

Straight Talk: Model Hospital Policies & Procedures on Language Access

<i>Department</i>		<i>Effective Date</i>	
<i>Campus</i>	All	<i>Date Revised</i>	
<i>Unit</i>	All	<i>Next Scheduled Review</i>	
<i>Manual</i>	Administrative	<i>Author</i>	
<i>Replaces the following Policies:</i>		<i>Responsible Person</i>	

Policies and Procedures on Language Access for Limited English Proficient (LEP) Patients and Families

Background:

XXX Medical Center serves a significant population of limited English proficient (LEP) patients and their families. Ensuring that these patients can effectively provide hospital staff with a clear statement of their medical condition and history and understand the provider's assessment of their medical condition and treatment options is essential to the provision of quality patient care.

Purpose:

The purpose of the Language Access Policy is twofold. First is to ensure that all LEP patients and surrogate decision-makers are able to understand their medical conditions and treatment options. Second is for XXX Medical Center staff to provide quality patient care to their LEP patients.

1000. Policy on the Provision of Medical Services to Patients/Surrogate Decision-Makers Needing Language Assistance:

1000.1 Patients/surrogate decision-makers of XXX Medical Center, who are Limited English Proficient (LEP), shall have services provided to them in their primary language or have interpreter services provided to them during the delivery of all significant healthcare services. Interpreter services shall be available within a reasonable time, at no cost to patients.

1000.2 Effective communication is important in every area of hospital communication, but XXX Medical Center prioritizes the most careful attention to effective communication in the provision of medical, nursing and ancillary services, where patient safety, medical error, and ability to understand treatment options are affected. The following types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the patient/surrogate decision-maker, and which require the use of healthcare interpreter services, include, but are not limited to:

- Providing clinic and emergency medical services;
- Obtaining medical histories;
- Explaining any diagnosis and plan for medical treatment;
- Discussing any mental health issues or concerns;
- Explaining any change in regimen or condition;

Straight Talk: Model Hospital Policies & Procedures on Language Access

- Explaining any medical procedures, tests or surgical interventions;
- Explaining patient rights and responsibilities;
- Explaining the use of seclusion or restraints;
- Obtaining informed consent;
- Providing medication instructions and explanation of potential side effects;
- Explaining discharge plans;
- Discussing issues at patient and family care conferences and/or health education sessions;
- Discussing Advanced Directives;
- Discussing end of life decisions; and,
- Obtaining financial and insurance information.

1000.3 The policy of XXX Medical Center shall be to provide all patients and surrogate decision-makers requiring language assistance with medical care in their primary language spoken, or healthcare services that are accompanied by a healthcare interpreter provided by XXX Medical Center. Interpreters provided by XXX Medical Center shall be tested regularly and evaluated to ensure that the interpreting provided for healthcare services is comprehensive and accurate. LEP patients/surrogate decision-makers shall be advised of their right to have interpreter services provided within a reasonable time, at no charge to themselves. Should patients/patient representatives insist upon the use of a friend or family member to provide them with interpreting service, XXX Medical Center personnel shall additionally retain a healthcare interpreter to participate in the exchange to ensure that it represents an accurate portrayal of the information to hospital staff and patients. Necessary emergency care should not be withheld pending the arrival of interpreter services. All necessary contact numbers and access codes for the direct contact of contracted interpreter services shall be available to Emergency Room staff. Qualified providers of healthcare interpreting at XXX Medical Center include:

- a. Bilingual XXX Medical Center medical providers whose bilingual qualifications will be tested and documented by XXX Medical Center Human Resources department
- b. XXX Medical Center healthcare interpreters who have received training and meet XXX Medical Center qualifications for the provision of healthcare interpreting
- c. XXX Medical Center bilingual designated employees who are licensed and certified to provide medical, nursing, medical technician or social work services and who have been determined to be bilingual through XXX Medical Center Human Resource processes
- d. Contracted XXX Medical Center interpreter services that have met the qualifications of healthcare interpreting determined by XXX Medical Center

1000.4 Acceptable methods for the provision of interpreter services include, but are not limited to the following:

- a. In-person interpreting
- b. Telephone-based interpreting
- c. Videoconferencing interpreting

