BERRIEN MENTAL HEALTH AUTHORITY
-- PROCEDURE --

SUBJECT: Limited English Proficiency	SECTION: 01-81-01 Page 1 of 7
APPLICATION: All Staff; All Network Providers EFFECTIVE DATE: 03/03 APPROVED BY: CEO REVISED: 3/03, 2/05, 2/07, 6/09, 9/12,10/16, 3/19, 7/2020, 2/2022, 6/2023, 7/2023, 5/2024, 2/2025, 6/2026	REQUIRED BY: Procedure 01-51-02 MDCH IV-I-002-0002 Title VII of the Civil Rights Act of 1964 Americans with Disability Act CARF (G.3) Section 1557 of the Affordable Care Act

POLICY: It is the policy of Berrien Mental Health Authority (BMHA) that no otherwise qualified person shall be excluded from participation in, be denied the benefits of, or be subject to discrimination in any behavioral health programs or related activities on the basis of spoken language, visual impairment or ability to read or write. Current and prospective customers seeking services shall be provided accurate and timely language assistance and effective communication at no cost to them.

It is the policy of BMHA to ensure individuals who require behavioral health services have easy access to culturally competent, professional care and that all types of care are well coordinated, confidential, and are designed to meet the individual's expressed or assessed needs. The ethnic and cultural diversity and religious/spirituality of the individual and family will be respected and considered integral to the entire continuum of care. All services and supports will be provided in a manner that respects the dignity and worth of the individual being served. Recipients of behavioral health services shall be provided with care, treatment and/or support that are appropriate to their condition and to help them make progress on goals.

It is the policy of BMHA to ensure that persons with co-occurring mental illness and substance abuse disorders encounter a welcoming environment and are afforded the same considerations as above; that all types of care are coordinated to meet an individuals expressed and/or assessed needs. The principles of recovery and/or self-determination will be present throughout the provision of care.

PURPOSE: To assure timely access and identify means by which BMHA will comply with Limited English Proficiency (LEP) requirements. A person who is identified as LEP is a person who does not use English as their primary language for oral or written method of communication. Collaboration within our service area and with our community partners will occur to ensure equal access and quality service and to enhance the person-centered process for persons with limited English proficiency, visual, hearing or cognitive communication impairment.

DEFINITIONS

Limited English Proficiency: Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.

Qualified Translator/Interpreter: A person who has been tested and certified by a recognized body to provide an accurate interpretation from English to the oral or written language of the recipient. The interpreter must be familiar with the terminology to be used and be committed to confidentiality.

On-site Interpretation Service: Interpreters contracted to provide interpretation services for BMHA.

Telephone Interpretation Service: Interpreters who provide language interpretation services over the telephone.

Video Interpretation Service: Interpreters contracted to provide interpretation services via a secured website.

Vital Documents: Consent forms; Person-centered treatment plan, guides to accessing services; restriction or denial of service; grievance and appeals process, anything requiring a response.

Discrimination: Illegal treatment either intentional or unintentional of a person or group based on race, color, national origin, language spoken, religion, certain age limitations, sex, marital status, physical or mental handicap or inability to pay for services. This includes the failure to remedy the effects of past discrimination.

Language List: List of staff, languages they speak and level of interpretation they have been certified to provide for the agency.

STANDARD

A. No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or be subject to discrimination in any behavioral health programs or services or related activities on the basis of language spoken. Current and prospective customers seeking services shall be provided accurate and timely language assistance and effective communication that protects the privacy and independence of the individual with LEP at no cost to them.

