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| Section:<br><b>Customer Services</b>   | Policy Name:<br><b>Limited English Proficiency</b>  | Policy Number:<br><b>06.05</b>     |
| Owner:<br><b>Customer Services Manager</b>   | Reviewed By:<br><b>Sarah Ameter</b>   | Total Pages:<br><b>5</b>           |
| Required By:<br><input checked="" type="checkbox"/> <b>BBA</b> <input checked="" type="checkbox"/> <b>MDHHS</b> <input type="checkbox"/> <b>NCQA</b><br><input checked="" type="checkbox"/> <b>Other (please specify):</b><br>_1557 Patient Protection and Affordable Care Act_  | Final Approval By:<br><br><i>Sarah Ameter</i>   | Date Approved:<br><br>Jun 24, 2020 |
| Application:<br><input checked="" type="checkbox"/> <b>SWMBH Staff/Ops</b><br><input checked="" type="checkbox"/> <b>Participant CMHSPs</b><br><input checked="" type="checkbox"/> <b>SUD Providers</b><br><input checked="" type="checkbox"/> <b>MH/IDD Providers</b><br><input type="checkbox"/> <b>Other (please specify):</b><br>_____ | Line of Business:<br><input checked="" type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>Other (please specify):</b><br><input checked="" type="checkbox"/> <b>Healthy Michigan</b> _____<br><input checked="" type="checkbox"/> <b>SUD Block Grant</b><br><input checked="" type="checkbox"/> <b>SUD Medicaid</b><br><input checked="" type="checkbox"/> <b>MI Health Link</b> | Effective Date:<br><b>4/1/20</b>   |

**Policy:** No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or be subject to discrimination in any mental health programs or services or related activities on the basis of language spoken. Current and prospective customers seeking services shall be provided accurate and timely language assistance and effective communication at no cost to them.

**Purpose:** To identify means by which Southwest Michigan Behavioral Health (SWMBH) will comply with Limited English Proficiency (LEP) requirements. A person who is identified as LEP is a person who does not use English as their primary language for oral or written method of communication. Collaboration within our service area and with our community partners will occur in order to ensure equal access and quality service and to enhance the person-centered process for persons with limited English proficiency, visual, hearing or cognitive communication impairment.

**Scope:** Customer Services

**Responsibilities:** SWMBH and all contracted providers shall ensure that all members are provided language assistance when accessing and receiving services.

**Definitions:**

- A. Limited English Proficiency (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.
- B. Qualified Translator/Interpreter: A person who has been tested and certified by a recognized body to provide an accurate interpretation from English to the oral or written language of the recipient.



The interpreter must be familiar with the terminology to be used and be committed to confidentiality.

- C. Telephone Interpretation Service: Interpreters who provide language interpretation services over the telephone.

**Standards and Guidelines:**

- A. No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or be subject to discrimination in any mental health programs or services or related activities on the basis of language spoken. Current and prospective customers seeking services shall be provided accurate and timely language assistance and effective communication that protects the privacy and independence of the individual with LEP at no cost to them.
- B. SWMBH will ensure all written materials provided to service applicants and customers will be written in plain language so that they may be understandable to those persons. Materials may include, but are not limited to, provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices.
  - 1. All such materials shall be written at the 4th grade reading level when possible (i.e., in some situations it is necessary to include medications, diagnosis and conditions that do not meet the 4th grade level criteria).
  - 2. SWMBH will ensure that accommodations are provided to assist with understanding of materials for individuals with special needs or impairments.
  - 3. For persons who are not able to read, arrangements will be made to ensure that materials are read to, and/or explained to them in terms they may understand. Auxiliary aids and services must also be made available upon request at no cost.
  - 4. All materials shall be available in alternative formats in accordance with the Americans with Disabilities Act (ADA). Beneficiaries shall be informed of how to access the alternative formats.
  - 5. Materials shall not contain false, confusing, and/or misleading information.
  - 6. For consistency of the information provided to customers, SWMBH will use the State developed definitions for managed care terminology as defined in the Prepaid Inpatient Health Plan (PIHP) contract and/or Medicaid provider manual.
  - 7. All written materials provided to applicants and current customers will use a font size no smaller than 12 point.
- C. All written materials for potential enrollees must include taglines in the prevalent non-English languages in the state, as well as large print, explaining the availability of written translations or oral interpretation to understand the information provided and the toll-free telephone number of SWMBH's member/customer services unit.
  - 1. Taglines in the top 15 languages spoken by individuals with LEP in Michigan will be posted in conspicuously visible font size in: 1) Significant publications/communications targeted to beneficiaries, enrollees, applicants, members or the public, except small sized-communications; 2) conspicuous locations where SWMBH interacts with the public; and 3) a conspicuous location on the SWMBH website accessible from the SWMBH home page.