Straight Talk: Model Hospital Policies & Procedures on Language Access

- 1000.5 Mechanisms for the provision of interpreter services and language access support at XXX Medical Center must be available to all clinical areas of hospital inpatient and outpatient services during all of their hours of operation.
- 1000.6 XXX Medical Center shall support the development of industry-wide standards for the training and qualification of medical interpreter services. XXX Medical Center will review annually the standards of healthcare interpreting to incorporate improvements in the evolving standards of healthcare interpreter certification and of testing to address the need for quality, accuracy and consistency in the provision of healthcare interpreter services.
- 1000.7 Considerations for determining the appropriate model for the delivery of interpreter services will include the critical nature of the clinical interaction, availability of trained in-person interpreters and of the technology to allow for telephonic or videoconferenced interpreters. Additional considerations such as the shortest wait times for patients and clinicians and the most cost-effective use of personnel and contracted agencies also will be considered.
- 1000.8 XXX Medical Center shall provide meaningful access for LEP patients/surrogate decision-makers to all patient services, including access to information, signage, appointments, financial services, and ancillary services. XXX Medical Center shall provide these services through the most effective utilization of bilingual hospital personnel and access to interpreter services.
- 1000.9 It shall be the policy of XXX Medical Center to translate and make available all Vital Documents in Threshold Languages. The translation of other hospital written materials in Frequently Encountered or other languages shall be at the discretion of the issuing staff.¹ Vital Documents that are not produced in a written translation shall be verbally translated to the patient or surrogate decision-maker. The provision of oral translation of all Vital Documents to patients shall be documented and documentation shall become a part of the medical record.²
- 1000.10 The most effective mechanism for the provision of language access at XXX Medical Center where large portions of the patient population speak a language other than English is the recruitment of bilingual personnel from the community. XXX Medical Center shall designate Required-Bilingual Positions³ in any service area that serves a large proportion of patients from a single language group other than English. This will improve services to patients and reduce the need for costly interpreter services.

¹ Threshold Languages, Frequently Encountered Languages and Vital Documents are defined in Appendix A.

² Please note that the Medi-Cal Managed Care contracts do not make a distinction between “vital” and other types of documents and do not mention “frequently encountered languages.”

³ Required-Bilingual Positions is defined in Appendix A.

Straight Talk: Model Hospital Policies & Procedures on Language Access

1000.11 Audit and Regular Review of Language Access Needs. It shall be the policy of XXX Medical Center to conduct an annual review of Language Access Needs of the patient population of XXX Medical Center. This shall include a statistical survey of the language needs of the users of XXX Medical Center and its service areas. The review shall annually update the list of Threshold Language and Frequently Utilized Languages of XXX Medical Center. Quality Assurance processes of XXX Medical Center shall include audits of the timeliness of the provision of interpreter services and the charting of patient primary language and provision of interpreter services in medical chart review. Other elements to be included in this annual review shall be the requirements of training and certification of healthcare interpreters to incorporate improvements in industry standards; the designation of required bilingual positions; the quality of data collection of LEP designation and primary language determination; and the accuracy of the tracking of primary language in data collection. The position responsible for conducting the Annual Review of Language Access Needs shall be _____. The results of the Annual Review of Language Access Needs shall be presented to the XXX Medical Center governing body.

1001.0 Procedure for the Determination of LEP Status:

1001.1 The first access point in which a patient acquires services at XXX Medical Center (emergency room registration, admissions, etc.) shall incorporate the determination of language needs into intake procedures.

1001.2 The patient or surrogate decision-maker shall be asked the following questions in this order during the course of their first intake process:

- a. Do you speak a language other than English at home? If the answer to this question is yes, the language will be noted and the next question will be asked.
- b. How well do you speak English?
 1. Very well
 2. Well
 3. Not well
 4. Not at all
- c. In what language do you prefer to receive your medical services?
- d. In what language do you prefer to receive written materials?

If the patient or surrogate decision-maker answers with a language other than English on question “a” and anything other than “very well” (number 1) in question “b,” they shall be designated as LEP (limited English proficient) which shall be recorded in patient records.

