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| Greater Oregon Behavioral Health, Inc. | |
| Policies and Procedures | |

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|  | Limited English Proficiency | Number | 200.30.3 |
| | | Citations | 42 CFR 438.206 (c)(2) Executive Order 13166 ORS 409.413.552 Section 601 of Title VI of the Civil Rights of 1964, Civil Rights Act of 1964, 42 U.S.C. Section 2000d |
| | | Owner | Member and Diversity Coordinator |

1.0 Purpose

To ensure that Provider provides timely, accurate medical interpretation or translation free of charge to any individual of limited English proficiency who seeks assistance.

2.0 Affected Parties

Affected parties are Greater Oregon Behavioral Health, Inc. (GOBHI) participating providers and the entire GOBHI workforce as reasonable and appropriate for them to carry out their work functions.

3.0 Policy

Provider will provide free medical interpretation services to those of limited English proficiency (LEP) who come seeking its services and will translate the appropriate signage and other written information to provide LEP individuals from the major language group communities we serve access to details about services, benefits, and eligibility requirements.

4.0 Procedure

4.1 Provider shall take reasonable steps to ensure meaningful access to its programs and activities by LEP persons. While designed to be a flexible

and fact-dependent standard, the starting point is an individualized assessment that balances the following four factors:

- 4.1.1 The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee;
- 4.1.2 The frequency with which LEP individuals come in contact with the program;
- 4.1.3 The nature and importance of the program, activity, or service provided by the program to people's lives; and
- 4.1.4 The resources available to the grantee/recipient or agency, and costs.

4.2 Assessment for Determining Linguistic Needs

4.2.1 Provider shall assess the language needs of LEP individuals who are eligible for services and are likely to be directly affected by its programs. The assessment shall identify the following:

4.2.1.1 The frequently encountered languages in HDHS' programs.

4.2.1.2 An estimate of the number of LEP individuals likely to be directly affected by Provider's programs and their languages by reviewing various sources including but not limited to:

- Census data;
- Utilization data from LEP individuals' files;
- School system data;
- Data from state and local governments;
- Data from community agencies and organizations; and
- Information from refugee/immigrant agencies.

4.2.2 The points of contact within Provider's programs and Provider's contracted programs where language assistance is likely to be needed.

4.2.3 The locations and availability of language assistance resources, and arrangements that must be made to access these resources in a timely manner.

4.2.4 Existing vital documents and a process for determining which later-created documents are vital documents.

4.3 Translation of Written Documents

Vital documents will be translated into the languages of the major language group communities we serve. These documents would include applications, consent forms, waivers, etc. Large documents may not always be translated in their entirety, but vital information contained in those documents will be translated. Provider staff shall give LEP individuals advice regarding the free language interpretation available to assist them in understanding the information contained in any document.

- 4.3.1 Provider shall identify existing vital documents and shall establish a process for determining which later-created documents are "vital" to the meaningful access of the LEP populations served.
- 4.3.2 Provider shall translate existing vital documents into any language spoken by five percent (5%) of the total population eligible to be served or likely to be directly affected or encountered by HDHS' programs, or one thousand (1000) persons in that population, whichever is less; later-created vital documents shall be translated into the same languages within a reasonable time of being created, but not to exceed one (1) year.
- 4.3.3 If there are fewer than fifty (50) persons in a language group that reaches the five percent (5%) trigger, Provider may, in lieu of translating the vital documents, elect to provide written notice in the primary language of the LEP language group of the right to receive competent oral translation of the vital documents, free of cost to the LEP individual.
- 4.3.4 Provider shall develop a process for ensuring that documents submitted by an LEP individual in the LEP individual's primary language are translated without undue delay.

4.4 Oral Interpretation

When there is a need for medical interpreting services for a language used infrequently at Provider, or a language for which the Provider does not have certified staff interpreters, the staff will contact an interpretation service to ensure full and timely access.

4.5 Use of Certified Medical Interpreters/Translators

- 4.5.1 Only those individuals who are certified by Provider as medical interpreters/translators will be used to provide medical interpretation/translation at the Provider. Other staff members who are

not certified are prohibited from interpreting/translating. As the state develops its certification program, Provider will seek Oregon State certification for all of its full time interpreters/translators in addition to their Provider certification.

