



Limited English Proficiency (LEP) Plan

South Country Health Alliance

1. Purpose

The purpose of this plan is to document the policies and procedures as it applies to providing meaningful access (language access) to individuals with limited English proficiency (LEP) while accessing services and information from South Country Health Alliance in Medford, MN.

2. Authorities

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 1557 of the Affordable Care Act (ACA) (Section 1557).
<https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf>
- Office for Civil Rights Policy Guidance, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68FR 47311 (2003). [Guidance for Federal Financial Assistance Recipients - Title VI | HHS.gov.](#)
- Department of Justice regulation, 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation. http://www.justice.gov/crt/grants_statutes/corregt6.txt
- Communications Services, Minnesota Statute § 15.441, subd (1), (2), (3), (4).
<https://www.revisor.leg.state.mn.us/statutes/?id=15.441&format=pdf>
- Information for persons with limited English language proficiency, Minnesota Statute §256.01 subd 16. <https://www.revisor.mn.gov/statutes/?id=256.01>
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>
- DHS Contract Section 11.5.2.

3. Definitions

- **Bilingual staff** – A person who has met and demonstrated the minimum linguistic proficiency and fluency requirements in both languages (target and source languages), and has demonstrated cultural responsiveness, and South Country has documented the above.

If the bilingual staff is going to act as an interpreter for others, the above criteria are required in addition to at least one of the following:

- i. The bilingual staff is a health care certified interpreter (CHI, Core CHI), certified medical interpreter (CMI), federal or state court certified interpreter.
- ii. Has received health care interpreting training (minimum of 40 hours).
- iii. Has received community interpreting training (minimum of 40 hours).
- iv. Has developed skills and abilities as an interpreter and understands boundaries and roles as an interpreter.
- v. Abides by the National Code of Ethics and Standards of Practice for Healthcare Interpreters by NCIHC, or Canons and Professional Code of Ethics.
- vi. Maintains skills by receiving interpreting continuing education of at least eight hours annually.

South Country Health Alliance keeps records and documentation of the above.

- **Culturally appropriate services** – The utilization or application of services, testing and any other methodology that does not have the effect of subjecting individuals with LEP, and/or their families to discrimination because of their race, color or national origin, or does not have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color or national origin - 45 CFR 80.3(b)(2).
- **Effective communication** – In health care and social services delivery settings, such as a county-based purchasing health plan, effective communication occurs when provider staff have taken the necessary steps to make sure that a person with LEP is given adequate information to understand the services and benefits available and receives the information and services for which they are eligible. Effective communication also means that a person with LEP can communicate the relevant circumstances of their situation to the provider, and for the provider has access to the adequate information to do their job.
- **I speak cards** – “I speak” cards say both in English and the target language “I need a (target language) interpreter.”
- **Individual with limited English proficiency (LEP)** – A person with limited English proficiency or “LEP” is not able to speak, read, write or understand the English language well enough to allow them to interact effectively with health care, social services agencies and other providers.
- **Interpreting** – The oral, verbal or spoken transfer of a message from the source language into the target language. There are different modes of interpreting such as consecutive, simultaneous, sight translation and summarization.

- **Language block** – A block of text that informs readers, in 15 different languages, how they can get free help interpreting the information on a particular document or included as an insert in appropriate documents.
- **LEP implementation team** – Individuals appointed by the Director of Community Engagement to review LEP implementation activities within South Country.
- **Meaningful access** – Meaningful access to programs, information and services is the standard of access required of federally funded entities to comply with language access requirements of Title VI of the Civil Rights Act of 1964. To ensure meaningful access for individuals with limited English proficiency, service providers must make available to clients, patients and their families language assistance that is free of charge and without undue delay resulting in accurate and effective communication.
- **Office for Civil Rights (OCR)** – The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Minnesota for health and human services agencies and providers.
- **Primary languages** – Primary languages are the languages other than English that are most spoken by members as identified by South Country’s collection of demographic data. Currently there are two primary languages: Spanish and Somali.
- **Qualified interpreter** – A person who either has met training and competency requirements, or who is a certified health care, certified federal or state court interpreter and in good standing before their certifying body, and adheres to the interpreter National Code of Ethics and Standards of Practice for Interpreters in Health Care (National Council on Interpreting in Health Care –NCIHC), the Canons of Ethics and Conduct for Court Interpreters, etc.
- **Sight translation** – The verbal translation (transfer) of a written document from the source language into the target language.
- **Translation** – The written transfer of a message from the source language into the target language.

4. **Methods of Providing Services to Individuals with LEP**

The primary methods of providing services to individuals with LEP are offering free telephonic interpretive services, in-person interpreters, sight translation and written translation.

Contracted qualified interpreters: South Country holds contracts with several interpreter service agencies. To request the list of interpreters, contact South Country by email at providerinfo@mnscha.org.

Telephonic interpretive services: South Country contracts for telephonic interpretive Services from CyraCom, LLC, 2650 East Elvira Road Suite 132, Tucson, AZ 85756.

