



Limited English Proficiency (LEP) Plan

Admin Policy DV 2400

Effective January 1, 2019

Limited English Proficiency (LEP) Plan

Des Moines Valley Health and Human Services (DVHHS) (Jackson and Cottonwood Counties)

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 DVHHS in Jackson and Windom, 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
- Bilingual requirements in the Food Stamp program, 7 CFR §272.4 U.S. Department of Agriculture, Food and Consumer Service. <http://www.gpo.gov/fdsys/pkg/CFR-1998-title7-vol4/pdf/CFR-1998-title7-vol4-sec272-4.pdf>
- Communications Services, Minnesota Status § 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 Status §256.01 subd 16. <https://www.revisor.mn.gov/statutes/?id=256.01>

3. Definitions

- **Bilingual staff** - Is the person who has met and demonstrated:
 - i. The minimum linguistic proficiency and fluency requirements in both languages (target and source languages), AND
 - ii. has demonstrated cultural responsiveness, AND
 - iii. DVHHS has documented the above and is readily available upon request

If the bilingual staff is going to act as interpreter for others, in addition to the above criteria, the person must:

- i. Have developed and demonstrated skills and abilities as an interpreter
- ii. Understand boundaries and roles as an interpreter

- iii. Abide by the National Code of Ethics and Standards of Practice for Healthcare Interpreters by NCIHC, or Canons and professional code of ethics
- iv. Have completed at least 8 hours of interpreting Continuing Education (CE) every year including at least 2 hours of skills development such as consecutive or simultaneous interpreting, sight translation, translation, note taking, and so on
- v. AND is, or has received at least one of the following:
 - 1. Is a Healthcare Certified Interpreter (CHI, or CoreCHI), Certified Medical Interpreter (CMI), Federal or State Court Certified Interpreter
 - 2. has received healthcare interpreting training (minimum of 40 hours)
 - 3. has received community interpreting training (minimum of 40 hours)
- vi. DVHHS has documented the above and is readily available upon request

- **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 DVHHS, effective communication occurs when provider staff have taken the necessary steps to make sure that a person with Limited English Proficiency (LEP) 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 LEP is able to communicate the relevant circumstances of their situation to the provider, and for the provider to have 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 (seldom used).
- **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 in appropriate documents.
- **LEP Implementation Team** (*or responsible individuals for compliance*) - Individuals appointed by the agency director to review LEP Implementation activities within DVHHS.

- **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 (LEP), service providers must make available to clients and their families language assistance that is free of charge and provided 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 DVHHS collection of demographic data. Currently there are 5 primary languages: Spanish, Lao, Somalian, Hmong, Vietnamese..
- **Qualified Interpreter** – Is the person who either has met the training and competency requirements, or who is a certified healthcare interpreter, certified federal or state court interpreter and is 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 or the conduct for court interpreters.
- **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 (See Attachment 1)**

The primary methods used are: In person and phone

Contracted Qualified Interpreters: Kim Tong Translation Services, Master Interpretations, LLC, Ricardo Renteria, Ucare/Certified Languages, ASLIS, Brandt Agency of Interpreting, Keystone Interpreting Solutions

Telephone Interpreter Services: Voiance and Language Line

Video Remote Interpreting (VRI) Services: None at this time

Bilingual staff: None at this time

LEP Liaison & Coordinator: Angela Holmen, 507-831-1262, angela.holmen@dvhhs.org

LEP Liaison Back-up: Kay Steffen, 507-847-6895, kay.steffen@dvhhs.org

5. **Interpreter Services**

DVHHS, without undue delay and at no cost to individuals with LEP and/or their families, provides meaningful access to information and service to all individuals with LEP and/or their families receiving services.

6. Translation of Documents

DVHHS contracts 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

DVHHS 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

DVHHS 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 the 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 DVHHS.

This policy is added to the Manual of Policies and Procedures of DVHHS.

Dissemination of Language Access Information in Public Areas

DVHHS makes available to individuals with LEP:

- Notice of language access services by posting in public areas the “[Language Poster](#)”, available through DHS public Web site (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4739-ENG>)
- “[I need an interpreter](#)” card available in ten languages and from DHS public Web site (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4374-ENG>)
- Catalogue of Languages (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4059-ENG>)

8. Annual Review of LEP Plan

DVHHS reviews annually its LEP plan to adjust or modify its contingencies based on demographic data collected by DVHHS during its delivery of information and services to individuals with LEP throughout the year.

DVHHS 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

DVHHS is committed to monitor and make reasonable adjustments to comply with Title VI requirements. DVHHS will collect:

- DOB, gender, preferred spoken language, preferred written language, needs interpreter (Yes, No), cultural background, ethnicity, etc.
- Purpose of collecting data is to ensure meaningful access to program information and services for persons with Limited English proficiency. Clients will be provided with meaningful access to programs and services in a timely manner and at no cost to the client.
- We do not have a mechanism in place to measure outcomes of data collection in this area.

10. Complaint Process:

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

- Des Moines Valley Health and Human Services:
 - Angela Holmen
507-831-1262
11 4th Street PO Box 9
Windom, MN
56101
Angela.holmen@dvhhs.org
Fax 507-831-0126
MN Relay 711 or 1-800-627-3529
- Minnesota 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
- Office for Civil Rights (OCR), Region V – Chicago, IL
 - Celeste Davis, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services

233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (800) 368-1019
FAX 312-886-1807
TDD 800- 537-7697

- <http://www.hhs.gov/ocr/civilrights/complaints/index.html>

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

Revisions to this LEP Plan

Creation 02 2019 By Angela Holmen, Financial Assistance Supervisor

Kay Steffen, Director of Operations

Craig Myers, Agency Director

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

First Revision

Second Revision