B. BMHA provides all written materials for potential customers and customers consistent with the following:
    1. Use easily understood language and format.
    2. Written at or below the 6.9 grade reading level when possible (i.e., in some situations it is necessary to include medications, diagnosis, and conditions that do not meet the 6.9 grade reading level criteria).
    3. Use a font size no smaller than 12 point.
    4. Be available in alternative formats, including large print, and through the provision of auxiliary aids and services in an appropriate manner that takes into consideration the special needs of customers or potential customers with disabilities or limited English proficiency.
    5. Materials must not contain false, confusing, and/or misleading information.
    6. BMHA will ensure that accommodations are provided to assist with understanding of materials for individuals with special needs, disabilities, or impairments.
    7. For persons who are not able to read, arrangements will be made to ensure that materials are read to, and/or explained to them in terms they may understand. Auxiliary aids and services must also be made available upon request at no cost.

8. All materials shall be available in alternative formats in accordance with the Americans with Disabilities Act (ADA). Beneficiaries shall be informed of how to access the alternative formats.

C. BMHA makes its written materials that are critical to obtaining services, including, at a minimum, provider directories, customer handbooks, appeal and grievance notices, and denial and termination notices, available in the prevalent non-English languages in its service areas.
   1. Written materials that are critical to obtaining services are also made available in alternative formats upon request of the member or potential member at no cost.
   2. Written materials that are critical to obtaining services include taglines in the prevalent non-English languages in the State in a conspicuously visible font size explaining the availability of written translation or oral interpretation to understand the information provided.
   3. Written materials that are critical to obtaining services include information on how to request auxiliary aids and services.
   4. Written materials that are critical to obtaining services include the toll-free and TTY/TDY telephone number of the PIHP's member/customer services unit. BMHA uses Michigan Relay Center (MRC) 711 and promotes it throughout services.
   5. Auxiliary aids and services must be made available upon request of the member or potential member at no cost.
   6. For consistency of the information provided to customers, BMHA will use the State developed definitions for managed care terminology as defined in the Prepaid Inpatient Health Plan (PIHP) contract and/or Medicaid provider manual.

D. Taglines in the Prevalent Non-English languages spoken by individuals in the service area with LEP will be posted in conspicuously visible font size in:
   1. Significant publications/communications targeted to beneficiaries, enrollees, applicants, customers, or the public, except small sized-communications;
   2. Conspicuous locations where BMHA interacts with the public; and a conspicuous location on the BMHA website accessible from the home page;
   3. Will include a large print tagline and information on how to request auxiliary aids and services, including the provision of the materials in alternative formats. Large print will be in a font size no smaller than 18 point.

E. Taglines in Prevalent Non-English languages spoken by individuals in the SWMBH region will be posted in conspicuously visible font size in significant communications/publications that are small-sized (postcards, tri-fold brochures).

F. Materials will be translated into prevalent languages identified in the region**.**
   1. Prevalent non-English language is defined as any language spoken as the primary language by more than five percent (5%) of the population in SWMBH's region.
   2. SWMBH will utilize the most current census data applicable for the SWMBH region in order to determine the language thresholds and safe harbors.
   3. At the time of enrollment with BMHA, the customer's primary language will be identified.
   4. Materials will be available in alternative formats at no cost to the customer.
   5. BMHA provides information to customers on how they can access and request auxiliary aids and alternative formats.

G. BMHA makes interpretation services available to each member free of charge.
   1. This includes oral interpretation and the use of auxiliary aids such as TTY/TDY and American Sign Language (ASL).
   2. Oral interpretation requirements apply to all non-English languages, not just those that MDHHS identifies as prevalent.

3. In mental health settings, video remote interpreting (VRI) is to be used only in emergency situations, extenuating circumstances, or during a state or national emergency as a temporary solution until they can secure a qualified interpreter and in accordance with R 393.5055 VRI standards, usage, limitations, educational, legal, medical, and mental health standards
4. Staff shall not require an individual with LEP to provide his/her own interpreter.
5. Staff shall not rely on an adult accompanying an individual with limited English proficiency to interpret or facilitate communication, except:
    a. In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with LEP immediately available; or
    b. Where the individual with LEP specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
    c. If an individual chooses to utilize a family member and/or friend as a language interpreter, staff will document the choice.
6. Staff shall not rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with LEP immediately available.
7. Staff shall not rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with LEP. BMHA will maintain a list of internal staff that may be available to interpret and the certification they have to do so.

