Issued 06/06/95
Reissued: 12/13/10

Departmental Instruction 209 (RTS) 95
Language Access Services for Individuals with Limited English Proficiency or Other Communication or Language Barriers

209 - 1 Background

The proper assessment of an individual's communication needs, preferences, and skills at admission and during his hospitalization or stay in a training center is critical in making a determination of appropriate *diagnosis*, service delivery *milieu*, and treatment *approach* for that individual. State hospitals and training centers operated by the Department of Behavioral Health and Developmental Services (the Department) shall provide equal opportunity for all individuals receiving services and their authorized representatives to make informed care decisions, and equal access to services provided by the Department, in compliance with the §51.5-40 of the Code of Virginia, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA) of 1990, The Joint Commission (TJC) Standards, the National Culturally and Linguistically Appropriate Services (CLAS) Standards, and federal and state regulations.

209 - 2 Purpose

This Instruction establishes guidelines for providing effective language access services for individuals receiving services in state hospitals or training centers and their authorized representatives who have limited English proficiency (LEP), sensory disabilities that present communication barriers, or other communication or language impairments.

209 - 3 Definitions

The following definitions will apply to this Instruction:

Assistive listening device (ALD)	This is a technical tool to assist hard of hearing people with or without a hearing aid, bringing the speaker's voice directly to the listener's ear. The ALD helps overcome problems of distance and surrounding noise.
Bilingual employee	This means an employee or volunteer who self-identifies as having the ability to speak English and another language, including sign language.
Bilingual family member	This means a family member or friend of an individual who is receiving services in a state facility that self identifies as having the ability to speak English and the individual's language, including sign language.

Continued on next page

Communication assistive services	This means various devices to assist individuals with communication impairment related to sensory disabilities. These devices are available from a variety of sources as described in Attachment A.
Communication Impairment	This means any sensory disabilities, such as speech, visual and/or hearing impairment or dyslexia.
Deaf	This refers to an individual whose hearing is totally impaired or whose hearing, with or without amplification, is so seriously impaired that the primary means of receiving spoken communication is through visual input such as lip-reading, sign language, finger spelling, reading or writing, or a combination of modes. An individual may be identified as being "deaf" based on language use, cultural affiliation, social preferences, or self determination.
DeafBlind	This refers to an individual who has a combined hearing and vision loss such that the individual: • Is unable to understand most speech even with amplification; and; • Has a visual impairment of 20/200 in the better eye corrected, or a visual field of 20 degrees or less; or; • Has a progressive loss that would lead to such a condition.
DBVI	This means the Department for the Blind and Vision Impaired, which is the lead agency in Virginia for providing rehabilitation services, technical assistance, and training related to deaf/blindness.
DRS counselors for the deaf	This means the Department of Rehabilitative Services rehabilitation counselors who work specifically with people who are deaf, hard of hearing, or late deafened. In some situations, they may work with individuals who are deafblind.
Hard of hearing	This refers to an individual whose hearing is impaired to such an extent that hearing is difficult, but such impairment does not preclude the understanding of spoken communication through the ear alone, with or without a hearing aid or other prosthetic device (e.g., cochlear implant).

Continued on next page

Late deafened	This refers to individuals whose loss of hearing occurred at any age after the spoken word was acquired. An individual who is late deafened is unable to understand speech through auditory means, even with a hearing aid or cochlear implant.
Interpret	This means transmitting oral communication from a source language to a target language.
Interpreter	This means someone who transmits oral communication from a source language to a target language.
Limited English proficiency (LEP)	This refers to a person whose primary language is a language other than English or to persons who speak English but who have difficulty speaking, reading, writing, or understanding the English language.
Mental Health Center for the Deaf (MHCD)	This refers to the culturally-affirmative inpatient unit at Western State Hospital that serves individuals with a hearing loss who are primarily, but not exclusively, sign language users, and who have mental health or behavioral concerns, but may also have any number of co morbid conditions, including intellectual disability and substance use disorders.
Outreach Contractors	This refers to individuals that provide community-based regional assistance, including resource information, community education, and workshops on a variety of hearing loss-related issues and services.
Provider	This means a state facility workforce member who provides medical or ancillary care to individuals.
Qualified Interpreter	This means a bilingual individual who has completed an accredited interpreter competency program that consists of a minimum of 40 hours of training. (See Attachment B. "Role Responsibilities of Medically Competent Interpreters.")

