Module 7

Patient-Centered Communication with Limited English Proficiency (LEP) Patients

Be aware of the Federal Laws protecting LEP patients

Title VI of 1964 – protects persons from discrimination based on their <u>race</u>, <u>color</u>, or <u>national origin</u>

Executive Order 13166 issued by President Clinton - requires all federal agencies to work with recipients of federal financial assistance in order to provide "meaningful access" to their LEP applicants and beneficiaries.

Other Regulations and Guidance on Language Access

- Medicaid
- Medicare
- CLAS Standards by the Dept. of Minority Health
- Health plan rules
- Managed Risk Medical Insurance Board
- Joint Commission Standards
- DHS
- California Health & Safety Code S1259
- Dymally-Alatorre Bilingual Services Act
- Dept of Managed Health Care change to Title 28 – Language Assistance
- SB-853 Requires commercial health plans to assist with language access

Internal Policies & Procedures

Locate your organization's Policies and Procedure that address Cultural and Linguistic Assistance or Language Access

Identify Language of Preference

Ask the patient what language she/he speaks and if he/she prefers to communicate in their native language

Bridge the communication gap with your patient

- Assign a bilingual staff member to provide direct services to the patient in their language

Or

- Use a qualified & trained Healthcare Interpreter

Do not use a bilingual staff member as an interpreter, unless he/she is recognized by your organization

Document that language gap was addressed

- Document it on your patient's chart.
- If a staff interpreter is used, write down the name of the interpreter who facilitated the communication between you and your patient.
- If an outside/contracted interpreter was used, you should write down the Vendor's name and the ID number of the interpreter who facilitated the communication between you and your patient.