

Guidance Document- United States Civil Rights Act Title VI Federal requirements for licensed providers of behavioral health & developmental services

[The Civil Rights Act of 1964](#) says that no person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination based on race, gender, ethnicity or national origin under any program or activity receiving Federal financial assistance" This includes individuals who are Limited English Proficient.

Who is a Limited English Proficient Person?

Persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English is limited English proficient, or "LEP. These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

This law pertains to any state or local agency, private institution or organization, or any public or private individual that

- (1) Operates, provides or engages in health, or social service programs and activities, and
- (2) Receives Federal financial assistance from HHS directly or through another recipient/covered entity

This means that any organization that receives Medicaid reimbursements is required to comply with Title VI of the Civil Rights Act.

Standards for Culturally and Linguistically Appropriate Services

One way to ensure that your organization is complying with the Civil Rights Act is to use the [Standards for Culturally and Linguistically Appropriate Services](#) (CLAS) as a framework for language access planning. The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served. Standards 4-7 are guidelines for compliance with Title VI. If you are addressing these standards you are demonstrating meaningful access to individuals who are limited English proficient.

CLAS Standards- Language Access Services

Standard 4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Elements of an Effective LEP Policy

Every organization should develop a written language access policy. Elements that may be helpful in designing an LEP policy or plan:

- Identifying LEP persons who need language assistance
- Identifying ways in which language assistance will be provided
- Training staff
- Providing notices to LEP persons in their preferred languages
- Monitoring and updating LEP policy

FOUR FACTORS OF TITLE VI GUIDANCE

1. The number of LEP persons that are eligible for the service or likely to be affected in the recipients service area
2. The frequency with which the recipient encounters LEP persons
3. The importance of the program activity or service
4. Resources available to the recipient

Four Factors of the Title VI Guidance

Recipients of federal financial assistance have an obligation to reduce language barriers that can preclude meaningful access by LEP persons to important benefits, rights, programs, information, and services. These factors are listed in the box to the left.

Examples of Language Assistance Services

- Direct foreign language communication by bilingual staff who have been tested for proficiency and trained in the standards of practice for interpreting.
- Interpretation (oral), conducted in-person or via telephone by qualified interpreters
 - Translation (written) by qualified translators

Recommended steps to developing a language access plan:

1. Assign a person that will lead the process and develop a committee
2. Begin with an assessment. Choose an assessment tool(s) that best fits the needs of the organization. An inclusive assessment will look at several parts of the organization, such as the individuals served, the service system, human resources, the organizational environment and the needs of the community
3. Assess organizations' compliance to the CLAS standards
4. Based on the results of the assessments, the organization should prioritize and focus their efforts by developing a cultural and linguistic plan with measurable outcomes
5. Because of the nature of our changing environment, the plan should not extend for years out. Many organizations develop a yearly plan
6. Report out on the plan annually based on the efforts and achieved outcomes of the agency
7. Implement and execute a schedule to review and revise the plan
8. Seek assistance, if needed. Technical assistance is available from the Office of Cultural and Linguistic Competency (<http://www.dbhds.virginia.gov/OHRDM-CLC.htm>)