



Policy and Procedure

Policy Name:	Providing Meaningful Communication with Persons with Limited English Proficiency		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Facility Site Review Source:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.) Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review		
Relevant Law/Standard:	Title VI of the Civil Rights Act of 1964 and Section 1557, the nondiscrimination provision of the Affordable Care Act (ACA) 22CCR Section 51309.5		

Background:

Requests for language and/or interpretation services by a non-or limited-English proficient member are documented. Member refusal of interpreter services may be documented at least once and be accepted throughout the member's care unless otherwise specified

Note: <https://www.lep.gov/faqs/faqs.html#OneQ11>; 22CCR Section 51309.5

- If bilingual staff is asked to interpret or translate, they should be qualified to do so. Assessment of ability, training on interpreter ethics and standards, and clear policies that delineate appropriate use of bilingual staff, staff or contract interpreters and translators, will help ensure quality and effective use of resources.
- Those utilizing the services of interpreters and translators should request information about certification, assessments taken, qualifications, experience, and training. Quality of interpretation should be a focus of concern for all recipients.
- Family or friends should not be used as interpreters, unless specifically requested by the member
- ACA 2010 section 1557: prohibits from using low-quality video remote interpreting services or relying on unqualified staff, translators when providing language assistance services

•Sign language interpreter services may be utilized for medically necessary health care services and related services such as obtaining medical history and health assessments, obtaining informed consents and permission for treatments, medical procedures, providing instructions regarding medications, explaining diagnoses, treatment and prognoses of an illness, providing mental health assessment, therapy or counseling.

Purpose:

The purpose of the *Providing Meaningful Communication with Persons with Limited English Proficiency Compliance* policy is to comply with Section 1557, the civil rights provision of the Affordable Care Act of 2010 that prohibits discrimination on the grounds of race, color, national origin, sex, age, or disability in certain health programs and activities. The Section 1557 final rule applies to any health program or activity who receives Medicaid payments from the Department of Health and Human Services (HHS).

Definition:

An individual with *limited English proficiency* is a person whose primary language for communication is not English and who has a limited ability to read, write, speak, or understand English.

Threshold languages are the primary languages spoken by Limited English Proficient (LEP)

Policy:

(Insert name of your facility) will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of **(Insert name of your facility)** is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. **(include those documents applicable to your facility)**. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

(Insert name of your facility) will conduct a regular review of the language access needs in all identified threshold and concentration standard languages of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

(Insert name of your facility) will post a notice of individuals' rights providing information about communication assistance for individuals with limited English proficiency, among other information.

Procedure:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

(Insert name of your facility) will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTERPRETER

(Identify responsible staff person(s), and phone number(s) is/are responsible for:

(a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff **(provide the list)**;

(b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;

(c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language.

(Identify the agency(s) name(s) with whom you have contracted or made arrangements) have/has agreed to provide qualified interpreter services. The agency's (or agencies') telephone number(s) is/are (insert number (s)), and the hours of availability are (insert hours).

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other clients/patients/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING WRITTEN TRANSLATIONS

(a) When translation of vital documents is needed, each unit in **(insert name of your facility)** will submit documents for translation into frequently-encountered languages to **(identify responsible staff person)**. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

(b) Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

(c) **(Insert name of your facility)** will set benchmarks for translation of vital documents into additional languages over time.

4. PROVIDING NOTICE TO LEP PERSONS

(Insert name of your facility) will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the emergency room, outpatient areas, etc.

(include those areas applicable to your facility). Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations **(include those areas applicable to your facility)**.

5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, **(insert name of your facility)** will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, **(insert name of your facility)** will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc. **(include those areas applicable to your facility)**.

First Name Last Name – Title

Date

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Date

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.

Resources:

Content from the Office for Civil Rights (OCR)

<https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/example-policy-procedure-persons-limited-english-proficiency/index.html>

Resource 1: Preferred Language Labels

<p>PREFERRED LANGUAGE: Spoken: _____ Written: _____</p>
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Resource 2: Interpretation Request/Refusal Labels

<p>Date interpreter offered: _____ Pt. Requested/Refused (circle) Name of Interpreter used: _____</p>