H. BMHA maintains a contract with an agency to provide qualified translation services for customers during services.
I. Telephone interpretation services for individuals for emergency and intake processes are available.
J. Use of Michigan Relay Center (MRC) will be promoted throughout the SWMBH network. Providers within the SWMBH network may elect to utilize teletypewriter (TTY) or Telecommunication Device for the Deaf (TDD) equipment and will publicize their specific number to customers.
K. LEP Training will be completed by all BMHA employees as indicated by SWMBH guidelines.

PROCEDURES

PROCEDURE for on-site Interpreter

1. When an individual approaches the agency in person or is referred and the staff member is unable to understand that person, the “I speak” cards and “I speak” binders are used to identify the consumer’s language.
2. The staff member uses the “I speak” cards and binders to communicate that an interpreter will be called at no cost to the consumer.
3. The staff member will call the Customer Service Representative to request an interpreter.
4. The Customer Service Representative will contact the provider with whom BMHA has a contract for translation services to set an appointment and will fill out an LEP Appointment card for consumer including how the name is spelled in our records.

5. The Customer Service Representative will contact the provider with whom BMHA has a contract for translation services to complete arrangements for the clinical appointment.
6. Only in the case of an emergency can family members or non-certified Riverwood employees translate.
7. All subsequent appointments will be made through the Customer Service Representative by the clinician submitting an Interpreter Request form to Customer Services, at least 4 days in advance of a scheduled appointment.
8. If the future appointment is made at the time of the current appointment, Interpreter helps to set next appointment before leaving. The clinician will ensure that the Customer Service Representative is notified for tracking purposes, utilizing the Interpreter Request Form.
9. Customer Service Representative should be contacted to determine if vital documents that are critical to obtaining services are available in translated form for the on-site Intake appointment.
10. Customer service forwards documents to Intake and Business Office or arranges to have documents translated and forwards materials when available. If translated documents are not available, Customer Service contacts the Office of Recipient Rights to request the Officer attend the appointment. The Recipient Rights Officer will sign with the individual and the interpreter acknowledging that translation of the document occurred.
11. When the consumer comes for the appointment, the receptionist checks the consumer's record for the name of the interpreter and checks that the contracted interpreter has arrived.
12. If interpreter has not arrived the receptionist contacts Customer Service Representative, who then calls the provider with whom BMHA has a contract for translation services and gets status on the interpreter.
13. The clinician notes the starting and ending times for interpretation in consumer record.
14. The Interpreter meets the consumer, accompanies the consumer and provides translation for the appointment.
15. The interpreter and consumer, as an acknowledgment of verbal translation, must sign any document translated orally.
16. The interpreter is required to utilize a log/invoice with sign in and out times to verify billing and submits it to the Customer Services Representative. The Customer Services Representative reviews and sends a copy to the Claims Specialist.
17. Clinical staff should report concerns regarding the interpreter to Customer Service Representative.
18. Any staff that identifies a consumer is in need of accommodations to assure that written material is made available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who are visually limited or have limited reading proficiency will contact Customer Service Representative.

PROCEDURE for Phone Interpreter or Video Interpreter

1. When an individual approach the agency in person or is referred and the staff member is unable to understand that person, the "I speak" cards are used to identify the consumer's language
2. The staff member uses the "I speak" cards and "I speak" binders to communicate that an interpreter will be called at no cost to the consumer.
3. The staff member will utilize the Telephone Interpreter form to access an Interpreter to identify the needs for the individual with limited English proficiency.
4. Only in the case of an emergency can family members translate.

