



Subject:	Recommended Language Access Guidelines
Endorsed By:	Diversity and Inclusion Governance Committee
DSRIP Implementation Deadline:	
Effective Date:	Immediately
Supersedes:	None
Purpose:	<p>Staten Island is comprised of an ethnically diverse population, presenting linguistic and cultural barriers for Medicaid enrollees and the uninsured attempting to self-manage care and access and navigate the healthcare system. As identified by the Community Needs Assessment (CNA), 30% of SI’s population speaks a language other than English at home, communicating in over 158 languages, higher than the New York State average. Across all non-English speaking populations, the aging population, those 65 or older, have the lowest English proficiency levels.</p> <p>It is the responsibility of the PPS to ensure that all residents are given a meaningful opportunity to be active participants in their healthcare. SI PPS has developed this Language Access Plan to ensure the provision of appropriate translation and interpretation services for are in accordance with regulatory requirements.</p>
Policy:	SI PPS Partner sites and employees will ensure meaningful language access and communication services are available for all limited English proficient (LEP) persons including individuals who are deaf or hard of hearing and those who are blind or visually impaired.
Procedure:	<ol style="list-style-type: none"><li>1. Sites will determine the number or proportion of LEP persons from each language group represented in its geographic service area</li><li>2. Sites will track preferred language data</li><li>3. Sites inform LEP persons of their right to receive free language access services in their preferred language</li></ol>

	<ol style="list-style-type: none"> <li>4. Sites will make resources available for the provision of language access services during all hours of operation, including:             <ol style="list-style-type: none"> <li>a. Bilingual Staff                 <ol style="list-style-type: none"> <li>1. Sites will assess the language competency of bilingual staff</li> <li>ii. Bilingual clinical staff for communicating health information directly to patients in their care, within their scope of practice</li> <li>iii. Bilingual non-clinical staff for communicating non-medical information</li> </ol> </li> <li>b. Qualified Medical Interpreter                 <ol style="list-style-type: none"> <li>i. Foreign language</li> <li>ii. Sign Language                     <ol style="list-style-type: none"> <li>1. Dual role employee</li> <li>2. Contracted employee</li> </ol> </li> </ol> </li> <li>c. Language Access Vendor                 <ol style="list-style-type: none"> <li>i. Telephonic interpreting services</li> <li>ii. Video remote interpreting services</li> </ol> </li> <li>d. Translation Services                 <ol style="list-style-type: none"> <li>i. Foreign Language</li> <li>ii. Braille</li> </ol> </li> <li>e. Communicative devices:                 <ol style="list-style-type: none"> <li>i. Communication Boards</li> <li>ii. Pocket Talkers</li> </ol> </li> </ol> </li> <li>5. Sites will avoid the use of family members, friends and other ‘ad-hoc’ individuals to communicate/interpret.</li> <li>6. Sites provide training for their employees on topics related to Cultural Competency and Health Literacy including language access.</li> <li>7. Sites provide translation of <i>Vital Documents</i> into the languages of commonly encountered groups             <ol style="list-style-type: none"> <li>a. Signage</li> <li>b. Patient education/health information</li> <li>c. Registration/intake forms</li> <li>d. All consent forms</li> <li>e. Medication information</li> <li>f. Financial assistance forms</li> </ol> </li> </ol>
Scope:	SI PPS partners with a signed Master Service Agreement (MSA)
Project(s):	Integration into all SI PPS Projects and Workstreams
Regulatory Alignment:	<ul style="list-style-type: none"> <li>• <a href="#">Title VI of the Civil Rights Act of 1964</a></li> <li>• <a href="#">Americans with Disabilities Act Title III</a></li> <li>• Article 28 Public Health Law</li> </ul>

	<ul style="list-style-type: none"> <li>• Section 504 of the Rehabilitation Act of 1973</li> <li>• <a href="#">Executive order 13166 CMS Strategic Language Access Plan</a></li> </ul>
Reference(s):	<ul style="list-style-type: none"> <li>• <a href="#">PCMH 2, Element C &amp; D; PCMH 3, Element A</a></li> <li>• <a href="#">Joint Commission Standards</a></li> <li>• <a href="#">Office of Minority Health CLAS Standards</a></li> </ul>
Attachment(s):	<p>(1) Definitions  (2) Language Access Vendor Agreement  (3) PMO and SI PPS Site Language Access Vendor User Agreement</p>

Partner Organization	Responsible Staff Name & Title	Date Reviewed	Signature

## Attachment 1: Definitions

<b>Ad-hoc Interpreter</b>	An untrained person who is called upon to interpret, such as a family member interpreting for her parents, a bilingual staff member pulled away from other duties to interpret, or a self-declared bilingual in a hospital waiting-room who volunteers to interpret. Also called a chance interpreter or lay interpreter. See qualified interpreter.
<b>Bilingual Competency</b>	<p>A person who has the ability to use two languages. A bilingual person can learn to become a translator or an interpreter, but is not automatically qualified by virtue of his or her language abilities.</p> <ul style="list-style-type: none"><li>- For instance, a bilingual person may be fluent and well-suited to having direct monolingual conversations (e.g., Spanish to Spanish and English to English conversations) in more than one language, but may not be skilled at converting those conversations from one language to another.</li></ul>
<b>Qualified Interpreter/Translator</b>	<p><b>Interpreter 1a:</b> A person who has passed the required spoken language fluency examination in the certified languages and</p> <p><b>Interpreter 1b:</b> Has satisfied the minimum educational requirements for interpreting in clinical encounters; includes knowledge of medical vocabulary and ability to accurately convert messages from one language to another.</p> <p><b>Translator:</b> Has passed a recognized written translation examination offered by another organization (e.g., Department of Social and Health Services, American Translators Association, etc.). The person must understand the client’s culture and be able to integrate that understanding into the translation of written material.</p>
<b>Cultural and Linguistic Competency</b>	A set of behaviors, attributes, and policies enabling an agency (or individual) to function effectively and appropriately in diverse and cross-cultural interactions and settings. Creating culturally and linguistically competent materials requires considerations for individual, cultural and linguistic differences, and the use of appropriate language, messages and images that are relevant to the specific community or population.
<b>Dual-role interpreter</b>	A bilingual employee in health care who has been tested for language skills, trained as a medical interpreter and assumes the task of part-time medical interpreting willingly. See ad hoc interpreter.
<b>Interpretation</b>	Interpretation involves the immediate communication of meaning from one language (the source language) into another (the target language). An interpreter conveys meaning orally, while a translator conveys meaning from written text to

