POLICY TITLE:	INFORMATION ACCESSIBILITY/ LIMITED ENGLISH PROFICIENCY	POLICY # 6.9	REVIEW DATES	
Topic Area:	**CUSTOMER SERVICE**	**ISSUED BY:** LRE Customer Services	1/27/23	2/8/23
Applies to:	LRE Staff, Member CMHSPs and Network Providers		4/10/24	12/31/24
			2/2/26	
Developed and Maintained by:	LRE CEO and Designee	**APPROVED BY:** Chief Executive Officer		
Supersedes:	N/A	**Effective Date:** 5/19/22	**Revised Date:** 2/2/2026	

I. PURPOSE

LRE, CMHSPs and their contracted providers will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) due to literary or impairment reasons have meaningful access and an equal opportunity to participate in the services, activities, programs, and other benefits.

II. POLICY

Lakeshore Regional Entity (LRE) delegates the responsibility for ensuring meaningful communication with LEP consumers/customers and their authorized representatives involving their medical conditions, benefits, and supports/services to the Member Community Mental Health Services Program (CMHSP) with oversight and monitoring by LRE. This includes client specific and/or general information about:

A. Managed Care
   1. Excluded populations
   2. Covered benefits
   3. Cost sharing (if any)
   4. Service area

B. Availability of interpreters
   1. Members, to ensure sufficient resources for persons with LEP, shall:
      a. Identify the proportion of LEP beneficiaries likely to be served in their service area.
      b. Determine the frequency that LEP persons may come in contact with their programs.
      c. Estimate the available resources required to meet the identified needs
      d. Develop procedures for timely and effective communication between staff and persons with LEP

C. Written Materials

All written materials critical to obtaining or understanding services intended to be distributed through written or other media (e.g., Electronic) to beneficiaries or the broader community that describe the availability of covered services and supports and how to access those supports and services, including but not limited to provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices, must meet the following standards:

1. All such materials must be written at or below the 6.9 grade reading level when possible (i.e., in some situations it is necessary to include medications, diagnosis and conditions that do not meet the 6.9 grade level criteria).
2. All materials must be in an easily understood language and format and use a font size no smaller than 12 point font.
3. All informative materials, including the provider directory, must be made available in paper form upon request and in an electronic form that can be electronically retained and printed. It must also be made available in a prominent and readily accessible location on Member's website, in a machine-readable file and format. Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than 30 calendar days after Member receives updated provider information.
4. All materials shall be available in the languages appropriate to the people served within Member's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in LRE's Region. Such materials must be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2000, Federal Register Vol. 65, August 16, 2000). All such materials must be available in alternative formats in accordance with the Americans with Disabilities Act (ADA), at no cost to the beneficiary. Beneficiaries must be informed of how to access the alternative formats.
5. If Member provides information electronically, it must inform the customer that the information is available in paper form without charge and upon request and provides it upon request within five business days.
6. Material must not contain false, confusing, and/or misleading information. For consistency in the information provided to beneficiaries, Member must use State developed definitions for managed care terminology, including: appeal, durable medical equipment, emergency medical condition, emergency medical transportation, emergency room care, emergency services, excluded services, grievance, habilitation services and devices, health insurance, home health care, hospice services, hospitalization, hospital outpatient care, physician services, prescription drug coverage, prescription drugs, primary care provider, rehabilitation services and devices, skilled nursing care, specialist, co- payment excluded services, health insurance, medically necessary, network, non-participating, plan

preauthorization, participating provider, premium, provider and urgent care, as defined in the this Contract and/or Medicaid Provider Manual

