

CENTRAL STATE HOSPITAL
POLICY AND PROCEDURE

SUBJECT: **LIMITED ENGLISH PROFICIENCY/SENSORY IMPAIRED (LEP/SI)
GUIDELINES**

ANNUAL REVIEW MONTH: June

RESPONSIBLE FOR REVIEW: LEP/SI Coordinator

LAST REVISION DATE: August 2009

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- REFERENCES:**
1. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000 et.seq.
 2. The Americans with Disability Act (ADA) of 1990, Title II
 3. Rehabilitation Act of 1973 (Sec. 504)

DEFINITIONS: LEP/SI – Limited English Proficiency/Sensory Impairment
TTY – Mechanical Teletypewriter for the Deaf
TDD – Telecommunications Device for the Deaf

PURPOSE:

To insure that all clients who are served at Central State Hospital (CSH) have meaningful access to all programs and activities offered by the LEP/SI programs. Ensure that reasonable steps are taken to secure and utilize trained interpreters, translators and other necessary communicative resources when serving LEP/SI clients will be followed.

POLICY:

Central State Hospital (CSH) will insure that Limited English Proficient (LEP) and Sensory Impaired (SI) clients have meaningful access to all programs and activities supported by **Department of Behavioral Health and Developmental Disabilities (DBHDD)** including all language resources, documents and partnerships for outreach and education. This applies to all staff.

PROCEDURE:

RESPONSIBILITY	ACTION
Admissions Staff	<p><u>Identification of Need for Service</u></p> <p>Identify clients who have trouble communicating in English (because their native language is not English) and for clients who are deaf, blind, and otherwise sensory impaired.</p> <p>Document status on the LEP/SI determination form.</p> <p>Determine language spoken by using language identification flashcard (Attachment 1) and allowing client to point to language spoken.</p> <p>Inform client of rights to services for those who speak a different language, are deaf, hard of hearing, or blind of the availability of interpreter services at no charge. Refer client to review information posted in intake area (Attachment 2 – Notification of Free Interpretation Services).</p> <p>Inform client of right for service to have a ‘no cost’ qualified interpreter whether they have their own interpreter (family member or a staff member is available.) Document choice and complete Waiver of Rights for Free Interpreter Services (Attachment 3). Place waiver in record and provide copy to client.</p> <p>Initiate Intake and Tracking Form (Attachment 4) and place in client’s record.</p> <p>Notifies LEP/SI Coordinator of client in need of LEP/SI services within one workday of admission.</p>

RESPONSIBILITY	ACTION
<p>Admission Physician, Unit Nursing Services/ Unit Treatment Team</p>	<p><u>Referral for Services</u></p> <p>Determine which service is to be utilized for client with Limited English Proficiency to include but not limited to:</p> <ul style="list-style-type: none"> ▪ Hospital employee ▪ Family/support network ▪ Language line ▪ Foreign language interpreter/service ▪ Sign language interpreter ▪ TTY/DD lines ▪ Translation of documents <p>Document service utilized on Intake and Tracking form as to which service is to be provided.</p> <p>If foreign language interpreter is indicated, select interpreter from DHR statewide network of qualified and certified interpreters. Document selection on LEP/SI client determination form. Review contract fees with interpreter and document contract fees.</p>
<p>Nursing Staff/LEP/SI Coordinator/Business Office</p>	<p><u>Delivery of Services</u></p> <p>Services provided by Employee/Family – make selection from list of hospital staff. Coordinate with employee/supervisor as to availability/time request, etc., to insure that it does not conflict with employee work schedule. Provide documentation of service provided in medical record.</p> <p>TTY/DD lines – utilize service and document in record.</p> <p>Interpreter services – Contact interpreter and set up time and date. Document the date/time of the appointment of service. Confirm the time when the session begins and ends.</p>

RESPONSIBILITY	ACTION
	<p>Negotiate and document the rate of charge and document any expense charges by the interpreter such mileage, parking, meals, and hotel.</p> <p>Sign the client/determination form and request the interpreter sign to verify services render and the cost of services.</p> <p>Translation services – complete translation services request form and submit to Business Office. (Attachment 5).</p> <p>All intake and tracking forms are to be placed in the client’s record and copy sent to the LEP/SI Coordinator and Business Office.</p>
LEP/SI Coordinator	<p><u>Coordinator and Monitoring of LEP/SI Services</u></p> <p>Insures that information about LEP/SI services is available (e.g. copies of flash cards, waiver form, notification, etc.) and is posted in admissions and visitor’s area.</p> <p>Establish a designed computer access port for entering intake and tracking forms.</p> <p>Maintains copies of all LEP/SI completed. Completes data analysis to identify trends and patterns (e.g. level of compliance, # of client recovery services, hours of services provided, etc.)</p> <p>Provides analysis and recommendations to DBHDD and LEP/SI program as requested.</p> <p>All revisions, changes, etc., to LEP/SI procedures and policies will be reviewed by the Department LEP/SI Coordinator.</p>