written text. As a result, interpretation requires skills different from those needed for translation. From the standpoint of the user, a successful interpretation is one that faithfully and accurately conveys the meaning of the source language orally, reflecting the style, register and cultural context of the source message, without omissions, additions or embellishments on the part of the interpreter.

<b>Interpreter</b>	An individual who listens to a communication in one language and orally converts to another language while retaining the same meaning.
<b>Language Access</b>	Achieved when individuals with LEP can communicate effectively with employees and contractors and participate in programs and activities.
<b>Limited English Proficiency (LEP)</b>	A legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services provided in English without an interpreter [ASTM]. This is a term used in the Policy Guidance of August 29, 2000 published in the Federal Register, by the Office for Civil Rights (OCR) of the US Department of Health and Human Services.
<b>Limited English Proficient Persons</b>	Individuals who may or may not have English as their primary language and who may feel more comfortable speaking or reading a document to someone in a language other than English.
<b>Plain Language</b>	Plain language as defined in the Plain Writing Act of 2010 is writing that is “clear, concise and well organized.”
<b>Preferred Language</b>	The language that an LEP individual identifies as the language that he or she uses to communicate effectively, and is the language that the individual prefers to use to communicate.
<b>Primary Languages</b>	Frequently encountered languages other than English spoken and preferred by target populations.
<b>Section 504 of the Rehabilitation Act</b>	Section 504 of the Rehabilitation Act of 1973, as amended is a national law that protects qualified individuals from discrimination based on their disability. The nondiscrimination requirements of the law apply to employers and organizations that receive financial assistance from any Federal department or agency. These organizations and employers include many hospitals, nursing homes, mental health centers and human service programs. Section 504 forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. It defines the rights of individuals with disabilities to participate in, and have access to, program benefits and services.

<b>Section 508 of the Rehabilitation Act</b>	The goal of Section 508 of the Rehabilitation Act of 1973, as amended, is to reduce electronic and information technology barriers experienced by people with disabilities. Under this law, the Federal Government is required to purchase and deploy new Information Technology and other electronic products that are accessible or compatible with assistive technology used by people with disabilities.
<b>Sign(ed) language</b>	A language expressed through hand gestures, facial expressions, and body movements used by people who are deaf or hard of hearing and for communication between hearing people and deaf or hard of hearing people
<b>Source Language</b>	The language from which translation occurs. Most often the source language will be English.
<b>Target Audience</b>	The audience to whom the translated document is intended. A target audience may be identified as primary (people to whom messages are targeted) or secondary (someone with a stake in the program/project including key community contacts).
<b>Target Language</b>	The language to which translation or adaption occurs.
<b>Telephone interpreting</b>	Interpreting carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speaker-phone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting can be used to serve individuals who are also connected to each other only by telephone.
<b>Translation</b>	The conversion of written communications from one language to another preserving the intent and essential meaning of the original text. Translation does not include interpretation, the oral conversion of a spoken message from one language to another.
<b>Translator</b>	Replaces written text from one language into an equivalent written text in another language. <ul style="list-style-type: none"> <li>- By contrast, professional interpreters and translators are generally required to have completed rigorous and specialized training.</li> <li>-</li> </ul>
<b>TTY Relay</b>	A service enabling telephone communication between TTY/TDD customers (who are usually deaf or hard of hearing) and hearing people.
<b>Video interpreting</b>	Interpreting carried out remotely, using a video camera that enables an interpreter in a remote location to both see and hear the parties for whom he/she is interpreting via a TV monitor. The interpretation is relayed to the principal parties by speakerphone or through headsets. Two-way interactive television can also be used, so that the other parties can interact with the interpreter as if face-to-face.

**Vital document**

A document will be considered vital if it contains information that is critical for obtaining federal services and/or benefits, or if CMS is required by law to provide the document. Vital documents include, but are not limited to applications for benefits, consent forms and complaint forms; notices of rights and notices of disciplinary action; notices advising LEP persons of the availability of free language assistance; prison rulebooks; written tests that do not assess English language competency, but rather competency for a particular license, job, or skill for which English competency is not required; and letters or notices that require a response from the beneficiary or client. For example, if a complaint form is necessary in order to file a claim with an agency, that complaint form would be a vital document.

**OMH CLAS Standards:**

OMH's CLAS standards can help providers become responsive to the cultural and linguistic needs of diverse populations. Four of the fourteen CLAS standards focus on the provision of language access services. These standards are

- (1) Providing language access services during all business hours,
- (2) Providing verbal offers and written notices of the rights to language access services,
- (3) Assuring the competence of language assistance provided by staff, and
- (4) Providing written materials and signage translated into appropriate languages.

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