



Limited English Proficiency (LEP) Plan

UCare

1. Purpose

The purpose of this plan is to document the policies and procedures as it applies to providing meaningful access (language access) to individuals with Limited English Proficiency (LEP) while accessing services and information from UCare, a Managed Care Organization (MCO), contracted with the Minnesota Department of Human Services.

2. Authorities

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000 et seq.; 45 CFR § 80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 1557 of the Affordable Care Act (ACA) (Section 1557).
<https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf>
- Office for Civil Rights Policy Guidance, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 FR 47311 (2003).
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>
- Department of Justice regulation, 28 CFR § 42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation. http://www.justice.gov/crt/grants_statutes/corregt6.txt
- Communications Services, Minnesota Statutes §15.441.
<https://www.revisor.leg.state.mn.us/statutes/?id=15.441&format=pdf>
- Information for persons with limited English language proficiency, Minnesota Statutes §256.01 subd 16. <https://www.revisor.mn.gov/statutes/?id=256.01>
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>
- 2024 Medicare Advantage and Part D Star Ratings,
<http://go.cms.gov/partcanddstarratings>

3. Definitions

- **Culturally appropriate services** – Is the utilization or application of services, testing, and any other methodology that does not have the effect of subjecting individuals with LEP, and/or their families to discrimination because of their race, color, or national origin, or do not have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color, or national origin - 45 CFR § 80.3(b)(2).
- **Effective communication** - In a healthcare and social services delivery settings such as a managed care organization, effective communication occurs when MCO and its staff



have taken the necessary steps to make sure that a person with Limited English Proficiency is given adequate information to understand the services and benefits available and receives the information and services for which they are eligible. Effective communication also means that a person with Limited English Proficiency (LEP) can communicate the relevant circumstances of their situation to the MCO, and the MCO staff have access to the adequate information to do their job.

- **Language Cubes** – Language Cubes say both in English and target language “I need a (target language) interpreter.”
- **Individual with Limited English Proficiency (LEP)** – A person with Limited English Proficiency or “LEP” is not able to speak, read, write, or understand the English language well enough to allow them to interact effectively with healthcare, social services agencies, and other providers.
- **Interpreting** - Interpreting means the oral, verbal, or spoken transfer of a message from the source language into the target language. There are different modes of interpreting such as consecutive, simultaneous, sight-translation, and summarization.
- **Language Block** – Is a block of text that informs readers, in 15 different languages, how they can get free help interpreting the information on a document or included as an insert (stuffer) in appropriate documents.
- **LEP Implementation Team** (*or responsible individuals for compliance*) - Individuals appointed by UCare in coordination with UCare’s Health Equity Committee to review LEP Implementation activities within UCare.
- **Meaningful access** - Meaningful access to programs, information, and services is the standard of access required of federally funded entities to comply with language access requirements of Title VI of the Civil Rights Act of 1964. To ensure meaningful access for individuals with Limited English Proficiency, MCOs must make available to clients, patients, and their families language assistance that is free of charge and without undue delay resulting in accurate and effective communication.
- **Office for Civil Rights (OCR)** - The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Minnesota for health and human services agencies and providers.
- **Primary languages** - Primary languages are the languages other than English that are most spoken by clientele as identified by UCare collection of demographic data. Currently there are four primary languages spoken by UCare members: Somali, Spanish, Hmong, and Russian. In addition, “Unknown” is in the top five responses received from DHS.
- **Qualified Bilingual staff** - Is the person who has met and demonstrated the minimum linguistic proficiency and fluency requirements in both languages (target and source



languages), AND has demonstrated cultural responsiveness, AND received successful completion of assessment in preferred language and source language.