Approval: _____

Marvin Bailey
Chief Executive Officer

Scott Van Sant, M.D.
Chief Medical Officer

- Attachments:
- 1) Language Identification Flashcard
 - 2) Notice of Free Interpretation Services
 - 3) Waiver of Rights to Free Interpretation Services
 - 4) Intake and Tracking Form
 - 5) Translation Services Request Form

*Refer to the Department of Behavioral Health & Developmental Disabilities ODIS [1701](#)



"I SPEAK" FLASHCARD

<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/>	Խոսողո՞ւմ ե՞նք նշո՞ւմ կատարե՞ք այս քառակուսում, եթե խոսո՞ւմ կա՞մ կարդո՞ւմ ե՞ք հայերեն:	2. Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/>	ឈ្លឹមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/>	Motka i kakhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/>	如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/>	如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/>	Mark this box if you read or speak English.	11. English
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	12. Farsi

Mark this box if you read or speak _____

11/05

1 of 3

Note: The "I SPEAK" card has 3 pages and may be printed from the DHR Language Access Website:
<http://lepsi.dhr.georgia.gov/>

Notice of Free Interpretation Services Poster





NOTICE OF FREE INTERPRETATION SERVICES

Free services are required by Title VI of the Civil Rights Act of 1964, 42 U.S.C. Sec. 2000 et seq., Section 504 of the Rehabilitation Act of 1973 and Title I of the Americans with Disabilities Act of 1990.

English	Free Interpretation Services are available. Please ask at the front desk for assistance.
Arabic العربية	الأمخدمات الترجمة الفورية متاحة، ويرجى التوجه إلى مكتب الاستقبال للمساعدة في هذا.
Amharic አማርኛ	በነጻ አስተርጓሚ ይመደብልዎታል. አባክዎን በመቀበያው ድረስ ላይ ያሉትን ግለሰብ ይጠይቁ.
Chinese 中文	我們提供免費的口譯服務。 請詢問前臺。
French Français	Nous offrons des services gratuits en interprétation. Pour obtenir de l'aide veuillez vous rendre à la réception.
German Deutsch	Kostenloser Dolmetscherservice verfügbar. Informationen erhalten Sie am Counter.
Gujarathi ગુજરાતી	અનુવાદક ની સેવા અહીં મફત માં આપવામા આવે છે. સ્વાગત-કચ્છ માં કોઈ કને પૂછવા વિનંતી।
Hindi हिन्दी	अनुवादक की सेवा यहाँ मुफ्त में मिल सकती है। कृपया अगली मेज पर किसीसे पूछिये।
Japanese 日本語	無料通訳サービスのご利用が可能です。ご依頼の際は、受付までどうぞ。
Korean 한국어	무료 통역 서비스가 제공됩니다. 안내 데스크에 문의하십시오.
Oromo Afaan Oromoo	Hikkaa afaanii (Turjumaana) kafaltii malee argattu. Yoo turjumaana barbaaddan bakka seennaa duraattii gargaarsa gaafadhaa.
Russian Русский	Мы предоставляем услуги переводчика бесплатно. Попроси об этом в приемной.
Spanish Español	Hay servicios gratis de interpretación disponibles. Por favor solicitele ayuda a la recepcionista.
Somali	Waxaad Heli Kartaa Turjubaan lacag la'aan ah. Fadlan tag miiska hore si laguu caawiyo
Swahili	Huduma ya mfasiri wa bure inapatikana hapa. Tafadhali eanda kwa deski ya mbele ili upate usaidizi.
Vietnamese Tiếng Việt	Dịch vụ thông dịch viên miễn phí. Để được hỗ trợ, vui lòng liên hệ bàn tiếp tân.

LEP/VI Program
OTHER LANGUAGES ARE AVAILABLE UPON REQUEST
06/06

Waiver of Rights to Free Interpreter Services

Free interpreter services are available through agencies of the Georgia Department of Human Resources (DHR). DHR will call an interpreter after identifying the primary language in which you are able to communicate. You are entitled to bring your own interpreter, however, DHR or its subsidiary agencies will not authorize payment for interpreters not previously secured or approved by DHR.

I, _____, have been informed of my right to receive free interpretive
 (Customer Name)
 services from _____. I understand that I am entitled to interpretive
 (DHR/Agency)
 services at no cost to myself or to other family members, but do not wish to receive DHR's free services at
 this time. I choose _____ to act as my interpreter from
 (Interpreter's Name)
 _____ until _____. I understand
 (Date) (Date)
 that I may withdraw this waiver at any time and request the services of an Interpreter, which will be paid
 for by _____.
 (DHR Agency)

To the best of my knowledge, the person I am using to act as my own interpreter is over the age of 18. I understand that this waiver pertains to interpreter services only and does not entitle my interpreter to act as my Authorized Representative. I also understand that the service agency may secure a qualified or certified interpreter to observe the interpreter of my choice during the interpreting session to ensure the accuracy of the communication and follow-up instructions.

