

Limited English Proficiency (LEP) Plan

South Country Health Alliance

1. Purpose

The purpose of this plan is to document the policies and procedures as it applies to providing meaningful access (language access) to individuals with Limited English Proficiency (LEP) while accessing services and information at South Country Health Alliance in Owatonna, MN.

2. Authorities

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 1557 of the Affordable Care Act (ACA) (Section 1557).
<https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf>
- Office for Civil Rights Policy Guidance, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68FR 47311 (2003).
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>
- Department of Justice regulation, 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation. http://www.justice.gov/crt/grants_statutes/corregt6.txt
- Communications Services, Minnesota Statute § 15.441, subd (1), (2), (3), (4).
<https://www.revisor.leg.state.mn.us/statutes/?id=15.441&format=pdf>
- Information for persons with limited English language proficiency, Minnesota Statute §256.01 subd 16. <https://www.revisor.mn.gov/statutes/?id=256.01>
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

3. Definitions

- **Bilingual staff** - Is the person who has met and demonstrated the minimum linguistic proficiency and fluency requirements in both languages (target and source languages), AND has demonstrated cultural responsiveness, AND South Country Health Alliance has documented the above.

If the bilingual staff is going to act as interpreter for others, the above criteria are required in addition to at least one of the following:

- i. the bilingual staff is Healthcare Certified Interpreter (CHI, CoreCHI), Certified Medical Interpreter (CMI), Federal or State Court certified interpreter

- ii. has received healthcare interpreting training (minimum of 40 hours)
 - iii. has received community interpreting training (minimum of 40 hours)
 - iv. has developed skills and abilities as an interpreter and understands boundaries and roles as an interpreter
 - v. abides by the National Code of Ethics and Standards of Practice for Healthcare Interpreters by NCIHC, or Canons and professional code of ethics
 - vi. maintains skills by receiving interpreting continuing education of at least 8 hours annually, AND
 - vii. South Country Health Alliance keeps records and documentation of the above.
- **Culturally appropriate services** – Is the utilization or application of services, testing, and any other methodology that does not have the effect of subjecting individuals with LEP, and/or their families to discrimination because of their race, color, or national origin, or do not have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color, or national origin. - 45 CFR 80.3(b)(2).
 - **Effective communication** - In a healthcare and social services delivery settings such as county based purchasing health plan, effective communication occurs when provider staff have taken the necessary steps to make sure that a person with Limited English Proficiency is given adequate information to understand the services and benefits available and receives the information and services for which they are eligible. Effective communication also means that a person with Limited English Proficiency (LEP) is able to communicate the relevant circumstances of their situation to the provider, and for the provider has access to the adequate information to do their job.
 - **I Speak Cards** - “I Speak” Cards say both in English and target language “I need a (target language) interpreter.”
 - **Individual with Limited English Proficiency (LEP)** – A person with Limited English Proficiency or “LEP” is not able to speak, read, write, or understand the English language well enough to allow them to interact effectively with healthcare, social services agencies, and other providers.
 - **Interpreting** - Interpreting means the oral, verbal, or spoken transfer of a message from the source language into the target language. There are different modes of interpreting such as consecutive, simultaneous, sight-translation, and summarization.
 - **Language Block** – Is a block of text that informs readers, in 15 different languages, how they can get free help interpreting the information on a particular document or included as an insert (stuffer) in appropriate documents.
 - **LEP Implementation Team** *(or responsible individuals for compliance)* - Individuals appointed by the Director of Community Engagement to review LEP Implementation activities within South Country Health Alliance.

- **Meaningful access** - Meaningful access to programs, information, and services is the standard of access required of federally funded entities to comply with language access requirements of Title VI of the Civil Rights Act of 1964. To ensure meaningful access for individuals with Limited English Proficiency, service providers must make available to clients, patients, and their families language assistance that is free of charge and without undue delay resulting in accurate and effective communication.
- **Office for Civil Rights (OCR)** - The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Minnesota for health and human services agencies and providers.
- **Primary languages** - Primary languages are the languages other than English that are most commonly spoken by clientele as identified by South Country Health Alliance's collection of demographic data. Currently there are 2 primary languages: Spanish and Somali.
- **Qualified Interpreter** - A person who either has met training and competency requirements, or who is a certified healthcare, certified federal or state court interpreter and in good standing before their certifying body, AND adheres to the interpreter National Code of Ethics and Standards of Practice for Interpreters in Health Care (National Council on Interpreting in Health Care –NCIHC), the canons of ethics and conduct for court interpreters, etc.
- **Sight translation** - The verbal translation (transfer) of a written document from the source language into the target language.
- **Translation** - Translation means the written transfer of a message from the source language into the target language.

4. **Methods of Providing Services to individuals with LEP**

The primary methods used are: offering free telephonic interpretive services, in-person interpreters, sight translation and written translation.