If the bilingual staff is going to act as interpreter for others, the above criteria are required, AND at least 8 hours annually of interpreting Continuing Education (CE), AND at least one of the following documented by UCare:

The bilingual staff:

- i. Is a Healthcare Certified Interpreter (CHI, or CoreCHI), Certified Medical Interpreter (CMI), Federal or State Court certified interpreter
 - ii. has received healthcare interpreting training (minimum of 40 hours)
 - iii. has received community interpreting training (minimum of 40 hours)
 - iv. has developed skills and abilities as an interpreter
 - v. understands boundaries and roles as an interpreter
 - vi. abides by the National Code of Ethics and Standards of Practice for Healthcare Interpreters by NCIHC, or Canons and professional code of ethics
 - vii. UCare keeps documentation of the above readily available upon request, audits, or in the process of investigations
- **Qualified Interpreter** - A person who either has met training and competency requirements, or who is a certified healthcare, certified federal or state court interpreter and in good standing before their certifying body, AND adheres to the interpreter National Code of Ethics and Standards of Practice for Interpreters in Health Care (National Council on Interpreting in Health Care –NCIHC), the canons of ethics and conduct for court interpreters, etc.
 - **Sight translation** - The verbal translation (transfer) of a written document from the source language into the target language.
 - **Translation** - Translation means the written transfer of a message from the source language into the target language.

4. **Methods of Providing Services to individuals with LEP**

The primary methods used by UCare are:

- UCare staff educates LEP enrollees about access and arrangements for interpreters (through community education efforts, helping LEP enrollees through Customer Services, etc.). The information is also included in the Member Handbook.
- Maintain translated pages on www.ucare.org, including links to translated materials, a video featuring native language speakers from UCare and welcoming messages for LEP speakers.
- UCare information phone numbers and messages are available in Hmong, Spanish, and Somali.
- Distribute member support brochure in four languages with customer service magnet to counties and in the community.



- List languages available on-site by primary care clinic in provider directories and online Find-a-Doctor list.
- Make health education materials available in other languages.
- Translate UCare ads for placement in multilingual publications, and radio and TV programs.
- Maintain access to bilingual Customer Services staff and Clinical Services staff.
- Maintain access to bilingual complaints, appeals, and grievances process.
- Ensure 24-hour access to interpreter services through [Nurse Line](#).
- Work with clinics to arrange interpreters for LEP enrollees or ask LEP enrollees to arrange interpreters for themselves.
- Interpreter services (via vendor) available to UCare staff and providers when in-person interpreters are not available.
- Establish and monitor contracts with qualified, trained interpreter services (In-person, over the phone and video remote).
- Verify delegated entities have established a baseline of activities to support LEP.
- Follow DHS Complaint and Language Block Guidance on the use of Complaint Block and Taglines, Nondiscrimination Statement, No English and ADA icons -- all informing enrollees of the availability of language assistance services.
- Fully train staff in the use of language services.
- Collect and enter languages available on-site within clinic network through UCare's provider network database.
- Collect and document language skills of individual practitioners through UCare's credentialing application.
- Use cultural brokers when an enrollee's cultural beliefs impact care communication.
- Provide resources at UCare to facilitate communication for individuals who experience impairment due to challenging medical condition or status (e.g., ASL interpreting for deaf/hard of hearing enrollee when checking in at reception desk).
- Provide video remote interpreting in multiple languages in response to COVID-19.
- Consult with owners of enrollee materials to provide plain language guidance that demonstrates best practices, in clear communication and design, as identified by the Minnesota Health Literacy Partnership.
- Apply health literacy principles in writing and design of enrollee and marketing materials, including the UCare website, for example using a seventh-grade reading level or lower, more graphics and visuals, active sentences, and definitions of complex concepts.
- Participate and financially support the [Multilingual Health Resource Exchange](#) to improve access to translated materials (web-based clearinghouse). Maintain a link to the Exchange on the UCare provider website.
- Sponsor the [Culture Care Connection](#), an online learning and resource center for health care professionals.
- Maintain processes for identifying language of LEP enrollees and including that information in enrollee's record (utilizing DHS enrollment data).

