

Please note: pursuant to decisions by various district courts regarding the 2024 Final Rule implementing Section 1557, entitled Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37,522 (May 6, 2024) (“2024 Final Rule”), certain provisions regarding gender identity are stayed nationwide. Other provisions are stayed or enjoined as indicated at www.hhs.gov/1557.

SAMPLE LANGUAGE ACCESS PROCEDURES:

In accordance with Section 1557, this document describes [insert name of covered entity’s] process for providing language assistance services to individuals with limited English proficiency (LEP). This process is designed to help staff take reasonable steps to provide meaningful access for individuals to whom this policy applies, including [patients/clients] and their companion(s). A companion includes a family member, friend, or associate of an individual seeking access to our services, programs, or activities, who, along with such individual, is an appropriate person with whom we should communicate.

Where language assistance services are required, they must be provided free of charge, be accurate and timely, and protect the privacy and the independent decision-making ability of the individual with LEP. Language assistance services that are provided to an individual with LEP when they first contact [insert name of covered entity] should again be made available to that individual if the individual returns to [insert name of covered entity], unless the individual confirms that they no longer require language assistance services.

Contact information for [if applicable: the Section 1557 Coordinator and/or] the staff member(s) responsible for coordinating the language access procedures set forth in this document is set forth below:

[insert contact information for language access point(s) of contact].

1. IDENTIFYING INDIVIDUALS WITH LEP AND THEIR PRIMARY LANGUAGE(S)

[Insert name of covered entity] will promptly identify the language and communication needs of an individual with LEP. If necessary, staff will use a language identification card (or “I speak” cards available online at www.lep.gov) or posters to determine the language of communication.

Staff will document the use of language assistance services in the individual’s record [optional: and/or in our Language Assistance Services Log (attached)], including any language assistance services necessary to communicate with companions, and such documentation will identify the individual’s or the companion’s preferred language.

2. OBTAINING ORAL LANGUAGE ASSISTANCE SERVICES

2A. OBTAINING A QUALIFIED BILINGUAL/MULTILINGUAL STAFF MEMBER

(i) The following is an accurate and current list (including the name, language(s), phone number, and hours of availability) of our qualified bilingual/multilingual employees, if any, who have demonstrated their ability to provide in-language oral assistance as part of the staff member’s

current, assigned job responsibilities and who have demonstrated that they are proficient in speaking and understanding spoken English and at least one other spoken language. This includes proficiency in speaking and understanding any necessary specialized vocabulary or terminology and phraseology, and the ability to impartially communicate directly with individuals with LEP in their primary languages:

[insert list of bilingual/multilingual employees, if any, here].

(ii) Contact the appropriate qualified bilingual/multilingual staff member who is available to communicate with the individual(s) in their primary language.

(iii) If a qualified bilingual/multilingual staff member is unavailable, take reasonable steps to obtain a qualified interpreter as described in Section 2B of this procedure.

2B. OBTAINING A QUALIFIED INTERPRETER FOR AN INDIVIDUAL WITH LEP

[Insert name of covered entity] utilizes a telephone interpreter service, which provides qualified interpreters who have demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language, are able to interpret effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary or terms without changes, omissions, or additions and while preserving the tone, sentiment, and emotional level of the original oral statement. The interpreters must also adhere to generally accepted interpreter ethics principles, including client confidentiality.

The contact information for the telephone interpreter service provider is:

[name of telephone interpreter service provider and contact information].

To obtain a qualified interpreter from our interpreter service provider:

(i) Contact the language interpreter service identified above;

(ii) Communicate with the individual using the language interpreter service; and

(iii) Document use of interpreter service provider in the individual's record [optional: and/or the Language Assistance Services Log].

2C. WHEN INDIVIDUALS REQUEST A COMPANION INTERPRETER

Some individuals with LEP may request to use a companion as an interpreter. Companions of an individual with LEP shall not be used as interpreters unless specifically requested by that individual and only after we have communicated in the individual's primary language that we are willing to provide a qualified interpreter to the individual free of charge.

Unless there is a medical emergency, minor children and other clients/patients/residents will **not** be used to interpret, to ensure confidentiality of the information and accurate communication.

If the individual declines our language assistance services and wishes to have the companion interpret, confirm the following:

- (i) The companion agrees to provide such assistance;
- (ii) Reliance on the companion for such language assistance is appropriate under the circumstances. When determining appropriateness, staff should consider:
 - (a) competency of interpretation;
 - (b) confidentiality/privacy;
 - (c) whether the presence of the companion raises any safety concerns; and
 - (d) whether there is a conflict of interest.
- (iii) If relying on the companion for any of these reasons would be inappropriate, staff shall take reasonable steps to provide available alternative interpreter services to the individual with LEP free of charge pursuant to Section 2B of this procedure.
- (iv) Document the use of a companion or interpreter service provider in the individual's record [optional: and/or the Language Assistance Services Log].

3. PROVIDING NOTICE TO INDIVIDUALS WITH LEP

[Insert name of covered entity] will inform individuals with LEP about the availability of free-of-charge language assistance services, and all necessary auxiliary aids and services as appropriate for a person with LEP and a disability by providing written notice in languages that persons who are LEP will understand. At a minimum, notices and signs will be clearly and prominently posted and provided in [physical areas applicable to the facility, such as intake areas, and other points of entry where it is reasonable to expect individuals seeking services be able to read or hear the notice, etc.].

4. PROVIDING WRITTEN TRANSLATIONS

[Insert name of covered entity] utilizes a translation service, which provides qualified translators who have demonstrated proficiency in writing and understanding both written English and at least one other written non-English language, are able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary or terms without changes, omissions, or additions and while preserving the tone, sentiment, and emotional level of the original written statement. The translators must also adhere to generally accepted translator ethics principles, including client confidentiality.

[Insert name of covered entity] will make vital written materials available for individuals with LEP in the same manner as those made available for English speakers. Vital documents and common forms include: admissions paperwork, applications, required notices (such as Notice of Privacy Practices, Notice of Nondiscrimination, Notice of Availability of Language Assistance Services and Auxiliary Aids and Services, etc.), discharge instructions, billing information, etc.

The contact information for the translation service provider is:

[insert name of telephone translation service provider and contact information].

(i) [Insert name of covered entity] will submit vital documents or common forms for translation into regularly encountered languages to [facility's translation service provider]. We will ensure that the original documents submitted for translation are in final, approved form with updated and accurate legal and medical information.

(ii) [Insert name of covered entity] will provide translation of other written materials, if needed, for individuals with LEP free of charge.

(iii) [Insert name of covered entity] has the following documents available in the following languages:

[insert list of translated documents, languages, date(s) of translation, and how to access the documents, if in electronic form]

(iv) If [insert name of covered entity] does not have a translated document available, staff will submit documents to [facility's translation service provider] for translation into the appropriate language.

(v) Document the use of the translation service provider in the individual's record [optional: and/or the Language Assistance Services Log].

5. TRAINING OF STAFF

[Insert name of covered entity] will ensure that all relevant staff are trained on how to access and provide language assistance services set forth in this document.