Video remote interpreting (VRI) services: South Country contracts for telephonic interpretive services from CyraCom, LLC, 2650 East Elvira Road Suite 132, Tucson, AZ 85756.

Qualified and competent bilingual staff: South Country does not currently have bilingual staff.

LEP liaison & coordinator: Contact the Director of Community Engagement at 507-444-7770.

LEP liaison back-up: Contact the Communications Manager at 507-444-7770.

5. Interpreter Services

South Country, without undue delay and at no cost to individuals with LEP and/or their families, provides meaningful access to information and services to all individuals with LEP and/or their families with whom South Country comes in contact.

6. Translation of Documents

South Country contracts with qualified translators or translating agencies to assist individuals with LEP in translating all vital documents, or documents needed to perform services.

7. Dissemination and Mandatory Training to Agency Staff, Volunteers and Others

South Country Health Alliance is committed to providing LEP training to:

- All staff at new employee orientation, and
- At least once a year to all staff, volunteers and contractors, and others.

South Country Health Alliance will keep records of those training sessions and individual records of attendance to trainings will be part of personnel files. Records of this training will be kept for a minimum of five years and readily available during DHS audits, investigations, or any proceeding and as required by law.

This training is to include at least the following:

- Title VI of the Civil Rights Act of 1964;
- How to work effectively with interpreters; and
- Any other cultural issues related to delivery of information and services to individuals with LEP served by South Country.

This policy is added to the Manual of Policies and Procedures of South Country.

8. Dissemination of Language Access Information in Public Areas

South Country makes available to individuals with LEP:

- A notice of language access services by posting in public areas the “Language Poster,” available through the DHS public website (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4739-ENG>);

- “I need an interpreter” cards available in 15 languages and from DHS public website (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4374-ENG>);
- The catalogue of languages (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4059-ENG>); and
- The approved nondiscrimination document with member facing materials, such as vital documents, grievance and appeals notices, enrollment forms and notices, all coverage decision forms and related forms, and any benefit change notices.

9. Annual Review of LEP Plan

South Country reviews annually its LEP plan to adjust or modify its contingencies based on demographic data collected by South Country during its delivery of information and services to individuals with LEP throughout a timeframe selected by the provider but not to exceed a year. This means that the LEP Plan review must be done at least once a year.

South Country, upon DHS request, will complete and submit a DHS LEP Plan review on an annual basis or as often as requested by DHS.

10. Collection of Data & Its Analysis

South Country is committed to monitor and make reasonable adjustments to comply with Title VI requirements. South Country will collect:

- Demographic data including name, date of birth, gender and preferred spoken language are available in CRM and TruCare.
- Telephonic interpreter monthly data includes county, language and number of calls.

The data will be reviewed annually to look for trends. Member materials will be produced in any language that at least 5% of the enrolled population prefers. Currently, South Country does not have any population that reaches that threshold.

11. Complaint Process

Individuals with LEP have the right to file a formal complaint with:

- South Country Health Alliance
Civil Rights Coordinator
6380 West Frontage Road
Medford, MN 55049
866-567-7242 (voice, toll free) 800-627-3529 (TTY users)
members@mnscha.org
- Minnesota Department of Human Services (DHS), Limited English Proficiency (LEP) Coordinator:
Alejandro Maldonado
P.O. Box 64997
Saint Paul, MN 55164-0997
alejandromaldonado@state.mn.us

651-431-4018 Fax: 651-431-7444
MN Relay 711 or 1-800-627-3529

- Office for Civil Rights (OCR), Region V – Chicago, IL
 - Celeste Davis, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone: (800) 368-1019
Fax: 312-886-1807
TDD 800- 537-7697
<http://www.hhs.gov/ocr/civilrights/complaints/index.html>

This LEP Plan is available in public areas of South Country, to all staff, volunteers and contractors, and to members of the community.

Revisions to this LEP Plan

Creation November 2017 By Cea Grass, Director of Communications

No changes made at this time as this is the creation of the LEP plan.

Revision October 2018 By Stephanie Bartelt, Director of Community Engagement

Contact information updates and minor formatting adjustments.

Revision January 2019 By Stephanie Bartelt, Director of Community Engagement

Added Alejandro Maldonado contact information.

Reviewed October 2019 By Stephanie Bartelt, Director of Community Engagement

Revision October 2020 By Stephanie Bartelt, Director of Community Engagement

Updated telephonic interpreter services and added video remote interpreting services to CyraCom, LLC.

Revision October 2021 By Stephanie Bartelt, Director of Community Engagement

Updates to ensure SCHA LEP matched template.

Revision October 2022 By Kelly Braaten, Director of Community Engagement

Minor grammatical and wording updates and updated address for the South Country civil rights coordinator.

Revision

October 2023

By Kelly Braaten, Director of Community Engagement

Minor grammatical and wording updates and added additional information to the third bullet point on the top of page 5 to clarify that the nondiscrimination document is provided with member facing materials, such as vital documents, grievance and appeal notices, enrollment forms and notices, all coverage decision forms and related forms, and any benefit change notices.