The Interpreter indicated below orally translated this form to me.

(Customer's Signature)	(Date)
(Interpreter's Signature)	(Date)
(Interpreter Printed or Typed Name and Signature)	(Date)
(Staff Person Signature)	(Date)
(Title)	(Date)



**LIMITED ENGLISH PROFICIENT/SENSORY IMPAIRED (LEP/SI)
INTAKE AND TRACKING FORM**

Date:

Division/Office:	County:	Program:
Other Program:	Specify:	
Please check: <input type="checkbox"/> Limited English Proficient (LEP) <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired		

Customer information

Customer Name:	First Name	Middle Ini.	Last Name	Maiden Name
Address:				
City		State	Zip code	
County of Residence:			Identification # (Assigned by Division/Office):	
Contact Number:			Alternate Number:	
Ethnicity and /or Nationality:				
Race:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Language(s) (Spoken):			Primary Language(s) (Written):	

NOTE: Free Services are offered during each customer contact, thus the Waiver of Rights Form must be completed each time free services are declined.

	Date:	Other Services Provided:	Date:
<input type="checkbox"/> yes <input type="checkbox"/> no Waiver of Rights to Free Interpreter Service signed			
<input type="checkbox"/> Provided translated form: specify			
<input type="checkbox"/> Other:			
<input type="checkbox"/> yes <input type="checkbox"/> no Waiver of Rights to Free Interpreter Service signed			
<input type="checkbox"/> Provided translated form: specify			
<input type="checkbox"/> Other:			
<input type="checkbox"/> yes <input type="checkbox"/> no Waiver of Rights to Free Interpreter Service signed			
<input type="checkbox"/> Provided translated form: specify			
<input type="checkbox"/> Other:			

Customer Name:

Employee Name:			Date:				Telephone number:			
Services Delivered by:	Interpreter Information:	Appointment Date and Time	Start Time:	End Time:	Rate per Unit	Cost of Service:	Other Expenses:	Total :	Interpreter Status	Customer Status
<input type="checkbox"/> Contractor	Name:								<input type="checkbox"/> Met Expectations	<input type="checkbox"/> Arrived as Scheduled
<input type="checkbox"/> Employee									<input type="checkbox"/> Did not meet expectations	<input type="checkbox"/> Arrived Late
<input type="checkbox"/> Relative	Phone no.:								<input type="checkbox"/> No Show	<input type="checkbox"/> No Show
<input type="checkbox"/> Friend									<input type="checkbox"/> Other: specify:	<input type="checkbox"/> Other: specify:
<input type="checkbox"/> Other:	<input type="checkbox"/> On DHR List <input type="checkbox"/> Other:									

Employee Name:			Date:				Telephone number:			
Services Delivered by:	Interpreter Information:	Appointment Date and Time	Start Time:	End Time:	Rate per Unit	Cost of Service:	Other Expenses:	Total :	Interpreter Status	Customer Status
<input type="checkbox"/> Contractor	Name:								<input type="checkbox"/> Met Expectations	<input type="checkbox"/> Arrived as Scheduled
<input type="checkbox"/> Employee									<input type="checkbox"/> Did not meet expectations	<input type="checkbox"/> Arrived Late
<input type="checkbox"/> Relative	Phone no.:								<input type="checkbox"/> No Show	<input type="checkbox"/> No Show
<input type="checkbox"/> Friend									<input type="checkbox"/> Other: specify:	<input type="checkbox"/> Other: specify:
<input type="checkbox"/> Other:	<input type="checkbox"/> On DHR List <input type="checkbox"/> Other:									

Employee Name:			Date:				Telephone number:			
Services Delivered by:	Interpreter Information:	Appointment Date and Time	Start Time:	End Time:	Rate per Unit	Cost of Service:	Other Expenses:	Total :	Interpreter Status	Customer Status
<input type="checkbox"/> Contractor	Name:								<input type="checkbox"/> Met Expectations	<input type="checkbox"/> Arrived as Scheduled
<input type="checkbox"/> Employee									<input type="checkbox"/> Did not meet expectations	<input type="checkbox"/> Arrived Late
<input type="checkbox"/> Relative	Phone no.:								<input type="checkbox"/> No Show	<input type="checkbox"/> No Show
<input type="checkbox"/> Friend									<input type="checkbox"/> Other: specify:	<input type="checkbox"/> Other: specify:
<input type="checkbox"/> Other:	<input type="checkbox"/> On DHR List <input type="checkbox"/> Other:									

Instructions for LEP/SI Intake and Tracking Form

The LEP/SI Intake and Tracking Form is used at all points of contact with customers who have difficulty communicating in English (because their native language is not English) and for customers who are visually or hearing impaired. This form may be completed in handwritten form or electronically. A copy of this form must be filed in the customer's case record and in a central location.