Continued on next page

Qualified Translator	This means a bilingual individual with a full understanding of vocabulary and sentence structure, of meaning and inference, of intonation, and of slang and colloquialisms. They typically have at least three of the following qualifications: • A degree in a second language; • Successful completion of a training program in the translation process; • A number of years' experience undertaking remunerated translation work; and • Membership of a professional translation institute (e.g. ITI)
Sign Language Interpreter	This means a provider of effective communication in culturally linguistically diverse situations between and among individuals who are deaf, hard of hearing, late deafened or deafblind and other persons. This process includes, but is not limited to, communication through American Sign Language and spoken English and may involve other modalities that involve visual, gestural, tactile methods such as signing for individual who are deafblind. These individuals can "interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary" (Americans with Disabilities Act, Title III). A qualified interpreter has demonstrated competency of a defined level of skill through Virginia Department for the Deaf and Hard of Hearing Quality Assurance Screening or by National Association of the Deaf certification.
Specialized Provider	This refers to a state facility (MHCD), community services board Regional Coordinator for Services to Persons who are Deaf, Hard of Hearing, Late Deafened or Deafblind (Regional Coordinator), or other community or agency-based clinician that is proficient in sign skills and has extensive knowledge about hearing loss and who is responsible for treatment and coordination of care for individuals who are deaf, hard of hearing, late deafened or deafblind.
Telephonic Interpretation	This means interpretation that occurs over the telephone using an approved vendor.
Translate	This means converting written communication to another language that has a meaning equivalent to that of the original.
TTY	This means a keyboard-type electronic device, also known as TDD or TT, which is capable of transmitting and receiving messages from another such device over the telephone.

Continued on next page

VDDHH This means the Virginia Department for the Deaf and Hard of Hearing, which is the state agency that functions to eliminate the communication barriers between persons who are deaf or hard of hearing, their families and the professionals who serve them. VDDHH may be able to assist local service providers by providing training and technical assistance through Outreach Contractors; services coordination through the Interpreter Service Program; or other services when appropriate and available.

Virginia Relay (VR) This refers to a telephone relay system that facilitates telephone calls between individuals with a TTY and individuals who do not have a TTY.

209 - 4 Responsible Authority

Central Office The **Commissioner** is responsible for the establishment of systemwide policy that supports cultural and linguistic awareness and competency.

The **Human Resources Development and Management Director** is responsible for interpreting and determining compliance with this Instruction.

The **Director of Cultural and Linguistic Competency** shall:

- Coordinate the translation of uniform documents used across the facilities;
- Assess state facility signage for translation;
- Provide consultation, training, and technical assistance to central office and state facility staff on the resolution of issues experienced by individuals who have a communication barrier and the integration of treatment approaches, community resources, and available technology that enhance access and service delivery options;
- Provide resources and updates to central office and state facility staff on behalf of individuals receiving services who also have a communication barrier;
- Ensure that the appropriate equipment is available for use across the system; such as operating TTY devices, amplified phone and assistive listening devices for central office staff with a hearing loss or for members of the public who wish to contact the central office for other matters; and
- Maintain an ongoing partnership for consultation and technical assistance with the State Coordinator for Services for Persons who are Deaf, Hard of Hearing, Late Deafened or DeafBlind (State Coordinator).

Continued on next page

State Facilities

The **State Facility Director** is responsible for:

- Ensuring development and promulgation of internal policies/procedures for serving people admitted to the facility who have a communication barrier;
- Informing facility workforce members and individuals who request admission and are admitted to the facility about their right to qualified interpreter services and telephone access at no charge for those who need such services;
- Ensuring that the facility has the appropriate equipment to utilize telephonic interpreting services;
- Ensuring that facility workforce members who are or will be utilized as qualified interpreters receive training on how to be an effective and qualified interpreter and that only staff that have been trained as such are utilized as qualified interpreters;
- Ensuring that the facility has a TTY and assistive listening devices available, and that appropriate workforce members are trained to handle calls placed through the VR;
- Establishing an ongoing link with the Regional Coordinator in the region; and;
- Ensuring that facility workforce members who are responsible for the treatment and care of individuals who have a communication barrier implement the procedures described in this Instruction.