Contracted Qualified Interpreters: South Country holds contracts with many interpreter service agencies. To request the list of interpreter contact South Country by e-mail at providerinfo@mnscha.org.

Telephonic Interpretive Services: South Country contracts for telephonic Interpretive Services from Stratus Audio Inc. (previously known as Optimal Phone Interpreters) 755 Clay Street, Winter Park, Florida 32789.

Video Remote Interpreting (VRI) Services: South Country does not currently have VRI services.

Qualified and competent bilingual staff: South Country does not currently have bilingual staff.

LEP Liaison & Coordinator: Contact Director of Community Engagement at 507-444-7770.

LEP Liaison Back-up: Contact Communications Manager at 507-444-7770

5. Interpreter Services

South Country Health Alliance, without undue delay and at no cost to individuals with LEP and/or their families, provides meaningful access to information and services to all individuals with LEP and/or their families with whom South Country Health Alliance comes in contact.

6. Translation of Documents

South Country Health Alliance contracts with qualified translators or translating agencies to assist individuals with LEP in translating all vital documents, or documents needed to perform services.

7. Dissemination and Mandatory Training to Agency Staff, Volunteers, and Others

South Country Health Alliance is committed to providing LEP training to:

- All staff at new employee orientation, AND
- At least once a year to all staff, volunteers, and contractors, and others

South Country Health Alliance will keep record of those training sessions and individual record of attendance to training will be part of personnel files. Record of this training will be kept for a minimum of five years and readily available during DHS audits, investigations, or any proceeding and as required by law.

This training is to include at least the following:

- Title VI of the Civil Rights Act of 1964
- How to work effectively with interpreters, and
- Any other cultural issues related to delivery of information and services to individuals with LEP served by South Country Health Alliance.

This policy is added to the Manual of Policies and Procedures of South Country Health Alliance.

Dissemination of Language Access Information in Public Areas

South Country Health Alliance makes available to individuals with LEP:

- Notice of language access services DHS 4739 document by posting in public areas the "Language Poster", available through DHS public Web site
- "I need an interpreter" cards (DHS 4374) available in 15 languages and from DHS public website
- Catalogue of Languages (DHS 4059)
- Approved nondiscrimination document with any member facing materials

8. Annual Review of LEP Plan

South Country Health Alliance reviews annually its LEP plan to adjust or modify its contingencies based on demographic data collected by South Country Health Alliance during its delivery of information and services to individuals with LEP throughout a timeframe selected by the

provider but to exceed a year. This means, that the LEP Plan review must be done at least once a year.

South Country Health Alliance upon DHS request will complete and submit DHS LEP Plan review on an annual basis or as often as requested by DHS.

9. Collection of Data & Its Analysis

South Country Health Alliance is committed to monitor and make reasonable adjustments to comply with Title VI requirements. South Country Health Alliance will collect:

- Demographic data including name, DOB, gender, preferred spoken language are available in CRM.
- Telephonic interpreter monthly data includes county, language, and number of calls.
- The data will be reviewed annually to look for trends.
- Member materials will be produced in any language that at least 5% of the enrolled population prefers. Currently South Country does not have any population that reaches that threshold.

10. Complaint Process:

Individuals with LEP have the right to file a formal complaint with:

- South Country Health Alliance
 - Civil Rights Coordinator
866-567-7242 (voice, toll free) 800-627-3529 (TTY users)
2300 Park Drive, Suite 100
members@mnscha.org
- Department of Human Services (DHS), Limited English Proficiency (LEP) Coordinator:
 - Alejandro Maldonado
651-431-4018
P.O. Box 64997
Saint Paul, MN 55164-0997
alejandro.maldonado@state.mn.us
Fax 651-431-7444
MN Relay 711 or 1-800-627-3529
- Minnesota Department of Human Rights
 - Freeman Building
625 North Robert Street
St Paul, MN 55155
Phone: 651-539-1100
Toll free Phone: 800-657-3704
TTY: 651-296-1283

- Office for Civil Rights (OCR), Region V
 - U.S. Department of Health and Human Services
Office for Civil Rights
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Phone: 312-886-2359
Toll Free Phone (800) 368-1019
TTY: 800- 537-7697
Email: ocr mali@hhs.gov

This LEP Plan is available in public areas of South Country Health Alliance, to all staff, volunteer, and contractors, and to members of the community.

Revisions to this LEP Plan

Creation November 2017 By Cea Grass, Director of Communications

No changes made at this time as this is the creation of the LEP plan.

First Revision October 2018 By Stephanie Bartelt, Director of Community Engagement

Contact information updates and minor formatting adjustments.

Second Revision January 2019 By Stephanie Bartelt, Director of Community Engagement

Added Alejandro Maldonado contact information.