

Community Health & Research Center

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
Limited English Proficiency (LEP) Section/#	Ana Dutcher Quality Assurance Manager	1/1/2011	3/3/2022	Page 1 of 3

Approved By: Mohamad Khraizat	Title	: Health Operations Manager
Signature: Moharef Krariat	Date	3/31/22

I. POLICY

The policy of the ACCESS ensures that no individuals on the basis of limited English proficiency are denied benefits or subjected to discrimination by any agency-funded program.

II. PURPOSE

This policy establishes procedures to accommodate individuals who have limited English proficiency.

III. APPLICATION

This policy applies to the agency, its contractors, and their subcontractors.

IV. PROCEDURES

- 1. ACCESS follows the standards set by the funding sources while ensuring that all services, programs, or activities shall be accessible and usable to individuals with LEP
- ACCESS provides adequate information to enable individuals with LEP to understand the types of services and benefits available.
- 3. ACCESS conducts a thorough assessment of the language needs of the service area, following the federal safe harbor rules and identifying:
 - a. The non-English languages that are likely to be encountered in its program and the estimation of the number of LEP individuals that are likely to be directly served by its program
 - b. The language needs of each client and a notation of this information in the client's record
 - c. The points of contact in the program or activity where language assistance is likely to be needed
 - d. The resources that will be needed to provide effective language assistance and the location and availability of these resources
 - e. The arrangement that must be made to access these resources in a timely manner
- 4. ACCESS provides a range of language assistance which may include:
 - a. Sign language interpreters for individuals with hearing impairments/limitations
 - Alternative formats such as large print or Braille for individuals with visual impairments/limitations
 - c. Oral language interpretation for individuals that are non-English speaking



Community Health & Research Center

Research Cent				
Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
Section/#	Ana Dutcher Quality Assurance Manager	1/1/2011	3/3/2022	Page 2 of 3

- d. Testing self-identified bilingual staff for language proficiency
- e. Hiring trained and competent staff interpreters
- f. Contracting with outside interpreter service(s) for training and competent interpretation
- Formally arranging for the services of trained and skilled voluntary community interpreter(s)
- h. Arranging for the use of a telephone language interpreter service; this may be used as a supplemental system or when a language encountered cannot be accommodated by other resources
- Ensure that the interpreter service is familiar with terminology used in to the provision of mental health services
- 6. Ensure that vital documents are available in language(s) other than English in accordance with Federal Safe Harbor Guidelines
- 7. Ensure access by, at a minimum, providing notices in writing, in the LEP individual's primary language, of the right to receive free language assistance in language other than English, including the right to competent oral translation of written materials free of cost; notice can be provided by, but not limited to:
 - a. Use of language identification cards and the "I Speak" poster is available which allow LEP beneficiaries to identify their language needs; a message on the card must invite the LEP person to identify the language he/she speaks. Identification must be included in the individual's record
 - b. Posting signs in regularly encountered languages (in accordance with Federal Safe Harbor Guidelines) other than English in waiting rooms, reception areas, and other initial points of entry; these signs must inform applicants and beneficiaries of their right to free language assistance services and invite them to identify themselves as persons needing services.
 - c. Translation of applications and instructional, information, and other written materials into appropriate non-English languages by competent translators
 - d. Uniform procedures for timely and effective communication between staff and LEP individuals, including instructions for English-speaking employees to obtain assistance from interpreters or bilingual staff when receiving calls from, or initiating calls to LEP individuals
 - e. Language assistance services, in applicable non-English languages, in brochures, booklets, outreach and recruitment information, and other materials routinely disseminated to the public
- 8. Disseminate limited English proficiency policy to staff
- 9. Provide training to new employees and periodic training to other staff to ensure that staff is:
 - a. Knowledgeable and aware of LEP policy and procedures
 - b. Trained to work effectively with interpreters
 - c. Understand the dynamics of interpretation between consumers and the interpreter



Community Health & Research Center

Policy Name: Policy Section/ Number:	Created By:	Initial Date:	Current Date:	Pages:
Limited English Proficiency (LEP) Section/#	Ana Dutcher Quality Assurance Manager	1/1/2011	3/3/2022	Page 3 of 3

- 10. Monitor its language assistance program periodically to assess:
 - a. The current LEP makeup of its service area
 - b. The current communication needs of LEP applicants and consumers
 - c. Whether existing assistance is meeting the needs of such persons
 - d. Whether staff is knowledgeable about policies and methods of implementation
 - e. Whether sources of arrangements for assistance are still current and viable
 - f. If modifications are needed

V. QUALITY ASSURANCE & IMPROVEMENT

The agency shall review and monitor adherence to this policy. The Quality Assessment and Performance Improvement Program (QAPIP) must include measures for monitoring and improvement in the quality of the program or process described in this policy.

VI. COMPLIANCE WITH ALL APPLICABLE LAWS

Agency staff, contractors, and subcontractors are bound by all applicable local, state, and federal laws; rules, regulations, and policies; all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives as amended.

VII. LEGAL AUTHORITY AND REFERENCES

All agency policies refer to the most recent policy at the time of writing and/or other communication devices.

Michigan Mental Health Code, PA 258 of 1974, as amended, Suitable services; treatment environment; setting; rights, MCL 330.1708

Michigan Department of Community Health/Community Mental Health Service Provider Managed Specialty Supports and Services Contract, Section 3.12, Compliance with Civil Rights, 1998-2002

Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seg.

Federal Department of Health and Human Services, Office for Civil Rights, LEP Policy Guidance 65 Fed. Reg. 52761 (8/30/00)

Title II, Americans with Disabilities Act of 1990, Public Law 101-336

Michigan Department of Community Health, Application for Participation, 1/03/02