The **Facility Training Manager** is responsible for ensuring that all workforce members are provided ongoing opportunities to learn how communication barriers impact services and receive training on language access, the availability of community and facility resources, and how to work effectively with qualified interpreters, as described in this Instruction.

209 - 5 Specific Guidance

Policy

State facilities shall make reasonable accommodations within available resources to appropriately serve individuals who have limited English proficiency or other communication or language barriers and shall promote service delivery and resolve administrative barriers experienced by individuals they serve who have communication barriers through interagency service planning.

Each state facility shall develop and promulgate an internal policy and procedures to ensure that appropriate accommodations are provided to make all services and work-related activities available to people with a communication barrier.

Continued on next page

Policy *(continued)*

Assessments, treatment, and other services and supports provided to individuals with limited English proficiency or other communication or language barriers shall be provided by using either specialized providers who have appropriate knowledge and communication skills to communicate directly with LEP individuals or by using qualified interpreters to facilitate communication. Where access to specialized resources is limited, facilities shall use teleconferencing or telemedicine technologies to provide communication access. Devices such as TTYs shall be made available to individuals receiving services at all times.

Facility providers shall use qualified interpreters for any communication with the individuals they serve. Providers shall only use unqualified bilingual staff, family members, or friends as interpreters as a last resort or in the case of an emergency or in the case where the individual requests such interpretation.

Facility providers shall consider any individual who is deaf or hard of hearing as a potential candidate for referral to the MHCD at Western State Hospital.

Right to a qualified interpreter

Each individual who is assessed to have limited English proficiency or a hearing impairment or his authorized representative shall be advised of his right to a qualified interpreter or sign language interpreter at no cost to the individual.

If, after being advised of this right, the individual or his authorized representative chooses to waive the offer of language or sign language assistance, the facility provider shall document this waiver in the individual's medical record. The individual or his authorized representative may renounce the waiver at any time and any requested assistance shall be provided.

Use of Seclusion and Restraint

Seclusion or restraint of individuals with a hearing loss can seriously affect the communication process due to absence of visual communication (seclusion) and limits on hand and arm movements (restraint). State facilities shall use the seclusion and restraint procedures issued by the MHCD as guidance for individuals who have a hearing loss. These include emergency procedures, communication procedures, clinical record flagging, and staff training to recognize signs of frustration and anger.

---

209 - 6 Procedures

Assessment of communication barriers

Facility providers shall ask all individuals who are seeking admission to a state facility or their authorized representative about the existence of any language or communication barriers.

Continued on next page

Assessment of communication barriers *(continued)*

Upon admission, providers shall assess the individual's language or communication barriers as part of the admission process.

When an individual is **admitted to a state hospital**, the facility provider shall determine, as part of the initial assessment, if the individual has a communication barrier (see Departmental Instruction 107(TX) 00, *Assessment of Medical Surgical Status*). This determination shall be made a part of the individual's DSM diagnostic profile. More specific diagnoses shall be provided, as appropriate.

When an individual has been identified with a communication barrier that is likely to pose an impediment to receipt of services, the state hospital's admissions department or interdisciplinary treatment team leader shall, within 24 hours of admission:

- Assess the individual's preferred language and communication methods. The individual is the best and preferred source for this information with possible input from family members or specialized providers, or both.
  - If the individual understands spoken or written English, the provider shall use an appropriate technology such as a hearing aid or an assistive listening device to facilitate communication. Writing using paper and pencil, TTY typing, or a computer terminal may also be used to facilitate communication with the individual.
  - If the individual does not understand spoken or written English, the provider shall secure a qualified interpreter as soon as possible. Family members and friends who accompany an individual may provide *information* at the intake meeting as appropriate, but should **never** be asked or used to *interpret* for the individual during assessments or treatment procedures except in cases of emergency or when requested by the individual. Such interpretation may result in inaccuracies or may impair the individual's choice or expression. It also may constitute a breach of the individual's confidentiality.
- Obtain necessary information and assessments to develop the Initial Treatment Plan (see Departmental Instruction 111(TX) 01 *Requirements for Treatment and Habilitation Planning*).
  - Facility providers shall utilize specialized providers, qualified interpreters, or appropriate technology to assess presenting issues. When performing these assessments, writing back and forth shall not substitute for the services of a specialized provider, qualified interpreters or the appropriate technology because written English may not be the primary language of the individual.
  - For individuals who have a communication barrier and require forensic evaluations, facility providers shall primarily utilize specialized providers

Continued on next page

Assessment of communication barriers *(continued)*

with the requisite training in forensic evaluations. These individuals may be referred to MHCD for evaluation or treatment, or both, or appropriate MHCD staff may visit the individual at the facility to perform needed assessments. Only certified interpreters who are approved by the Supreme Court of Virginia shall be used for forensic evaluations.

