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## PURPOSE

To ensure consistency in the provision of interpreter or translation services for patients with limited communication skills, including speaking, hearing, reading, or writing the English language in a language or method understood by the involved parties. This includes patients who are deaf, deaf-blind, or hard of hearing.

## DEFINITIONS

### **Deaf Person**

A person who is not able to process information aurally, with or without amplification, and whose primary means of communication is visual or by receiving spoken language through other sensory input, including, but not limited to, lipreading, sign language, finger spelling, or reading.

### **Deaf-Blind Person**

A person who has a combination of hearing loss and vision loss, and that combination necessitates specialized interpretation of spoken and written information in a manner appropriate to each person's dual sensory loss.

### **Hard of Hearing Person**

A person who has hearing loss that ranges from mild to profound. A hard of hearing person uses residual hearing, a hearing aid, a cochlear implant, hearing assistive technology, communication access real-time translation, speech reading, or other communication strategies and remains in the hearing world.

### **Hospital**

An inpatient program operated by the department for the treatment of individuals with serious mental illness or serious emotional disturbance.

### **Individual Representative**

A patient's legal guardian, minor patient's parent, or other person authorized by law to represent the patient in decision-making related to the patient's services and supports.

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## **Interpreter**

An individual fluent in a language other than commonly spoken English who is able to assist in providing an accurate interpretation between spoken English and a second language. This includes individuals fluent in manual sign language, as well as individuals fluent in a foreign language.

**Note:** Per the Deaf Persons' Interpreter Act and the Qualified Interpreter-General Rules, interpreters must have certification through the Department of Licensing and Regulatory Affairs (LARA).

## **Limited English Proficiency (LEP)**

The inability to understand or to effectively express oneself in spoken or written English as a result of one's national origin and the individual has not developed fluency in the English language.

## **Preferred Language**

The language an LEP patient identifies as the language they use to communicate effectively and would prefer to use to communicate.

## **Telephone-Based 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/service provider encounter. Telephone interpreting allows for an audio connection among the patient, MDHHS personnel, and interpreter. For the most effective communication among the parties, telephone interpreting is best conducted with auxiliary telephone equipment, such as a dual headset or speakerphone.

## **Videoconferencing Interpreting**

A form of remote interpreting that offers the delivery of interpreter services through videoconferencing technology. In this format, the interpreter is not physically present where the patient encounters the service provider. 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.

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**POLICY**

Hospitals must provide interpreter or translation services to LEP, deaf, deaf-blind, or hard of hearing patients on an equal opportunity basis within a reasonable time, and at no cost to the patient, during the delivery of all significant treatment, legal procedures and when obtaining informed consent. Michigan law requires the use of an interpreter who is Michigan-certified to be qualified to interpret at the standard practice level appropriate for the type of proceeding or setting that will take place.

**STANDARDS**

1. At the time of admission, the hospital must provide written notice of the patient's right to receive services from competent interpreters or translators. The types of services requiring interpretation or translation services, include, but are not limited to:
  - Providing emergency medical services.
  - Obtaining medical histories.
  - Explaining any diagnosis and planning for medical or psychiatric treatment.
  - Participation in the person-centered planning process.
  - Explaining patient rights and responsibilities.
  - Explaining the use of seclusion and restraints.
  - Obtaining informed consent.
  - Discussing advance directives.
  - Obtaining financial and insurance information.
  - Providing medication instructions and explanation of potential side effects.
2. If the patient is considered LEP, deaf, deaf-blind, or hard of hearing the hospital must note this (and the patient's preferred language, if applicable) in their medical record so that all staff and service providers can readily identify the patient's language assistance needs. If the patient is a minor, the preferred language and communication needs of the patient's

individual representative should also be determined. Hospital staff must communicate with the patient in a manner that meets the patient's written and oral communication needs.

3. Interpreters must be used to ensure the accuracy of the testimony when interpreters or translators are required for legal proceedings.
4. Family or friends of patients cannot be officially used as the interpreter or translator, unless the patient refuses the services offered by the hospital. If friends, family members, or minor children are utilized for interpreter or translator purposes, hospital staff must immediately evaluate whether the effectiveness of the service or the patient's right to confidentiality will be compromised.
5. Designated hospital staff will review at least annually the special communication service needs of the hospital and will allocate resources to provide for projected needs during the coming year.
6. Acceptable methods for the provision of interpreter services for LEP patients include, but are not limited to, the following:
  - In-person interpreting.
  - Telephone-based interpreting.
  - Video-conferencing interpreting.
7. Consideration for determining the appropriate model for the delivery of interpreter services includes the critical nature of the clinical interaction, availability of trained in-person interpreters, and the technology available. Additional considerations, such as the shortest wait times for patients and clinicians and the most cost-effective use of personnel and contracted agencies, will also be considered.
8. Notices must be posted at each hospital that:
  - Inform patients of their right to free interpreter or translation services.
  - Invite the patients to identify themselves as persons needing language assistance.
  - Designate the hospital staff, by name, who has primary responsibility for the coordination of interpreter or translation services.

9. All hospitals shall maintain an ongoing listing of interpreter and translation resources that can be contracted to provide effective communication to patients.

The state of Michigan has contracted for over-the-phone interpretation and document translation services. Hospitals must utilize these contracts for these services. Information is available via the Bureau of Grants and Purchasing.

10. Hospitals must designate a primary contact for coordination of interpreter and translation services.

## REFERENCES

[42 CFR 2000d](#)

[45 CFR 80.3](#)

[Michigan Department of Health and Human Services \(MDHHS\)/Inside MDHHS/Legal/Equal Opportunity](#)

[Michigan Department of Civil Rights](#)

[Michigan Disability Resources/Complaint Process](#)

[Department of Homeland Security Office for Civil Rights and Civil Liberties; Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#)

## CONTACT

For more information concerning this policy contact the State Hospital Administration.