

**Beacon Comprehensive Behavioral Health Management
Policy and Procedure Manual**

| | |
|--|---|
| Policy Name: Language Assistance Program (LAP) | Accessibility, Availability, Referral and Triage |
| Date: 05-06 Reviewed by QI Committee: 05-07, 3-08, 5-08, 9-08, 5-09, 10-09, 02-10, 5-10, 9-10 Revised by QI Committee: 3-08, 9-08, 5-09, 10-09, 02-10, 9-10 | Page: 1 of 3 Policy Number: AR-3 |

Purpose: To ensure Beacon Comprehensive Behavioral Health Management (Beacon CBHM) members are able to receive information and services in a language and format, they comprehend.

Policy:

1.0 Intake

- 1.1 Beacon CBHM promotes hiring of Intake Specialists who represent multiple cultures and languages. Emphasis is placed on hiring staff representative of the larger minority groups within the service area.
- 1.2 The Beacon CBHM voice prompt menu includes a choice, in Spanish, for Spanish speaking members. Once selected the caller is identified as needing a Spanish speaking Intake specialist.
- 1.3 An ongoing contract is maintained with Language Line (www.language.com), a telephonic interpretation service, which provides interpreters in all languages spoken within the service area. Language Line is insured and maintains confidentiality.
 - 1.3.1 The Language Line number for routine requests is 800-774-4344
 - 1.3.2 The Language Line number for urgent requests is 800-523-1786
- 1.4 The Intake Specialist enters and signs an administrative note in the electronic chart indicating
 - 1.4.1 Primary language of patient
 - 1.4.2 Date interpretation services were provided
 - 1.4.3 Person who provided interpretation
 - 1.4.4 Brief description of conversation
 - 1.4.5 Examples:
 - 1.4.5.1 “<Date> Patient’s primary language is Spanish. Writer completed intake process in Spanish. Referrals and benefit information given to member in Spanish” – <Intake Specialist>
 - 1.4.5.2 “<Date> Patient’s primary language is Mandarin. Writer completed intake process with assistance of interpreter from Language Line. Referrals and benefit information given to member in Mandarin” - <Intake Specialist>
 - 1.4.5.3 <Date> Patient’s is deaf. Writer completed intake process with a TDY operator. Referrals and benefit information given via TDY. - <Intake Specialist>

| Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual | |
|--|---|
| Policy Name: Language Assistance Program (LAP) | Accessibility, Availability, Referral and Triage |
| Date: 05-06 Reviewed by QI Committee: 05-07, 3-08, 5-08, 9-08, 5-09, 10-09, 02-10, 5-10, 9-10 Revised by QI Committee: 3-08, 9-08, 5-09, 10-09, 02-10, 9-10 | Page: 2 of 3 Policy Number: AR-3 |

1.5 Family members, especially minors, are not encouraged to be interpreters for other family members.

2.0 Referrals

- 2.1 The Beacon CBHM contracted provider network is multi-cultural and multi-lingual. Patients are referred to providers who can communicate in the patient’s primary language.
- 2.2 As needed Single Case Agreements with non-contracted providers are arranged for a specific language requirement. *Reference Policy AR-14, “Referrals to Non-Contracting or Single Case Agreement Providers.”*
- 2.3 Beacon CBHM maintains ongoing contracts with Sign Language interpretation services and as needed arranges for interpreters to be present during treatment sessions.

3.0 Translation of Written Documentation

- 3.1 Currently the following documents are available in Spanish
 - 3.1.1 New Patient Information Form
 - 3.1.2 Consent for Treatment Form
 - 3.1.3 Authorization to Release PHI Form
- 3.2 For all other vital documents a State approved LAP notification regarding availability of language assistance is included in the context of the letter or provided as a separate handout. Vital documents include
 - 3.2.1 UM pended authorization notifications
 - 3.2.2 UM denial notifications
 - 3.2.3 UM admission and discharge notifications
 - 3.2.4 Provider termination notifications
- 3.3 The LAP notification instructs patients to contact either Beacon CBHM or their health plan designee for assistance.
- 3.4 Patients and Providers who contact Beacon CBHM for language assistance are offered
 - 3.4.1 Immediate verbal translation over the phone either by a bi-lingual staff member or by a translator through Language Line.
 - 3.4.2 As requested written translation is provided at no cost to the patient or provider.
 - 3.4.2.1 Requests for written translation are sent to health plan within one business day of request for urgent services and within two business days of request for non-urgent services.

| Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual | |
|--|---|
| Policy Name: Language Assistance Program (LAP) | Accessibility, Availability, Referral and Triage |
| Date: 05-06 Reviewed by QI Committee: 05-07, 3-08, 5-08, 9-08, 5-09, 10-09, 02-10, 5-10, 9-10 Revised by QI Committee: 3-08, 9-08, 5-09, 10-09, 02-10, 9-10 | Page: 3 of 3 Policy Number: AR-3 |

3.4.2.2 The health plan designee will translate and send letter to patient within 21 calendar days.

- 4.0 Documentation and Tracking
 - 4.1 At the time of a request for language assistance, the Intake Specialist and/or Licensed Clinician will complete the LAP Translation Request note, which includes the following information
 - 4.1.1 Health Plan
 - 4.1.2 Date of request
 - 4.1.3 Document type
 - 4.1.4 Timelines of request (urgent versus non-urgent)
 - 4.1.5 Language
 - 4.1.6 Documentation of verbal translation if provided, including name of person who provided interpretation
 - 4.1.7 Date document forwarded to health plan for translation
 - 4.2 Timeliness will be monitored on quarterly basis and reported to the Quality Improvement Committee.

- 5.0 LAP Training
 - 5.1 New employees receive training regarding LAP at the time of hire. Reference UM-15 “Training Program” and AD-2 “Staffing”. Completion of training is documented in their personnel file.
 - 5.2 Additional training is provided on an as needed basis, e.g., following implementation of a new account with a high percentage of Limited English Proficiency (LEP) members.
 - 5.3 Training includes:
 - 5.3.1 Tips for communication with a LEP member
 - 5.3.2 Accessing an interpreter
 - 5.3.3 Working with an interpreter
 - 5.3.4 Requesting written translation of documents
 - 5.3.5 Documentation of LAP requests