



Accommodating Limited English Proficiency

A course by Shiawassee Health & Wellness



Limited English Proficiency Learning Objectives

When you finish this course you will have an initial understanding of:

Intent of Limited English Proficiency (LEP)

Our Legal Responsibility

Basic Requirements

Interpreter Precautions

Our Agency's Policies on LEP

Our Agency's Procedures with Respect to LEP



Intent of Limited English Proficiency

We should not expect to treat clients equally—some need more help in one area versus another; this occurs even if LEP is not an issue.

Some clients have language and / or communication limitations which need to be addressed if assessment and treatment are to be successful.

Do treat every consumer as a consumer regardless of his or her ability to speak English.

Do realize that discrimination need not be intentional. Agencies have a clear legal obligation to avoid it.

Don't get caught up in trying to assess whether they could speak English if they wanted to—we are not in the foreign language assessment field. If and when this may be appropriate, it should be a planned, clinical test.



Our Legal Responsibility

There is no single LEP law, rather it is a combination of legal expectations, citations (e.g., Civil Rights Act of 1964; ADA Rules, Medicaid & Medicare Rules. MDHHS Contract Requirements, etc.).

English is the “common” but not the “official” language in the United States.

These laws advocate that ALL persons receiving services are able to participate in a MEANINGFUL fashion.



Basic Requirements

Service policies need to:

Provide language assistance at no cost to LEP persons.

“I Speak” cards use short phrases written in multiple languages. This document should be available to help identify the language of a non-English speaker.

Interpreters must be competent in English as well as the client’s language; also in the terminology proper to the situation.

Interpreters must be knowledgeable and committed to confidentiality requirements.

These protections are similarly afforded to hearing and sight impaired.



Interpreter Precautions

Minors are not allowed to act as interpreters.

Other clients should not be placed in the position to function as interpreters - even for setting appointments. The fact that someone is a client is protected healthcare information; can't be discussed without client permission.

Document any instance when an interpreter may be used, whose qualifications are not familiar.

Document any occasion when a friend or family member is used, and did the client agree to such after clearly being informed that he /she has a right to free language assistance.

Make sure the interpreter is culturally appropriate in terms of gender, age, class, etc.

Ensure that selection of the interpreter maintains the consumer's privacy.



Additional Precautions

Review interpreter roles / procedures and provide in-service training.

Provider speaks in simple, jargon-free sentences, to make interpretation easier.

Encourage the interpreter to translate literally.

Provider should look at and speak to the consumer, not the interpreter.

Provider should attend to the consumer's responses, even if not understood.

Provider should be mindful of nonverbal cues.

Ask the consumer to repeat information if there are gaps in understanding.

BE PATIENT!



Congratulations!

You have finished the course content.

Remember, this course is NOT complete until you pass the final exam/test and complete the survey.

