

POLICY & PROCEDURE



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|---|----------------------|------------------------|--|------------------------|
| TITLE: Limited English Proficiency (LEP) | | | | |
| Scope/Purpose: To ensure equal access to benefits and services for persons with limited English proficiency and to ensure that service delivery provider and client are able to communicate effectively. | | | | |
| Division/Department: All HealthPOiNT Clinics | | | Policy/Procedure #: | |
| Original Date: June 2011 | | | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement for: Same | |
| Date Reviewed: | Date Revised: | Implementation: | CPIC Approved: | Board Approved: |
| 01/08/15 | 01/24/14 | current | January 16, 2015 | |
| Responsible Party: Director of Compliance/QA; Director of Practice Management | | | | |

DEFINITIONS:

Limited English Proficiency (LEP): “Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.”
 - LEP.gov

POLICY:

Specific options will be made available to all patients who require assistance with communication at no cost to the individual.

PROCEDURE:

- I. Identifying the language needs of patients
 - A. The client’s preferred language is identified prior to initial visit at the time of initial telephone or person-to-person interaction. This is documented in the electronic medical record on the “Patient Information” screen, “Additional Information” screen.
 1. It also will be necessary to add an “ALERT” from the patient hub as a “Global Alert”. (There are two alerts: hearing impaired and language barrier)
 2. If a client approaches staff at the front desk for help and the language spoken is not known, the U.S. Census Language Information flashcard is used to determine the patient’s primary language.
 3. An interpreter is contacted or the Language Line Services is utilized to get the patient’s name, address, and telephone information so that an appointment can be scheduled at a later date with an interpreter.

4. The patient's preferred language and the interpretation service requirements are documented in the global alert, "edit notes", within the patient's electronic medical record.

II. Providing Interpreters

- A. An interpreter will be available for all services provided, including telephone conversations, in a timely manner.
 1. Clients may bring their own interpreters. This is not a requirement for services to be provided, however.
 2. The Language Line is currently available 24 hours a day, 7 days a week. Their telephone number is 1-877-886-3885. Our account name is Brazos Valley Community Health Centers. Our account number is 902-0596149.
 3. Bilingual staff will be utilized when the client's preferred language is Spanish.
 4. Sign Language Interpreting Services will be utilized when the client is hearing impaired. Their telephone number is 979-268-1222.

If a translator/interpreter is used to assist in filling out any paperwork the interpreter will document on that paperwork "Interpretation provided by _____". If a translator/interpreter is used to assist during a patient interview documentation that "Interpretation provided by _____" will be incorporated into the visit note.

III. Translation of Written Material

- A. All forms, notices, and signs are written in both English and Spanish. Most educational materials are written in both English and Spanish. Bilingual staff must interpret any information that is not translated in written form.

IV. Training

- A. All staff and new staff receive training about the Limited English Proficiency (LEP) policy and procedures.

RELATED POLICY:

REFERENCES:

<http://www.LEP.gov>

REQUIRED BY:

Texas Department of State Health Services
HRSA

ATTACHMENTS/ENCLOSURES:

U.S. Census Language Identification flashcard
Sign Language Interpretation Services Attachment
Language Line Services Attachment
Sign Language Interpreting Services Additional Information
Relay Texas Telephone Interpreting Services Attachment

POLICY/PROCEDURE TRACKING FORM

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| Date Reviewed: | Date Revised: | Implementation: | CPIC Approved: | Board Approved: |
| | January 24, 2014 | current | | |
| 01/08/15 | | current | January 16, 2015 | |
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| Date of Revision | | | | |
| Description of Changes | | | | |
| January 24, 2013 | | Combined LEP Policy and Procedure – format change only | | |
| January 8, 2015 | | No Change | | |
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