Form Completion

1. After designating the Division/Office, county and program, check the box which best describes the customer as "Limited English Proficient," "Visually Impaired," or "Hearing Impaired." If any other program within this same Division/Office uses this form, please specify which program.
2. Enter the customer's complete name and address in the appropriate spaces.
3. Next, enter the customer's county of residence followed by the identifying case or customer number provided by the Division/Office.
4. Enter the ethnicity or representative cultural group in the appropriate text box, designate "Caucasian, Black, Asian, Other, or Multiracial" for race, and check the appropriate box for the customer's gender.
5. Enter the customer's primary spoken and written language(s) in the designated text boxes.
6. Check the appropriate boxes for all the forms that were provided at the time of service and the date on which they were provided.
7. Document all services provided to the customer and indicate the date provided.
8. Enter your name and your telephone number.
9. Indicate who delivered the interpretation services.
10. Include the interpreter's name and phone number. Specify if interpreter is on the DHR Master List of Language Contractors.
11. Record the date and time of the appointment. Confirm the time when the appointment begins and ends, with the interpreter present.
12. Enter the rate per unit and calculate the cost of service.
13. Document any other expenses charged by the interpreter such as mileage. Additional reimbursement may apply when overnight accommodations are necessary. Enter the total cost of services provided. (Note: This form is **not** an invoice. Contractors are required to submit an invoice for services provided.)
14. Check the appropriate boxes for both the interpreter's and the customer's status. Report DHR Language Contractor "no shows" to the LEP/SI Office by calling 404/657-5244 or 404-657-4722.
15. File a copy of this form in customer's file and in the central LEP/SI File.

Georgia Department of Human Resources
LEP/SI
Translation Request Form

Date Submitted to LEP/SI Office: _____	Job Title/Form Name: _____
	Desired Delivery Date: _____
Contact Person: _____	Telephone Number: _____
Address: _____	Fax Number: _____
_____	E-mail Address: _____

Division/Office: _____
Program: _____

Format	
Original Language: _____	What service(s) are you requesting?
Translated Language(s):	Check all that apply:
<input type="checkbox"/> Spanish	<input type="checkbox"/> Translating
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Proofreading
<input type="checkbox"/> Russian	<input type="checkbox"/> Formatting
<input type="checkbox"/> Korean	<input type="checkbox"/> Desktop Publishing
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other:
<input type="checkbox"/> Other: _____	_____

To be completed by LEP/SI Office: _____
Completed Date: _____

NOTE: It is the responsibility of the Division/Office staff to secure the necessary approvals before submission to the LEP/SI Program Office for translation. Approvals may be required from within the Division/Office, Office of Communications and or from the Legal Office.

Georgia Department of Human Resources
LEP/SI Program
Translation Request Form (TRF)
Instructions

1. Write the date the request is submitted to the DHR LEP/SI Office.
2. Include contact information (including telephone and FAX numbers, mailing and e-mail addresses, Division/Office) for person submitting the request.
3. On the right side, enter the complete name of the document and the date the completed translation is desired (allow time to secure the necessary approvals and Purchase Order).
4. In the format section indicate the language(s) for the translation and the services desired (translation, proofreading, formatting, desktop publishing, etc.). Check all that apply. Include other services desired that are not listed.
5. Submit the completed form to the LEP/SI Office via e-mail with a copy of the document to be translated also known as the source document.
6. Upon receipt of the request by the LEP/SI Office, the document will be sent to at least three approved translation vendors for quotes. The contact information for the vendor with the lowest quote will be forwarded to the Division/Office to obtain a Purchase Order (PO). **Each requesting Division or Office is responsible for covering the cost associated with translating documents.**
7. Upon confirmation of a PO, the LEP/SI staff will authorize the translation to be completed.
8. The completed translation is sent from the vendor to the LEP/SI staff who will forward to the appropriate Division/Office for review.
9. Upon the satisfactory completion of the translation in the appropriate format, the LEP/SI staff will authorize the final approval of the document from the vendor.
10. Each Division/Office is required to maintain a list of all translated documents including the date translated and the vendor providing the translation services. The LEP/SI Program Office also maintains a listing of translated documents.

NOTE: It is the responsibility of the Division/Office staff to secure the necessary approvals before submission to the LEP/SI Program Office for translation. Approvals may be required from within the Division/Office, Office of Communications and or from the Legal Office.