Straight Talk: Model Hospital Policies & Procedures on Language Access

All areas of first patient contact shall be equipped with Language Determination Cards to assist patients in identifying the patient primary language if communication barriers prevent hospital staff from effectively determining the language of the patient/surrogate decision-maker. The Language Determination Card will visually show all languages hospital staff can reasonably project they will encounter. Patients will be offered the card to allow them to point to their language on the card to allow hospital staff to request interpreter services in the appropriate language. Contracted telephonic interpreter services [substitute with internal hospital interpreter service department if available] should be called if the patient is unable to use the Language Determination Card, and hospital staff cannot determine the appropriate language to request.

1002.0 Procedure for the Tracking of LEP Patients in Hospital Data Sets:

1002.1 The language needs of patients and surrogate decision-makers will be recorded and tracked. This critical information will be captured and recorded in XXX Medical Center information systems. It shall be stored in the area containing other critical patient information (such as address, phone number, birth date, etc.). Data pertaining to the language needs of the patient/surrogate decision-maker shall be presented on all subsets of patient data, which contain these fields of critical patient information, such as the face sheet placed in the patient medical chart.

1002.2 The data shall be recorded with the following three fields:

Limited English Proficient Yes No

Primary Language (no default to English)

showing list of languages by degree of utilization in XXX Medical Center (i.e. English, Spanish, Cantonese, Vietnamese, including American Sign Language)

Language for Written Materials (no default to English)

showing list of languages by degree of utilization in XXX Medical Center (i.e. English, Spanish, Chinese, Vietnamese, etc.)

1002.3 All three fields must be completed to finish any patient registration process.

1003.0 Procedure for the Inclusion of Patient Primary Language and Documentation of the Provision of Interpreter Services in Patient Medical Records:

1003.1 Each medical record shall show the primary language spoken by the patient/surrogate decision-maker.

Straight Talk: Model Hospital Policies & Procedures on Language Access

1003.2 The patient need for interpreter services shall be included in the following areas of documentation:

- a. The nursing assessment for inpatient admissions
- b. The patient record of outpatient encounters

1003.3 The documentation of the provision of interpreter service will be recorded in the patient medical record during the provision of medical and nursing procedures requiring interpreting as set forth in 1000.2.

1004.0 Procedure to Inform Patients of their Right to Have Interpreter Services

1004.1 During the interview as the patient first acquires services at XXX Medical Center, LEP patients shall be informed of their right to have a healthcare interpreter in their language, free of charge, within a reasonable time. If the patient's answer to the question "Do you speak a language other than English at home?" is "yes," the statement on the provision of interpreting services will be read aloud to the patient (except when it is clear the patient will not be able to understand the English text to follow):

"You have a right to an interpreter in your own language who can help you speak with your doctor or other health care provider at no cost to you."

1004.2 If the patient's answer to the question "Do you speak a language other than English at home?" is "yes," the statement informing patients of their rights to interpreter services will also be provided to patients in written form in their primary language. This policy shall be translated into all Threshold Languages and all Frequently Utilized Languages of XXX Medical Center and copies distributed to all units where patient contact occurs.

1004.3 XXX Medical Center shall develop, and post in conspicuous locations, notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers where complaints may be filed concerning interpreter service problems, including, but not limited to, a T.D.D. number for the hearing impaired. The notices shall be posted, at a minimum, in the emergency room, the admitting area, the entrance, and in outpatient areas. Notices shall inform patients that interpreter services are available upon request, shall list the languages for which interpreter services are available, shall instruct patients to direct complaints regarding interpreter services to the state department, and shall provide the local address and telephone number of the state department, including, but not limited to, a T.D.D. number for the hearing impaired.⁴ In addition, the statement/notice informing patients of their rights to interpreter services and translated materials must be translated into all Threshold and Frequently Encountered Languages of XXX Medical Center along with other mandated signage.

⁴ Kopp Act [CAL. HEALTH & SAFETY CODE §1259(b)(3)] (available at <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=hsc>).

Straight Talk: Model Hospital Policies & Procedures on Language Access

1005.0 Procedure for the Acquisition of Interpreter Services:

Version A (for hospital systems that utilize internal resources such as healthcare interpreters, bilingual staff, volunteers, etc.)

1005.1 All hospital personnel seeking the utilization of interpreter services for patients or patient representatives requiring language assistance shall utilize the following procedures:

During regular business hours (Monday – Friday x:00 – x:00), call _____ (list single phone number) for the acquisition of XXX Medical Center interpreter services, interpreters, bilingual designated staff, contracted interpreting service providers, volunteers etc..