Qualified interpreters shall be used for psychological evaluations to avoid the risk of serious misdiagnosis or inaccurate evaluations of mental status or risk, or both.

Within 48 hours of admission, the facility's admissions department or the treatment team leader shall contact a specialized provider or qualified interpreter, or both, to participate on the individual's treatment team. This may be a qualified facility staff member or, with the individual's consent, the Regional Deaf Coordinator.

When an individual who is **admitted to a training center** has been identified as having a communication barrier and possibly a vision loss, the training center shall reassess the hearing and vision loss status within 30 days of admission (see Departmental Instruction 111(TX) 01, *Requirements for Treatment and Habilitation Planning*).
For individuals with a hearing loss or limited English proficiency, within seven days of admission to a training center the treatment team leader shall:

- Obtain an assessment of the individual's preferred communication method or methods. The individual is the best and preferred source of this information with input from family members and other associated information sources;
- Contact and involve appropriate specialized providers, including qualified audiologists, speech pathologists, and optometrists, as appropriate, and qualified interpreters to provide consultation to or participate on the individual's treatment team.

Preferred language

Facility providers shall enter the preferred language (including sign language) in the Department's registration system and the medical records of individuals who are identified as having limited English proficiency or a communication barrier.

Qualified interpreters

Facility providers should use on-site qualified interpreters, sign-language interpreters, or telephonic interpreters for all treatment-related **verbal communication** with individuals for whom there is a communication barrier. This includes, but is not limited to, the following situations:

- When the individual specifically requests an interpreter;

Continued on next page

Qualified interpreters *(continued)*

- For all informed consents (including the Conditions of Healthcare Services form) and any authorizations and waivers when translations are not available in the individual's language or the individual is unable to read the translated document;
- For explanations of any complicated or high risk procedure or treatment;
- When the individual wants to leave against medical advice;
- When the individual's consent is needed to transfer to another facility;
- For provider communications in the following areas, unless the provider has demonstrated competence that he speaks the individual's language, as described in this Instruction:
  - History and physicals, including medication reconciliation;
  - Explanation of diagnosis;
  - Treatment options;
  - Discharge instructions; and
  - Family conferences for care planning and other meetings where decisions are made.
- For handling an individual's complaint;
- When a conflict of interest is evident between the individual and the family member or another individual chosen by the individual to serve as the interpreter. Potential conflicts of interest may include but are not limited to:
  - The individual's spouse or parent who is serving as an interpreter after an assessment by a provider has determined that the individual's injuries are consistent with those seen in victims of abuse or neglect; or
  - The provider determines that the nature of the service being provided is of a sensitive or complex nature and a medically competent interpreter or sign language interpreter is essential in order for the patient to comprehend their diagnosis, prognosis, treatment or discharge instructions.

Telephonic interpreters

When an on-site medically competent interpreter is not reasonably available or necessary for a specified communication, a telephonic interpreter may be used to connect to the telephonic qualified interpreter.

The following equipment shall be made available, at a minimum, in each facility or central office location where the public routinely calls for assistance, information about facility admission, or constituent issues:

- One fully operational TTY (with print paper and auto-answer capability); and;
- One telephone with an amplification device.

Continued on next page

Telephonic interpreters *(continued)*

Additional telephone access equipment shall be provided based on facility need (i.e. number of persons with a hearing loss admitted to the facility).

- The TTY shall be accessible from all toll-free and hot-line exchanges and physically accessible to individuals and staff that need to use it at appropriate times. At least one staff member on each shift at the facility shall be trained on how to respond to calls via TTY or VR.
- The TTY-accessible telephone and VR numbers shall be publicized in agency public information materials and listed with the Commonwealth of Virginia information operator and in local public and deaf community telephone directories.
- Each facility shall be responsible for TTY equipment, TTY operation/response and VR response procedures. These shall be checked and reviewed biannually to assure full operation and staff preparedness.