5. All subsequent appointments will be made either utilizing the telephone Interpreter Form or by requesting the Video Interpreter equipment by email.
6. If the future appointment is made at the time of the current appointment, Interpreter helps to set next appointment before leaving. The clinician will ensure that the Customer Service Representative is notified for tracking purposes, utilizing the Interpreter Request Form.
7. Customer Service Representative should be contacted to determine if vital documents are available in translated form for the on-site Intake appointment.
8. Customer service forwards documents to Intake and Business Office or arranges to have documents translated and forwards materials. If translated documents are not available, Customer Service contacts the Office of Recipient Rights to request the Officer attend the appointment. The Recipient Rights Officer will sign with the individual and the interpreter acknowledging that translation of the document occurred.
9. When the consumer comes for the appointment, the receptionist checks to make sure that the clinician has either a copy of the Phone Interpreter Form or the Video Interpreter equipment ready to use.
10. The clinician notes the starting and ending times for interpretation in consumer record.
11. The Interpreter meets the consumer, accompanies the consumer and provides translation for the appointment.
12. BMHA staff is required to utilize a log/invoice with sign in and out times to verify billing and submits it to the Customer Services Representative. The Customer Services Representative reviews and sends a copy to the Claims Specialist.
13. Clinical staff should report concerns regarding the interpreter to Customer Service Representative.
14. Any staff that identifies a consumer is in need of accommodations to assure that written material is made available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who are visually limited or have limited reading proficiency will contact Customer Service Representative.
15. In mental health settings, video remote interpreting (VRI) is to be used only in emergency situations, extenuating circumstances, or during a state or national emergency as a temporary solution until they can secure a qualified interpreter and in accordance with R 393.5055 VRI standards, usage, limitations, educational, legal, medical, and mental health standards.

INTERNAL PROCEDURE for Informational Forms & Brochures Approval

All written materials that are critical to obtaining services must meet the LEP standards.

1. All brochures are developed by Inspiration Studio Designs and must be requested using the Digital Support & Marketing Request Form. Click link below:
   https://inspirationstudio.agency/forms/view.php?id=65849
   Please complete the form topics that are relevant to your request. Once submitted, your request will be reviewed and routed for approval. If we have any questions or need additional information, a member of our Inspiration Studio team or a Riverwood Center representative will reach out to you.
   Please remember that this form DOES NOT need to be completed for staff self-serve items:
   - Document Printing: Basic bulk document copies can be ordered via Oscar's Printing of St. Joe.
     Bulk Stock Brochures: Visit JourneyWorks.com for non-logo educational brochures.
   - For limited on-site stock, Email the Customer Service Assistant to schedule a time to visit Building 2.
     Teams should follow the standard purchasing process (PO) for both options above.

2. The document will be added to the file and tracking spreadsheet (Brochures and Informational Forms List).
    a. Any updates to the document must be sent to Customer Service for review and approval.
3. Records, Marketing, Rights and Business/Reimbursement will participate in maintaining documents that are regularly given to recipients.
    a. All documents that are critical to receiving services and are given to recipients will be saved in the following location: Riverwood S Drive, Brochures and Informational Forms folder.
    b. The assigned Lead is responsible for review and making sure the correct documents are being used.
    c. Annual Reviews will be completed by each assigned Lead.
    d. Assigned Lead will update the tracking spreadsheet (Brochures and Informational Forms List).
4. The Brochures and Informational Forms List (tracking spreadsheet) includes the name of the department, responsible lead, file name of the item, brief description of the item, who created the document, original date added to the folder and list (means it was approved by the lead to meet standards) current review date, how is the item ordered or obtained, paper color and Is this document critical to obtaining services.

FORMS
Brochures and Informational Forms List (tracking spreadsheet)
Interpreter Request Forms
LEP "I speak" cards/Books
LEP Posters
LEP nondiscriminatory taglines posters

Reviewer: Customer Services
Reviewed: 2/08, 6/09, 8/10, 10/11, 9/12, 7/13, 6/14, 1/15, 10/16, 6/17, 3/19, 1/2020, 7/2020, 5/2021, 2/2022, 7/2023, 5/2024, 2/2025, 6/2026