If no interpreter can be provided by XXX Medical Center within 30 minutes, call _____ for the hospital contracted language services provider.

After business hours, contact _____ for the hospital contracted language service provider.

In emergency situations, patients will receive care from a medical provider in their primary language or interpreter services shall be provided concurrent with the timetable of needed medical provision.

Version B (for hospitals that utilize remote (telephone and/or videoconferenced) interpreter services

1005.1 All hospital personnel seeking the utilization of interpreter services for patients or patient representatives requiring language assistance shall utilize the following procedures:

For Interpreter Services contact _____ for the hospital language service provider.

1005.2 New employees of XXX Medical Center will be trained in the procedure for the acquisition of interpreter services during their employee orientation to XXX Medical Center. Training on this procedure for current XXX Medical Center staff will be incorporated into other ongoing trainings for employees such as diversity trainings, customer service trainings, updates on new regulatory requirements, etc.

1005.3 A laminated card outlining these procedures shall be distributed and posted at all nursing stations and other points of patient contact throughout XXX Medical Center.

Straight Talk: Model Hospital Policies & Procedures on Language Access

1006.0 Procedure for the Provision of Written Translations:

1006.1 All departments originating documents in English which require written translation shall submit them in English in their final and approved form to _____ ext. _____.

1006.2 Written translations of the Vital Documents of XXX Medical Center shall be presented in a bilingual version. The English and the non-English versions shall be visible on the same pages to ensure that hospital staff can understand the content of the document they are distributing to patients.

1006.3 The methodology for the development of written translations of the Vital Documents of XXX Medical Center shall be as follows:

- a. The originating document will be translated into the second language.
- b. The draft written translation will be reviewed and corrected by a second translator.
- c. In the case of legal documents covering matters such as informed consent or culturally sensitive issues, the translated material will be finally reviewed for its accuracy through one of the following mechanisms:
 1. The back translation of the material into English by a third translator (not the reviewing translator) and comparison to original material. The back translation of material from the second language to English shall be evaluated to ensure accuracy of the essential message of the original communication and should not be anticipated to be a word-for-word duplication of the originating English documents.

OR

2. Review of the completed translation by a team of hospital staff and/or community representatives for accuracy, appropriate literacy level and cultural sensitivity.

1006.4 No written translations from web sites or other institutions will be adapted for XXX Medical Center use unless the above standards for the translation process have been utilized.

1007.0 Procedure for the Identification and Implementation of Required Bilingual Positions

1007.1 Specific recruitment plans for XXX Medical Center personnel shall be designed for all Threshold Languages by XXX Medical Center Human Resources Department and, upon the discretion of the hospital, for the Frequently Utilized Languages of XXX Medical Center.

Straight Talk: Model Hospital Policies & Procedures on Language Access

- 1007.2 Where patient populations reach over 25% from any language other than English, the unit supervisor will submit to the Human Resources department proposals to designate Required-Bilingual Positions in their unit.⁵ Where there is a single entry point for patients, that position shall be designated required-bilingual. Where there are multiple positions (such as hospital operators, financial counselors, social workers, etc.), an appropriate proportion of positions shall be required to be bilingual designated.
- 1007.3 All designated Required-Bilingual Positions shall defer activation of the designation if the incumbent employee is not bilingual in the needed language. The designation shall become active when the non-bilingual employee relinquishes the position. All “difficult to recruit” positions shall be exempt from this requirement. “Difficult to recruit” positions shall be identified by the Human Resources Department.
- 1007.4 Review of the Required-Bilingual Positions will be conducted in the annual review of Language Access Issues of XXX Medical Center as set forth in section.

1008.0 Procedure for Language Accessible Hospital Signage

- 1008.1 Hospital signage at XXX Medical Center shall be designed to ensure access to LEP populations most frequently using XXX Medical Center facilities. Should the patient population of XXX Medical Center reach a proportion of 25% from a language group other than English, all hospital signage shall be designed in both English and that language. All signage required by state and federal statutes, regulations and licensing requirements will be translated into all languages other than English when a proportion of 5% of the patient population of XXX Medical Center has that language as their primary language.⁶ Additional languages for the translation and wayfinding signage shall be added at the discretion of hospital management.
- 1008.2 These requirements for translation of hospital signage shall be implemented during the creation of any new signage of XXX Medical Center.