- a. Will include a large print tagline and information on how to request auxiliary aids and services, including the provision of the materials in alternative formats. Large print will be in a font size no smaller than 18 point.
  2. Taglines in the top 2 languages spoken by individuals with LEP in Michigan will be posted in conspicuously visible font size in significant communications/publications that are small-sized (postcards, tri-fold brochures).
- D. All materials shall be available in the languages appropriate to the people served within SWMBH's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in SWMBH's Region. Such materials shall be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002 Federal Register Vol. 65, August 16, 2002).
1. SWMBH will utilize the most current census data applicable for the SWMBH region in order to determine the language thresholds and safe harbors.
  2. SWMBH will make oral interpretation available in all languages at no cost to the individual.
  3. SWMBH will make written translation available in each prevalent non-English language, as requested by the individual at no cost.
  4. Auxiliary aids, alternative formats, and services will be made available upon request to the individual at no cost.
- E. SWMBH will inform customers that translation and interpretation services will be provided at no cost to the customer.
1. Staff shall not require an individual with LEP to provide his/her own interpreter.
  2. Staff shall not rely on an adult accompanying an individual with limited English proficiency to interpret or facilitate communication, except:
    - a. In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with LEP immediately available; or
    - b. Where the individual with LEP 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.
    - c. If an individual chooses to utilize a family member and/or friend as a language interpreter, staff will document the choice.
  3. Staff shall not rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with LEP immediately available.
  4. Staff shall not rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with LEP.
- F. SWMBH providers and participant Community Mental Health Service Providers (CMHSP) will have procedures in place to provide translation and interpretation services to any individual seeking services who requests such. These procedures will at a minimum include the following:
1. Maintain list of internal staff that may be available to interpret and the certification they have to do so.



2. Telephone interpretation services for individuals for emergency and intake processes.
  3. An identified contracted agency to provide qualified translation services for customers during services.
  4. A policy that identifies when family members or friends may or may not be used to translate for customers – unless the customer has made the informed choice to work with family/friend over SWMBH provided interpreter service.
- G. Use of Michigan Relay Center (MRC) will be promoted throughout the SWMBH network. Providers within the SWMBH network may elect to utilize teletypewriter (TTY) or Telecommunication Device for the Deaf (TDD) equipment and will publicize their specific number to customers.
- H. LEP training will be provided to SWMBH and participant CMHSPs /provider staff as indicated per SWMBH guidelines.
- I. Monitoring of participant CMHSPs for adherence to these standards will occur annually.

**References:**

- A. MDHHS/ PIHP Contract: Section 6.3.2 and Section 18.1.6
- B. Medicaid Managed Care Regulations: 42 CFR 438.10 and 45 CFR 92.201
- C. Office of Civil Rights Policy Guidance, Title VI: Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency
- D. Office of Civil Rights, Patient Protection and Affordable Care Act: Section 1557

**Attachments:** None








# 06.05 Limited English Proficiency

Final Audit Report

2020-06-24

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