- 4.5.2 In order to be certified by the Provider, each one must achieve a 70% grade minimum on a standardized test administered by the Program Coordinator.
- 4.5.3 All medical interpreters will observe the Provider policy for complete confidentiality of any client information.
- 4.5.4 The use of friends, family, or minor children as medical interpreters is discouraged. Using uncertified interpreters for medical information could expose the Provider and/or its personnel to tort liability, malpractice lawsuits, or charges of neglect as well as compromise the effectiveness of the service. Use of such persons could also result in a breach of confidentiality or in reluctance on the part of individuals to reveal personal information critical to effective medical treatment.
- 4.5.5 Family and friends may not be proficient in both languages, or may be unskilled in interpretation and unfamiliar with specialized medical terminology. If a person declines the use of a free medical interpreter and requests the use of a friend or family member to interpret, the Provider staff member may permit such use of an uncertified interpreter if the use of such a person would not compromise the effectiveness of the service or violate the confidentiality of the person of limited English proficiency. The rejection of the offer for free interpretation services should be documented by filing a signed Waiver of Translation Services in the file of the LEP person.

4.6 Identifying the Language Assistance Needs of the Patient

Intake workers are to identify and note the language of the LEP person in his/her record so that all staff can identify the language assistance needs of the patient for subsequent assistance.

4.7 Addressing Grievances

Provider staff will notify the Member Services Coordinator of any complaints regarding the provision of language assistance. If the Provider staff is unsuccessful after making every attempt to resolve the complaint, a staff member will notify the patient filing the grievance, of their right to and how to file a complaint under Title VI with the Office of Civil Rights.

4.8 Responsibility for Implementation of the Program

4.8.1 The primary responsibility for the implementation of this policy will lie with the Program Coordinator of the Provider Medical Translation/Interpretation Service.

4.8.1.1 The member services coordinator will give notice to, and train all staff, particularly patient and client contact staff, with respect to the Title VI obligation to provide language assistance to LEP persons.

4.8.1.2 The member services coordinator will institute an ongoing training plan to instruct all Provider staff regarding policies and the procedures to be followed in securing assistance in a timely manner. This training must be periodically repeated for new staff members entering service at the Provider.

4.8.1.3 The member services coordinator will periodically give special updates to department managers regarding new developments or additional correctives needed to ensure the success of the medical interpretation program.

4.9. Evaluation of Policy

The Interpretation/Translation Program coordinator is responsible to evaluate and update the medical interpretation/translation policies annually and to present a report to the compliance committee of the Provider.¹

¹Website: <http://www.usdoj.gov/crt/cor/lep/DOJFinLEPFRJun182002.pdf>

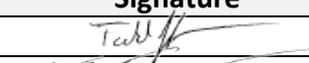
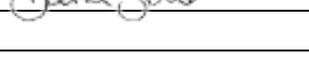
4.0 Procedure

Under Title VI with the Office of Civil Rights, GOHBI will ensure its Provider provides timely, accurate medical interpretation or translation free of charge to any individual of limited English proficiency who seeks assistance by following lawful and required procedures noted in this policy.

5.0 Effectiveness Criteria

- 5.1 GOHBI will implement an annual LEP audit and evaluation system by addressing CLAS-related standards and CLAS measuring tools. In order to improve overall linguistic access through language access strategies, it is important to promote awareness of and dissemination of the proper language materials.
- 5.2 GOHBI will perform provider site and LEP material audits in order to comply with all appropriate laws.

7.0 Document Approvals

| Role/Position | Signature | Date Approved |
|----------------------|--|---------------|
| CEO or DO |  | 09-30-15 |
| Legal Counsel |  | 09-29-2015 |
| Policy Owner |  | 09-29-2015 |
| Board of Directors* | | |
| Executive Committee* | | |

* If necessary.

8.0 Revision History

| Role/Position | Signature | Date Approved |
|----------------------|-----------|---------------|
| CEO or DO | | |
| Legal Counsel | | |
| Policy Owner | | |
| Board of Directors* | | |
| Executive Committee* | | |

* If necessary.

9.0 Review History

| Next Review Date | Signature | Date Reviewed |
|------------------|-----------|---------------|
| | | |
| | | |
| MM/DD/YYYY | | MM/DD/YYYY |