

# GENERAL ADMINISTRATION 7.0

## Title VI Limited English Proficiency (LEP) Patient Services -- 7.21

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**Date Issued:** November 6, 2002

**Date Last Revised:** February 11, 2015

Signature: 

By: Leslie Humphreys, MPA  
Assistant Commissioner  
Community Health Services

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### **POLICY**

Title VI of the Civil Rights Act of 1964 provides that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity that receives Federal financial assistance. A number of programs in the Tennessee Department of Health (TDH) receive federal financial assistance from the Department of Health and Human Services and, therefore, must comply with the provisions of Title VI. This policy deals specifically with assuring that Limited English Proficient (LEP) persons, who are eligible for federally-assisted programs or services, receive the language assistance necessary to afford them meaningful access to public health services.

### **APPLICABILITY**

This policy is applicable to all TDH programs that are receiving federal financial assistance including staff in the local health departments and regional offices.

### **PURPOSE**

The purpose of this policy is to clarify the responsibility of TDH in serving LEP persons pursuant to Title VI.

### **PROCEDURE**

The following procedures will be implemented in each rural public health region:

## 1. Assessment

### A) Data Collection:

Each clinic site will collect data in PTBMIS throughout the year concerning the interpreter needs of each patient. Each patient will be asked if they need an interpreter during his/her visit. If the patient answers “yes”, the primary language field of PTBMIS will be filled out accordingly. If the patient does not need an interpreter, English will be coded as the primary language. In addition to the primary language information collected in PTBMIS, the information will also be included in a prominent place in the medical record of each LEP patient.

### B) Data Reporting:

Within 60 days of the end of each calendar year, a report will be developed, health department site, that includes: 1) Total number of persons served 2) For those persons for whom English is not the primary language:

Number served by language  
Percent of total served by language

#### Example:

##### Clinic A: Year 2007

Unduplicated patient count: 2,000

Primary language spoken:

Spanish 300 (15.0% of 2,000)

Chinese 10 (0.5% of 2,000)

Russian 5 (0.25% of 2,000)

### C) Data Analysis:

After reviewing the report described above, a determination will be made concerning the points of contact in each clinic at which interpreter services are needed. This determination may require a more in-depth analysis of the particular services and programs the LEP population is accessing.

For example: For most LEP patients, interpreter services will be needed at the front desk and in the clinic room. For some patients, interpreter services might be needed in another location such as in the home. This might be the case when a TB patient is receiving

home-based DOT or a pregnant woman is receiving home visitation services.

## **2. Language Access**

### **A) Oral Language Interpretation:**

After all available data has been analyzed, a written plan will be developed for each clinic site in order to assure effective oral language interpretation at all points of contact where language assistance is needed. This plan may include a variety of procedures depending on the size of each LEP group and availability of resources. Resources may include, but are not limited to, bilingual staff, staff interpreters, contracts with outside interpreters, voluntary community interpreters, and the use of a telephonic language interpreter service. This plan should also include procedures for assuring interpreter competency.

### **B) Translation of Written Materials:**

Each health department site, during the annual Title VI assessment and planning process described above, will assess the need for translated written materials in accordance with the following thresholds:

The health department provides written translations of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

If there are fewer than 50 persons in a language group that reaches the five percent (5%) level, the health department does not translate vital written materials but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

Regional Directors will be responsible for notifying the Division of Community Health Services in writing of any state-level written material that requires translation based on the assessment of health department sites within the region. A copy of this correspondence will be maintained with the written annual Title VI assessment report and plan. Central Office staff will assure that statewide written materials are translated and made available to the regions. Regions will be responsible for assuring translation of any region or county-specific form.

### **C) Providing Notice to persons with LEP:**

During the annual Title VI assessment and planning process, assurance will be made that:

1. At a minimum, when an LEP population group comprises 10% of the patient population or numbers 3,000, whichever is less, the clinic will prominently display notice in this language of the right to free interpreter services.
2. A mechanism is in place for LEP persons to identify their language needs.

### **3. Training of Staff:**

Regional Directors are responsible for assuring that all existing and new employees are familiar with and abide by TDH Title VI policy and procedures. At the conclusion of the annual Title VI LEP assessment and planning process, a staff meeting should be held at each clinic site to review assessment results and the plan for meeting the needs of the LEP population. Documentation of the discussion and meeting attendees should be included as an attachment to the plan.

### **4. Monitoring:**

Quality Management guidelines will be developed in order to continuously monitor the effectiveness of the language assistance program.

## **NECESSARY FORMS**

### **REFERENCE DOCUMENTS**

"Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons"

State Guidance: "Tennessee State Agencies and Title VI of the Civil Rights Act of 1964"

### **OFFICE OF PRIMARY RESPONSIBILITY**

Office of the Assistant Commissioner, Division of Community Health Services, (615) 253-3407