When waiting for an interpreter

Facility providers shall use their best efforts to provide the most effective communication possible until a qualified language or sign language interpreter is available.

Interpretation by bilingual employees

Bilingual employees shall perform language or sign language interpretive services only if they have been assessed by a language testing service for proficiency level and completed a qualified bilingual staff training program or have the necessary certification on file. This shall not preclude bilingual employees from providing interpretive services in emergencies or in other similar situations until a qualified interpreter is available.

Interpretation by family or others

Before allowing a family member or another person chosen by the individual to interpret, the provider shall offer the individual the choice of using a qualified interpreter, sign language interpreter, or telephonic interpreter at no cost to the individual. The provider shall document the individual's refusal of this offer in his medical record. A family member or other person chosen by the individual as his preferred interpreter may interpret if the person chosen is:

- Bilingual/sign language competent;
- Verified to be 18 years of age or older;
- Advised of the risks of using a non-certified qualified interpreter to interpret; and
- Told only to interpret what the provider and individual say without interjecting personal opinions.

Continued on next page

Interpretation by family or others *(continued)*

The individual receiving services shall be asked prior to every session if he has changed his mind regarding the use of the non-certified qualified interpreter.

Documentation of qualified interpreter service

Providers requesting language or sign language assistance shall document the request, including the name of the qualified interpreter and the nature of the communication, in the individual's medical record. Providers serving as the qualified interpreter shall note the same information in the medical record.

On-site qualified interpreters shall sign informed consents and any translated patient care instructions for which the qualified interpreter is responsible for interpretation and translation. Providers serving as the qualified interpreter shall note the same information in the medical record.

Providers using telephonic qualified interpreters shall enter the qualified interpreter's identification number, the language used, and the nature of the interpretation in the individual's medical record.

Translation of documents and patient care instructions

Facilities must offer and provide translated vital documents at no cost to each individual with limited English proficiency at all points of contact, in a timely manner during all hours of operation. Each facility shall complete a translation decision brief in coordination with the Office of Cultural and Linguistic Competency to assist in the identification of translators and facilitate the coordination of the translation of the following:

- Any document intended to provide information or education to the individual;
- Medical Record forms;
- Consent forms;
- Marketing materials ; and
- Department signage.

If discharge or other patient care instructions are not available in the individual's language, a qualified interpreter may provide a hand written translation of simple instructions.

Facility staff should not translate any Department documents or patient care instructions unless the translating staff has appropriate language assessment competency is on file.

Assistive listening devices

Facilities shall purchase assistive listening devices and hearing aids with facility funds or donations from the community for those individuals who have been determined to need them and who do not have them.

Continued on next page

Television captioning

Facilities shall provide television captioning capability for individuals of *any age* or hearing loss who can benefit from this service.

209 - 7 Staff Training and Resources Available to Facilities

Training resource materials

The Office of Cultural and Linguistic Competence and the State Coordinator shall make training and other materials available to all facility training managers to use in staff training including:

- Presentations and workshops (e.g. Working Effectively with Qualified Interpreters; What is Culture and Cultural Competence; Working with Diverse Communities, Cross Cultural Communications Skills);
- Audio visual training material (e.g., An Introduction to the Deaf Community; Working With a Sign Language Interpreter, and Using Your TTY); and
- Toolkits and guidebooks.

Training curriculum

Each facility training and development manager shall plan for the provision of training that:

- Requires that all new staff receive a course on cultural and linguistic competence that is two hours minimum;
- Requires all staff who interact with individuals who have communication barriers to have a minimum of one hour a year of training related to cultural and linguistic competence that has been identified as an effective training tool by the Office of Cultural and Linguistic Competence; and
- Provides on-going opportunity for staff to learn about culturally competent care, cultural awareness, and issues with specific limited English proficient communities in their catchment area.

The Office of Cultural and Linguistic Competence and the State Coordinator shall work with the facility training managers to respond to specific training requests, identify needed materials, and develop a continuing education training module specifically to address services to the population with communication barriers.

