

Linguistic Services Standards of Care

Definition:

Support for Linguistic Services includes interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services.

Limitations:

None

Services:

Linguistic Services include interpretation/translation services provided by qualified interpreters to HIV-positive individuals (including those who are deaf/hard of hearing and non-English speaking individuals) for the purpose of ensuring communication between client and providers while accessing medical and Ryan White fundable support services that have a direct impact on primary medical care. These standards ensure that language is not barrier to any client seeking HIV related medical care and support; and linguistic services are provided in a culturally appropriate manner.

Services are intended to be inclusive of all cultures and sub-cultures and not limited to any particular population group or sets of groups. They are especially designed to assure that the needs of racial, ethnic, and linguistic populations severely impacted by the HIV epidemic receive quality, unbiased services.

Agency/Personnel /Staff Training

Staff Qualification/Education/Experience	Expected Practice
<p>Staff Qualifications According to HRSA National Monitoring Standards, services are to be provided by appropriately trained and qualified individuals holding appropriate State or local certification.</p>	<p>Oral and written translators will be certified by the Certification Commission for Healthcare Interpreters (CCHI) or the National Board of Certification for Medical Interpreters (NBCMI).</p> <p>Staff and volunteers who provide American Sign Language services must hold a certification from the Board of Evaluation of Interpreters (BEI), the Registry of Interpreters for the Deaf (RID), or the</p>

	National Interpreter Certification (NIC) at a level recommended by the Texas Department of Assistive and Rehabilitative Services (DARS) Office for Deaf and Hard of Hearing Services.
<p>Staff Education/Training Staff members are trained and knowledgeable and remain current in roles of interpreters and legislation/regulations.</p>	<p>Staff should have experience as a translator/interpreter in a health care setting.</p> <p>Staff should have general medical knowledge of:</p> <ul style="list-style-type: none"> -Anatomical terms for major body systems -Medical tests and diagnostics -Common specialties and medications -Acronyms and abbreviations -Routine medical equipment -Infection control -Mental/Substance Use <p>Staff should be trained in:</p> <ul style="list-style-type: none"> -Interpreting Skills: Consecutive Interpreting; Sight Translation; and Protocols (managing a session) -Code of Ethics for Health Care Interpreters -Standards of Practice for Health Care Interpreters -Roles of Health Care Interpreter -Cultural Awareness -Legislation and Regulations (Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, Title VI of Civil Rights Act, Health Information Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act
<p>Agency Policies and Procedures According to HRSA National Monitoring Standards, the agency will have a policy that clearly describes range and types of linguistic services to be provided.</p>	<p>The agency shall have policies/procedures for the following:</p> <ul style="list-style-type: none"> -Client rights and responsibilities, including confidentiality guidelines -Client grievance policies and procedures -Client eligibility and admission requirements -Guidelines for language accessibility <ul style="list-style-type: none"> • Range and types of linguistic services to be provided in the client’s preferred language, including oral interpretation and written translation -Objective interpretation of information <ul style="list-style-type: none"> • Staff speak in neutral language and tone • Language is understood by the client, capturing the content and spirit intended by the provider • Staff not provide advice or personal opinion and to avoid direct conversation

	<p>with agency provider while rendering services</p> <ul style="list-style-type: none"> • Staff takes into account client’s age, history of impaired comprehension, substance use, mental health issues, level of literacy and medical condition
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Standards of Care

Standard	Measure
<p>Intake and Service Eligibility According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.</p>	<p>Agency will receive referrals from a broad range of HIV/AIDS service providers.</p> <p>Eligibility information will be obtain from the referral source and will include:</p> <ul style="list-style-type: none"> - Contact and identifying information (name, address, phone, birth date, etc.) -Language(s) spoken -Literacy level (client self-report) -Demographics -Emergency contact -Household members -Pertinent releases of information -Documentation of insurance status -Documentation of income (including a “zero income” statement) -Documentation of state residency -Documentation of proof of HIV status -Photo ID or two other forms of identification -Acknowledgement of client’s rights <p>The client's eligibility must be recertified for this service every six (6) months.</p>
<p>Provision of Services Services are provided in accordance with HRSA National Monitoring Standards to conduct appropriate action on behalf of clients to meet their service care needs</p>	<p>Agency shall provide access to its interpretation/ translation services within seventy-two (72) hours of receipt of a request.</p> <p>Agency/providers will offer services to the client only in connection with other HRSA approved services (such as clinic visits).</p> <p>Providers will deliver services to the client only to the extent that similar services are not available from another source (such as a translator employed by the clinic).</p>

	<ul style="list-style-type: none"> • This excludes use of family members of friends of the client <p>Based on provider need, agency shall provide the following types of linguistic services in the client's preferred language:</p> <ul style="list-style-type: none"> -Oral interpretation -Written translation -Sign language <p>Agency/providers should have the ability to provide (or make arrangements for the provision of) translation services regardless of the language of the client seeking assistance</p> <ul style="list-style-type: none"> • Agency will be able to provide interpretation/ translation in the languages needed based on the needs assessment for the area
<p>Documentation in Clients Chart</p>	<p>The following will be documented in the agency's client record.</p> <ul style="list-style-type: none"> -All intake and eligibility documentation, to include at a minimum <ul style="list-style-type: none"> • Proof of HIV status • Proof of residency • Verification of financial information • Client demographics -Documentation of provider need/request for linguistic services -Documentation of services provided to the client
<p>Documentation for Agency</p>	<p>The following will be documented by the agency giving linguistic services:</p> <ul style="list-style-type: none"> -Number and types of providers requesting and receiving services -Number of assignments -Languages involved -Type of services provided (oral interpretation, written translation, sign language and whether interpretation was for an individual client, family, or group)

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A
April 2013, p. 37-38.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B
April, 2013, p. 37-38.

Title VI of the Civil Rights Act of 1964 with respect to individuals with limited English proficiency (LEP). Located at: <http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html>