⁵ Required-Bilingual Position” is defined in Appendix A.

⁶ Such requirements include the Emergency Medical Treatment and Active Labor Act, Title VI of the 1964 Civil Rights Act and the Kopp Act [Cal. Health & Safety Code §1259].

Straight Talk: Model Hospital Policies & Procedures on Language Access

1009.0 Procedure for Adjustment of Hospital Equipment Requirements to Assure Language Access

- 1009.1 Clinical areas shall be equipped with devices necessary for the routine delivery of remote interpreter services through telephone or videoconferencing. Service areas requiring devices for the delivery of remote interpreter services include (but are not limited to) the following:
- a. All stations of patient registration, financial counseling, and admission
 - b. Designated exam rooms and in-patient beds appropriate to the proportion of LEP patients seen
 - c. All nursing stations
 - d. All telephone based services developed for public access, including hospital operators and appointment scheduling
- 1009.2 Devices to allow effective access to remote interpreter services may include the following:
- a. Dual handset and/or headset telephones
 - b. Speakerphones
 - c. Telephones equipped with three-way call capability for telephone-based services
 - d. Videoconferencing stations
- 1009.3 These standards shall be applied to all new outfitting activities involving hospital telecommunication services, including renovations and new facilities construction. New equipment purchases and redesign of existing facilities to meet these standards shall be incorporated into the ongoing hospital capital acquisition processes. Equipment purchases in medical settings that most greatly affect quality of care, patient safety, and improved patient outcomes (for example the emergency room and pharmacy) will be designated for immediate remediation.

References:

- Title VI of the 1964 U.S. Civil Rights Act, 42 U.S.C. § 2000d.
Office of Civil Rights, U.S. Department of Health and Human Services, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311 (Aug. 8, 2003).
- California Government Code §§ 11135 and 7290 et seq.
California Health and Safety Code § 1259
- Office of Minority Health, U.S. Department of Health and Human Services, *National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care*, 65 Fed. Reg. 80865 (Dec. 22, 2000).

Straight Talk: Model Hospital Policies & Procedures on Language Access

Approvals:

Departmental	Date:
Medical Executive Committee	Date:
Administrative Team	Date:
Governing Board	Date:

Appendix A: Definitions

Bilingual Medical Provider – A physician, mid-level practitioner, or registered nurse who has completed the necessary requirements verifying bilingual status by the XXX Medical Center Human Resources department.

Certified Medical Interpreter - XXX Medical Center uses the term Healthcare Interpreter as opposed to Medical Interpreter in its policies and procedures on language access. California law deems state certified Administrative Hearing Interpreters qualified as Medical Interpreters. Medical Interpreters do the same type of interpreting during medical examinations conducted for the purpose of determining compensation or monetary award. California State Certified Administrative Hearing Interpreters interpret during state agency hearings for persons lacking sufficient English language proficiency to understand the proceedings and/or to participate in the presentation of their appeal. The interpreter interprets all oral communication including conversations between the attorney and client, witness testimony, and statements made by the Administrative Hearing Law Judge or the designated hearing officer, attorneys and expert witnesses who frequently use legal and technical terminology. Interpreters may also translate written documents (orally or in writing), often of a legal nature. See Healthcare Interpreter.⁷

Frequently Encountered Languages of XXX Medical Center - The governing body of XXX Medical Center shall, at its discretion, add or remove additional languages from the designation of Frequently Encountered Languages based on the changing demographics of the hospital system's patients and service area. The Frequently Encountered Languages of XXX Medical Center at this time are:

Healthcare Interpreter - One who has 1) been trained in healthcare interpreting, 2) adheres to the professional code of ethics and protocols of healthcare interpreters, 3) is knowledgeable about medical terminology, and 4) can accurately and completely render communication from one language to another. Ideally, healthcare interpreters have been tested for their fluency in the languages in which they interpret. A healthcare interpreter may include a bilingual or multilingual provider or medical staff. As well as being ethically inappropriate to act as healthcare interpreters, minor children lack the training, skills and competencies.⁸

In-person Interpreting – Interpreter services delivered at the site of medical service delivery so that an interpreter is in the room with the physician (or other hospital personnel) and patient.