Resources

Facility staff may obtain assistance from the following sources:

- Office of Cultural and Linguistic Competence can provide assistance with identifying and contacting qualified bilingual qualified interpreters and best practices with individual communities;

Continued on next page

Resources *(continued)*

- State Coordinator for Services for Persons who are Deaf, Hard of Hearing, Late Deafened or DeafBlind offers comprehensive clinical and consultative services to address the needs of people of all ages who are deaf, hard of hearing, late deafened, and deaf-blind, and their families.
- VDDHH Outreach Contractors can provide initial orientation and training about hearing loss; identify, set up and troubleshoot needed equipment; identify and make referrals to the appropriate local and statewide resources
- Qualified interpreters, ideally with a certification through the Community Health Interpreter Program or the National Board of Certification for Interpreters, can provide services to individuals who are limited English proficient.
- Qualified Translators can be identified through local referral sources or the Office of Cultural and Linguistic Competence
- DBVI specialists and staff can provide services to individuals who are deafblind who meet certain eligibility criteria; offer technical assistance to the Department on training, technology; and can provide equipment, including large visual displays for TTY, vibrator alarms, television captioning and games for entertainment.
- DRS Rehabilitation Counselors for the Deaf can provide employment assessments and advise on employment opportunities throughout the state.
- Specialized Providers, e.g. Regional Deaf Coordinators or MHCD staff can advise on an individual's preferred communication method(s); psychological needs; and appropriate treatment options

209 - 8 References

- Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (Federal Register / Vol. 68, No. 153 / Friday, August 8, 2003) document provided by the Office of Civil Rights of the Department of Health and Human Services, referring to Title VI of the Civil Rights Act of 1964
- Joint Commission Standards 2006
- Office of Minority Health National Culturally and Linguistically Appropriate Services (CLAS) Standards
- Presidential Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency," August 11, 2010
- Section 504 of the Rehabilitation Act of 1973

Continued on next page

References *(continued)*

- The Virginians with Disabilities Act of 1985
- The Americans with Disabilities Act (ADA) (1990)
- State Board Policy 1025(SYS) 89-3 Services Accessibility for Persons with Physical or Sensory Disabilities
- State Board Policy 1023 (SYS) 89-01 Workforce and Service Delivery Cultural Competency
- *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals,* The Joint Commission, 2010

James W. Stewart, III
Commissioner

Effective Date:

Attachments

Attachment A

Communication Assistance Resources for Individuals Who Are Deaf and Hard of Hearing or Have Speech Impairments

A. Individuals Who Are Deaf and Hard of Hearing

1. Requests for sign language interpreters qualified through the Department for the Deaf and Hard-of-Hearing can be submitted by each facility independently. It typically takes three (3) days to contract an interpreter.

2. Every facility should have at least two (2) text telephones (TTYs). These devices enable persons to communicate over the telephone by way of a keyboard and LCD display. Facilities that need a TTY should contact the Office of CLC.

3. Amplified telephones with flashing light signaler and hearing aid compatible handset that amplifies tones should be available at the facility.

4. Closed caption televisions should be made available to individuals who are deaf or hard of hearing in the facilities. Provides readable text on the television screen.

5. Virginia Relay Center offers telephone relay services between TTY users and voice telephone users.

B. Individuals Who Have Speech Impairments

1. TTY telephones may be used.

2. Communication boards and other assistive devices such as computer keyboards, electrolarynx require a speech pathology consult.

Attachment B

Interpreter's Role Responsibilities for On-site Medically Competent Language Interpreter, Sign Language Interpreter and Telephonic Interpreter

1. The Interpreter shall serve as an adjunct to the health care team. A Health Care Provider must be present in order for a communication pathway to exist. The Interpreter shall completely and accurately interpret the message given by all parties involved in the communication.

2. The Interpreter shall not participate in any medical procedures and shall solely interpret what the Health Care Provider and individual say without interjecting personal opinion to the individual.

3. The Interpreter may offer suggestions only as an intervention or mediation pertaining to language or cultural issues with permission of Health Care Provider.

4. The Interpreter shall have language and sign language assistance expertise pertaining to the medical subjects discussed by the individual and Health Care Provider. The Interpreter must disclose to both parties if the subject matter of the discussion is beyond his or her abilities or area of expertise.