

## A4.3 – LIMITED ENGLISH PROFICIENCY – USE OF INTERPRETERS

### Purpose

The purpose of this policy is to describe the Iowa HHS process for ensuring compliance (including SRs and service sites), that all persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in services, activities, programs and other benefits.

### LEP Definition

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English can be LEP.

A person with LEP may have difficulty speaking or reading English. An organization and the individual with LEP will benefit from an interpreter (in-person, telephonic, video) who will interpret for the individual with LEP and provider.

### Policy

- Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed; protects the dignity of the individual; and ensures equitable and quality service delivery consistent with nationally recognized standards of care.
- Language translation services are readily provided, at no cost to clients, as needed.
- Project staff receive training in culturally competent care in order to be sensitive to, and able to deal effectively with, the needs of key populations, including LGBTQ, adolescents, individuals with limited English-proficiency, and people with disabilities
- Written educational materials are provided in a manner that is clear and easy to understand for clients with limited literacy skills and are provided in the commonly used languages of the client population served by the clinic. (i.e waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc.)

### Procedure

Iowa HHS will evaluate each SR on an annual basis for the following:

- Process that is used to provide translation services (e.g., language assistance line, on-site interpreters, or bilingual staff).
- Process for ensuring and documenting that staff are made aware of policies and processes to access language translation services.
- How clients are informed about availability of translation services at no cost (e.g., signage/posters in different languages).
- Process for ensuring that information presented in educational materials: 1. Clear and easy to understand, and 2. Tailored to literacy, age, and language preferences of client populations.
- Process for ensuring that information presented during counseling:
  - Is culturally appropriate and reflects the client’s beliefs, ethnic background, and cultural practices.
  - Emphasizes essential points (e.g., limits the amount of information presented appropriately).

- o Communicates risks and benefits in a way that is easily understood (e.g., using natural frequencies and common denominators).

**Written Documents**

An individual with LEP may also need documents written in English translated into his or her primary language so that person can understand important documents related to health and human services, such as vital written documents. Vital written documents include, but are not limited to, consent and complaint forms, intake and application forms with the potential for important consequences, written notices of rights, notices of denials, losses or decreases in benefits or services, notice of disciplinary action, signs and notices advising people with LEP of free language assistance services.

Iowa HHS requires all SRs to have access to establish a language service provider, or providers, for interpretation (telephonic or on-site) and document translation. In addition, vital written documents, such as materials and intake forms, should be translated into widely encountered language(s) for the patient populations served.

Use of interpreters will be documented in the FP data system and a monthly QA report is available for missing data.

Date Revised	September 2023
References	<p>2021 Title X Final Rule 42 CFR § 59.2  <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.2">(<a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.2">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.2</a>)</a></p> <p>2021 Title X Final Rule 42 CFR § 59.5(a)(3)  <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5">(<a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5</a>)</a></p> <p>Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #3  <a href="https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=18">(<a href="https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=18">https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=18</a>)</a></p>
Additional Resources	<p>National Standards for Culturally and Linguistically Appropriate Services (CLAS)  <a href="https://www.thinkculturalhealth.hhs.gov/">(<a href="https://www.thinkculturalhealth.hhs.gov/">https://www.thinkculturalhealth.hhs.gov/</a>)</a></p>