Interpreting – The oral rendering of one language into a second language and vice versa to facilitate the exchange of communication between two or more persons speaking different languages.

LEP – See Limited English Proficient

⁷The California State Personnel Board Interpreter Certification Exam Site: <http://www.cps.ca.gov/spb/spbta/jobduties.asp>.

⁸*California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles and Intervention.* California Healthcare Interpreting Association (2002): 69. (available at http://www.calendow.org/reference/publications/pdf/cultural/ca_standards_healthcare_interpreters.pdf).

Straight Talk: Model Hospital Policies & Procedures on Language Access

Limited English Proficient – A limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with health care providers or social service agencies.⁹

Oral Translation – The verbal reading of a document written in one language into another language.

Qualified Bilingual Designated Employee – A XXX Medical Center employee who is licensed and certified to provide medical, nursing or medical social services and has completed the necessary requirements verifying bilingual status by XXX Medical Center Human Resources department.

Reasonable Time - Defined to include an outside limit of 30 minutes for the provision of interpreter services for LEP patients/patient representatives who require language assistance. This time shall be marked from the time a clinician is available to see a patient until the acquisition of interpreter services. For all conditions indicating clinical urgency for the provision of medical services, XXX Medical Center shall acquire interpreter services on a STAT basis with the same timeline as the provision of medical services.

Required-Bilingual Position – A position that within its job description includes the requirement of bilingual certification in a language other than English.

Telephone (or Telephonic) Interpreting - A form of remote interpreting that offers the delivery of interpreter services through telephone technology. The interpreter is at a different physical location than the patient/physician encounter. Telephone interpreting allows for an audio connection between the patient, physician (or other hospital personnel) and interpreter. Telephone interpreting is best conducted with auxiliary telephone equipment such as a dual headset or speakerphone to allow for the most effective communication among the three parties.

Threshold Languages - Languages that meet the following standards, “A population group of mandatory Medi-Cal beneficiaries residing in the Service Area who indicate their primary language as other than English, and that meet a numeric threshold of 3,000; or, a population group of mandatory Medi-Cal beneficiaries residing in the Service Area who indicate their primary language as other than English and who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes.¹⁰ The Threshold Languages of XXX Medical Center at this time are:

Translation – Defined in *California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles and Intervention* as the conversion of a written text into a

⁹California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles and Intervention. California Healthcare Interpreting Association (2002): 71. (available at http://www.calendow.org/reference/publications/pdf/cultural/ca_standards_healthcare_interpreters.pdf).

¹⁰ MRMIB/HFP, Health Plan Model Contract, Agreement #05MHF000, Exhibit A, Exhibit A, Attachment 9, § 13(C) at 8-9 (June 2003).

Straight Talk: Model Hospital Policies & Procedures on Language Access

written text in a second language corresponding to and equivalent in meaning to the text in the first language.¹¹

Videoconferencing Interpreting – A form of remote interpreting that offers the delivery of interpreter services through videoconferencing technology. In this format, the interpreter is at a different physical location than the patient/physician encounter. Videoconferencing units show a visual image of the patient and provider to the interpreter and a visual image of the interpreter to the patient and provider, along with an audio connection of their exchange.

Vital Documents – Vital Documents shall include, but are not limited to, documents that contain information for accessing XXX hospital services and/or benefits. The following types of documents are examples of Vital Documents: 1) Informed Consent; 2) Advanced Directives; 3) consent and complaint forms; 4) intake forms with potential for important health consequences; 5) “notices pertaining to the denial, reduction, modification or termination of services and benefits, and the right to file a grievance or appeal;”¹² and, 6) other hearings, notices advising LEP persons of free language assistance, or applications to participate in a program or activity or to receive benefits or services.¹³

¹¹ *California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles and Intervention*. California Healthcare Interpreting Association (2002): 76. (available at http://www.calendow.org/reference/publications/pdf/cultural/ca_standards_healthcare_interpreters.pdf).

¹² CAL. HEALTH & SAFETY CODE §1367.04(b)(1)(B)(i)-(vi) (available at <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=hsc>).

¹³ According to the Title VI Office of Civil Rights Guidance, the definition of Vital Documents “may depend upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information in question is not provided accurately or in a timely manner.” (available at <http://www.usdoj.gov/crt/cor/lep/hhsrevisedlepguidance.html>).