D. Additional Information Requirements
   1. To take into consideration the special needs of beneficiaries with disabilities or LEP, Member must ensure that beneficiaries are notified that oral interpretation is available for any language, written information is available in prevalent languages, and auxiliary aids, such as and Teletypewriter/Text Telephone (TTY/TDY) and American Sign Language (ASL), and services are available upon request at no cost, and how to access those services as referenced in 42 CFR Parts 438.10(d)(3) and 438.10(d)(4). Members must also ensure that beneficiaries are notified how to access alternative formats as defined in 42 CFR 438.10(d)(6)(iv). In mental health settings, Video Remote Interpreting (VRI) is to be used only in emergency situations, extenuating circumstances, or during a state or national emergency as a temporary solution until they can secure a qualified interpreter and in accordance with R 393.5055 VRI standards, usage, limitations, educational, legal, medical, mental health standards
   2. All written materials for potential beneficiaries must include taglines in the prevalent non-English languages in LRE's region, in a conspicuously visible font explaining the availability of written translations or oral interpretation to understand the information provided and the toll-free telephone number of the entity providing choice counseling services as required by 42 CFR 438.71(a) and as defined in 42 CFR Parts 438.10 (d)(3) and 431.10(d)(4). Conspicuously visible is defined as a font greater than the minimum font size of 12 pt (when not in large print), and is more pronounced than the adjacent font. In accordance with 42 CFR Parts 438.10(d)(3) 438.10(d)(6) and 438.10(d)(6)(iv), Large print means printed in a font size no smaller than 18 point.
   3. Member must provide the following information to all beneficiaries who receive specialty supports and service
      a. A listing of contracted providers that identifies provider name as well as any group affiliation, locations including street address, telephone numbers, web site URL (as appropriate), specialty (as appropriate), the provider's cultural capability, any non-English languages spoken, if the provider's office/facility has accommodations for people with physical disabilities, and whether they are accepting new beneficiaries. This includes any restrictions on the beneficiary's freedom of choice among network providers. The listing would be available in the format that is preferable to the beneficiary: written paper copy or on-line. The listing must be kept current and offered to each beneficiary annually
      b. Their rights and protections, as specified in Section L. Grievance and Appeals Process for Beneficiaries
      c. The amount, duration, and scope of benefits available under the Contract in sufficient detail to ensure that beneficiaries understand the benefits to which they are entitled

   d. Procedures for obtaining benefits, including authorization requirements
   e. The extent to which, and how, beneficiaries may obtain benefits and the extent to which, and how, after-hours crisis services are provided
   f. Annually, (e.g., at the time of person-centered planning) provide to the beneficiary the estimated annual cost to Member of each covered support and service he/she is receiving. Cost of Services provides principles and guidance for transmission of this information.
4. Member is required to provide Explanation of Benefits (EOBs) to 5% of the consumers receiving services. The EOB distribution must comply with all State and Federal regulations regarding release of information as directed by MDHHS. MDHHS will monitor EOB distribution annually. A model Explanation of Benefits.
5. Member must give each beneficiary written notice of a significant change in its applicable provider network including the addition of new providers and planned termination of existing providers.
6. Member must make a good faith effort to give written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from or was seen on a regular basis by the terminated provider as defined in 42 CFR 438.10(f)(1).
7. Member must provide information to beneficiaries about managed care and care coordination responsibilities of Member, including:
   a. Information on the structure and operation of the Prepaid Inpatient Health Plan (PIHP) or Contractor.
   b. Upon request, physician incentive plans in use by Member or network providers as set forth in 42 CFR 438.3(i).
   c. Member must provide information on how to contact their designated person or entity for coordination of services as referenced in 42 CFR 438.208(b)(1).

E. Member shall ensure that beneficiaries are notified that oral interpretation is available for any language and written information is available in prevalent languages and how to access those services.

F. Member shall ensure beneficiaries are notified how to access alternative formats.

G. Member shall assure that designated employees and members of its provider network are able to obtain appropriate interpretation, translation, and/or communication services or technical equipment to meet the needs of beneficiaries in their service areas. This includes written materials and face-to-face or phone communications.

H. All interpreters, translators, and other aids needed to comply with this policy shall be provided without cost to the person being served, and consumers/customers and their families will be informed of the availability of such assistance.

I. Member shall have a local procedure in place which is in compliance with Michigan Department of Health and Human Services (MDHHS) Information Accessibility for Beneficiaries with LEP requirements, as well as ADA.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE, Member CMHSPs, and their contracted providers.

IV. MONITORING AND REVIEW

The Chief Executive Officer and designee will review this policy on an annual basis.

V. DEFINITIONS

ADA: Americans with Disabilities Act

Communication: The effective transmission of messages using spoken language, Braille, American Sign Language, or available technology as necessary.

Consumer/Customer: refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of LRE policy, these terms are used interchangeably.

Persons with Limited English Proficiency (LEP): A person who is unable to speak, read, write, or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies. For the purposes of this policy, LEP will also apply to individuals whose primary form of communication is something other than the oral English language.

Population/Service Area: Includes any Medicaid beneficiary who may potentially receive services from LRE and its provider network.

Translation: The written interpretation of a message from one language to another, conveying the original meaning of the text with linguistic precision.

VI. RELATED POLICIES AND PROCEDURES

- LRE Customer Service Policies and Procedures

VII. REFERENCES/LEGAL AUTHORITY

- MDHHS Medicaid Specialty Supports and Services Contract
- 42 CFR 438.10
- 42 CFR 438.400

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
5/19/22	New	CEO and Designee
2/8/2023	Minor grammar corrections	CEO and Designee
12/11/2024	Language updated	CEO and Designee
2/2/2026	Language updated	CEO and Designee