an interpreter shall be made not less than 30 days in advance of the hearing date.
HEA, MEN	Md. Code Regs. 10.01.03.19	For Department of Mental Health and Hygiene hearings, if a party or witness cannot readily hear, speak, or understand the spoken English language, the hearing examiner may appoint a qualified interpreter to provide assistance during a hearing. Costs of an interpreter may be charged to the party on whose behalf the interpreter is obtained.
CHC	Md. Code Regs. 10.09.08.06(A)(11)(m)	Maryland Qualified Health Centers must assure access to language interpretation if a substantial portion of the population served is LEP.
CRD, HHC	Md. Code Regs. 10.09.20.03(A)(7)(a)	A personal care services provider must be able to speak, read, write, and follow directions in English unless the case monitoring agency, the participant, and the personal care provider uniformly agree to waive the English requirement.
OAA	Md. Code Regs. 10.09.44.06(E), 10.09.44.12(E)(2)(g)	For Programs of All-Inclusive Care for the Elderly (PACE), because the PACE provider is responsible for ensuring that recipients whose primary language is not English understand the benefits and restrictions associated with enrollment in PACE, the PACE provider shall give to such a recipient at the time of enrollment a notice that translation services are available; or list of primary care providers who speak foreign languages.
MED, MCO	Md. Code Regs. 10.09.64.06(K)(1), 10.09.66.01(A)(2), 10.09.62.01(B)(190)	For Medicaid managed care, the managed care plan must document access provisions to address the needs of enrollees who do not speak English and provide all documents in enrollee's native language for enrollees who are members of a substantial minority. "Substantial minority" means an ethnic or linguistic group that comprises 5 percent or more of the Medicaid population in the county to be served.
MED., MCO	Md. Code Regs. 10.09.64.03(T)	The Medicaid managed care plan shall submit copies of its Medicaid marketing plan with draft copies of all materials including appropriate foreign language versions required when English is not the native language of a substantial minority of the population to be served.
MED, MEN	Md. Code Regs. 10.09.70.05(A)(6)(d)	Based on information collected through consumer surveys, the Mental Hygiene Administration must evaluate data as to whether Medicaid waiver-eligible individuals, who are referred for specialty mental health services, experience demonstrated sensitivity to the waiver-eligible individual's and the individual's family's unique cultural, ethnic, or linguistic needs, if any.
OAA	Md. Code Regs. 10.09.76.01(B)(39)	For the Primary Adult Care program, "substantial minority" means an ethnic or linguistic group that comprises 3 percent or more of the PAC population in the area to be served.

* Codes are available at the end of the document.

Maryland continued

Type	Provision(s)	Description
OAA	Md. Code Regs. 10.09.76.07(C)(1)(c)	A Primary Adult Care managed care provider must provide all documents in enrollee's native language for enrollees who are members of a substantial minority.
HIV, CON	Md. Code Regs. 10.18.08.07(E), 10.18.09.04(B)	For voluntary HIV/AIDS testing, a health care provider administering the informed consent form shall read and explain the form, through an interpreter if necessary, to anyone who cannot read or understand the form's contents.
MEN	Md. Code Regs. 10.21.01.05(A)(2)	For involuntary commitment, if an individual is confined on observation status in an inpatient facility, staff at the inpatient facility shall inform the individual of the individual's status and rights and by explaining the information in English or in the language and terms that are appropriate to the individual's condition and ability to understand.
MEN	Md. Code Regs. 10.21.08.03(B)(1)(b)(iii)	Patients admitted to mental health facilities should be screened for hearing impairments and non-English speaking patients shall be tested in the language the patient is known to speak or is believed to comprehend.
PUB	Md. Code Regs. 10.59.01.03(J)(1)-(2)	For quarantined individuals, to the extent feasible, the health officer shall provide information assessing the language needs of the isolated or quarantined individual and translating both oral and written communications and documentation.

Using the State Charts

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