

POLICY TITLE: Accommodating Persons with Limited English Proficiency (LEP)		IDENTIFICATION NUMBER: RI105	
POLICY LEVEL:	System Wide	ORIGINATION/EFFECTIVE DATE	10/25/2024
FACILITY:	All Family Hospital Facilities	REVIEW CYCLE:	Two Years
DEPARTMENT(S):	All departments	LAST REVIEW DATE:	N/A
		LAST REVISION DATE:	N/A
REVISION:	New		

POLICY STATEMENT

Family Hospital is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability in the offering or delivery of healthcare services. Family Hospital recognizes its legal obligation to ensure effective communication with persons with disabilities and makes every effort to pro-actively assess communication needs as well as providing the most compassionate care.

PURPOSE

- To develop a plan that accommodates individuals pursuant to Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Patient Protection and Affordable Care Act (ACA 2010) and the Americans with Disabilities Act of 2008 which prohibits discrimination on the basis of disability in the offering or delivery of healthcare services.
- To develop effective guidelines, consistent with both Title VI of the Civil Rights Act of 1964 and Executive Order 13166 requiring persons with limited English proficiency (LEP) have “meaningful access” to healthcare services. Title VI of the Civil Rights Act of 1964 prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who have limited English proficiency (LEP). Federal fund recipients must also provide the translation of vital documents as part of their language assistance services when necessary to ensure the patient’s access to important written information. Failure to properly assess and subsequently provide reasonable accommodation is punishable by fine to the provider.

SCOPE

- Applies to all Family Hospital owned or managed healthcare facilities

DEFINITIONS

- Effective communication: Communication sufficient to provide the individual with limited English proficiency with substantially the same level of services received by individuals who are not limited in English proficiency.
- Equity Compliance Coordinator (ECC): (previously known as the 504 Coordinator/ADA Administrator) is responsible for the applicable aspects of Section 504 of the Rehabilitation Act of 1973 (28 U.S.C. 794), Section 1557 of the Patient Protection and Affordable Care Act (2010) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12181) including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).
- Interpretation: The act of listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning.
- Language Assistance Services: Oral and written language services needed to assist individuals who may be deaf or hard-of-hearing to communicate effectively with staff and to provide persons who are deaf or hard-of-hearing meaningful access to and equal opportunity to, participate fully in the services, activities, or other programs.
- LEP: is the acronym for both “limited English proficiency” and “limited English proficient.” The U.S. Census Bureau’s operational definition for LEP is a patient’s self-assessed ability to speak English less than “very well.” Individuals who do not speak English as the primary (or preferred) language and who have limited ability to read, write, speak, or understand English. Individuals with LEP may be competent in English for certain types of communication (like speaking) but still be with LEP for other purposes (like reading or writing).
- Meaningful Access: Language assistance that results in accurate, timely, and effective communication at no cost to the individual with LEP. Meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or services provided to persons who are proficient in the English language.

- **Primary Language:** An individual's primary language is the language in which the individual most effectively communicates.
- **Qualified Interpreter:** A qualified interpreter (or translator) is an interpreter who has had their specialized vocabulary (medical or legal terminology) proficiency assessed.
- **Translation:** The replacement of written text from one language (source language) to an equivalent written text in another language (target language).
- **Vital Documents:** A document will be considered vital if it contains information that is critical for obtaining federal services and/or benefits or is required by law.

RESPONSIBILITIES

- The ECC and the Compliance and Risk Management Committee monitor and maintain compliance with this policy.
- The ECC is responsible for the coordination of the required accessibility training, including effective communication techniques for all staff members annually. They will conduct regular reviews of the language access needs of the patient population as well as the monitoring and updating of the implementation of this policy as needed.
- All staff and contractor workers are expected to comply with this policy

POLICY

1. This policy requires the development of a language access plan that accommodates persons with LEP in order to ensure them meaningful access to participate in and benefit from healthcare services.
2. Family Hospital will take reasonable steps to ensure that persons with LEP have meaningful access and an equal opportunity to participate in services, activities, programs and any other benefits offered.
3. All qualified language assistance services shall be provided free of charge.
4. Staff will inform individuals with LEP – including individuals seeking access to services at Family Hospital and any family member or friend of such individual of the availability, at no cost to them, of language services to effectively communicate.
5. All Family Hospital staff and contractors will be provided with this policy.
6. All personnel that may have direct contact with individuals with disabilities will receive training as it relates to this policy and procedures.
 - a. Training will be provided as part of the new hire General Orientation process and facility/unit specific orientation.
 - b. Annual refresher training will be provided on an ongoing basis.
7. Concerns about or violations of these policies should be reported to one's supervisor, the facility's Equity Compliance Coordinator (ECC), and the Compliance and Risk Management Committee (CRMC).
 - a. The ECC and CRMC can be reached by email at compliance@FHSMC.com
 - b. Refer to policy LD106 concerning Disability Discrimination Grievances.

PROCEDURES

Identification and Assessment

1. Facility staff will identify the language and communication needs of persons with LEP as needed to ensure effective communication. If necessary, staff may use a language identification card (Form 100-31) or posters to determine the preferred language of the patient (or person involved in healthcare decisions)
2. As soon as staff becomes aware of such needs, staff will use the form, "20X-52 Notice of Language Assistance Services" to inform such persons of services and determine what language assistance services may be needed. This form will be included in the patient's medical record.
3. If language services are declined by an individual who may be deaf or hard-of-hearing, staff will then use the Waiver of Language Assistance section to not only document the refusal but also to serve as notice to the individual that they may still request a free qualified interpreter at any time

Providing Notice

1. Family Hospital facilities shall inform persons with LEP of the availability of free qualified language assistance by providing written notice in the primary (or preferred) language of the individual with LEP.
2. The Taglines (form 100-31) will be posted in fifteen (15) languages spoken in the community served. At a minimum, notices and signs will be posted at intake areas and other points of entry, including but not limited to the emergency room, admitting and outpatient areas.

3. A nondiscrimination statement will be posted at intake areas and other points of entry, including but not limited to the emergency room, admitting and outpatient areas.

Obtaining a Qualified Interpreter

1. All staff are responsible for obtaining a qualified interpreter when needed to ensure effective communication.
2. If a person has an LEP, all medical and psychiatric evaluations or discussions regarding a patient's symptoms, treatment (including individual and group psychotherapy), diagnosis, progress, and prognosis must be communicated using a qualified interpreter.
3. Examples of situations where an interpreter may be required (this list is not exhaustive):
 - a. Determining a patient's history or description of ailment or injury
 - b. Obtaining informed consent or permission for treatment
 - c. Provision of patient's rights
 - d. Explanation of living wills or powers of attorney (or their availability)
 - e. Diagnosis or prognosis of ailments or injuries
 - f. Explanation of procedures, tests, treatment, treatment options or surgery
 - g. Explaining the administration and side effects of medications, including side effects and food or drug interactions
 - h. Discharge instructions or planning
 - i. Explaining and discussing advance directives
 - j. Explaining follow-up treatment, test results, or recovery
 - k. Discussing billing and insurance issues
 - l. Providing patient education
4. Family Hospital has contracted with Certified Languages International to provide Interpretation Services for over 200 languages. This service is available 24 hours a day, 7 days per week.
 - a. See attachment 1 for interpretation instructions and facility specific login information.
 - b. Facility login information will be clearly posted at clinical and registration work areas.
5. If staff are unable to reach the interpreter service, the on-call Nursing Supervisor or the Administrator on Call should be immediately contacted by phone.

The Use of Family or Friends for Interpretation

1. Family members or friends will not be used for language assistance except:
 - a. in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.
 - b. where the individual in need of communication services specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
 - i. Permitted only after the patient has been offered free qualified language assistance and the patient has completed a waiver of language assistance services.
2. Children or other patients will not be used for interpreting to ensure the confidentiality of information and effective communication.
3. If a family member or friend is not competent or appropriate for any of the previous reasons, then a qualified interpreter must be provided to ensure effective communication.

Providing Written Translation

1. The ECC will coordinate the translation of **vital documents** into the appropriate frequently encountered languages as needed. The translation of other written materials, as well as the written notice of availability of translation services, shall be provided free of charge to persons with LEP.

Documentation

1. All contacts with interpreting services will be documented in the Electronic Medical Record (EMR) or downtime paper documentation. Documentation must include:
 - a. Date and Time for each instance the service was contacted.
 - b. Interpreter ID Number for each instance the service was contacted.
 - c. Date and Time service was unable to be reached.
 - d. Date, time, and name of supervisor or administrator that was contacted if unable to reach a service

provider.

2. ED Triage and Inpatient Nursing Assessments must include the patients preferred language/communication method and any communication barriers that may be present.
3. Staff must document in the medical record any time a patient waives their right to certified language services including when the patient elects to use a family member for translation.

REFERENCES

- The Americans with Disabilities Act of 1990 (42 U.S.C. 12181), known as the ADA, including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).
- 28 CFR Part 36, revised as of July 1, 1994 entitled “Non Discrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities” (http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm)
- Rehabilitation Act of 1973, Section 504
- Americans with Disabilities Act, Access To Medical Care For Individuals with Mobility Disabilities, published by the U.S. Department of Justice, dated July 2010 (http://www.ada.gov/medicare_mobility_ta/medicare_ta.htm)

APPROVAL

POLICY OWNER	Matt Alewine Chief Nursing Officer
COMMITTEE	Compliance and Risk Management Committee
MEDICAL EXECUTIVE COMMITTEE	Nathaniel Greenwood, DO. Chief Medical Officer
GOVERNING BODY	Family Hospital Management Company Governing Body

REVISION	CHANGES	DEPARTMENT APPROVAL	COMMITTEE APPROVAL	MEC APPROVAL	GB APPROVAL
New	Initial Release	10/25/2024	10/25/2024	10/25/2024	10/25/2024