A list of UCare's contracted Interpreter Service Agencies is found in Chapter 28 of [UCare's Provider Manual](#). This chapter of the manual also explains:

- how providers can access interpreter services



- professional standards for interpreters
- how to work with interpreters
- Interpreter service requirements
- Performance expectations

UCare actively recruits, promotes, and supports a culturally and linguistically diverse workforce that is responsive to the population in UCare's service area. To ensure the competence of individuals providing language assistance, UCare:

- works with Certified Language International (CLI) annually to review performance expectations and addresses any concerns or issues as necessary, e.g., policies and procedures in place that assess interpreters' language ability (language proficiency test), professional interpreter training, registered on MDH interpreter roster, etc.
- if they employ spoken language interpreters, works with primary care clinics, hospitals, care systems, counties, and other provider types to contract for interpreter services.
- actively participates in the [MN Interpreting Stakeholder Group](#) (ISG) that addresses interpreter training needs and service delivery concerns (UCare serves on ISG Board).
- actively evaluates current network of primary and specialty providers with established history of culturally competent care and strong community presence to ensure enrollees' cultural preferences are met.
- recruits primary and specialty providers with established history of culturally competent care and strong community presence.

Telephonic Interpretive Services:

Telephonic interpreter services are a requirement in all our spoken language interpreter services contracts. In addition, we also use a vendor specifically for telephonic interpreter services, and we provide this vendor service for several of our delegated entities.

Video Remote Interpreting (VRI) Services:

UCare contracts with ASL Interpreting Services, which has the capability of providing VRI services to enrollees requiring access to American Sign Language.

UCare's LEP Liaison & Coordinator:

UCare's Health Equity Committee
Attn: Pleasant Radford, Jr.
UCare
500 Stinson Boulevard NE
Minneapolis, MN 55413
612-676-6500 or 866-457-7144 (toll-free) or
TTY: 612-676-6810 or 800-688-2534 TTY (toll-free)



LEP Liaison Back-up:

UCare’s Health Equity Committee
Attn: Monica Gossett
UCare
500 Stinson Boulevard NE
Minneapolis, MN 55413
612-676-6500 or 866-457-7144 (toll-free) or
TTY: 612-676-6810 or 800-688-2534 TTY (toll-free)

UCare’s Health Equity Committee ensures that UCare’s organizational initiatives work to eliminate health disparities and reach health equity for all. This will help to advance the health of all UCare membership and help reach UCare's quality goals. The Committee will initiate and support internal diversity training activities as appropriate. The Committee will develop, implement, and evaluate health care initiatives and unique partnerships aimed at reducing the disparities in health status among targeted UCare populations with the aim of culturally and linguistically appropriate care:

- Effective care
- Equitable care and services
- Understandable care and services
- Respectful care and services
- Cultural beliefs and practices
- Preferred languages
- Health literacy
- Communication needs

5. Interpreter Services

UCare, without undue delay and at no cost to individuals with LEP and/or their families, provides meaningful access to information and services to all individuals with LEP and/or their families with whom UCare comes in contact.

Interpreter Services guidelines are reviewed and updated annually in [UCare’s Provider Manual](#). Guidelines include:

- Access to interpreter services
- Arranging for interpreter services
- Interpreter requirements
- Service reimbursement and claims processing
- Professional standards for interpreters
- Guidelines for working with interpreters
- Interpreter services requirements and performance expectations

A comprehensive list of UCare’s contract interpreter service agencies is included in the Provider Manual.



6. Translation of Documents

UCare contracts with qualified translators or translating agencies to assist UCare in translating all vital documents, or documents needed to administer services, upon request from LEP enrollees.

7. Dissemination and Mandatory Training to Agency Staff, Volunteers, and Others

UCare is committed to providing LEP/interpreter training to:

- All customer service staff at new employee orientation, AND
- All current customer service staff through incorporation of LEP material into UCare's Code of Conduct, AND
- At least once a year to all customer service staff, volunteers, and contractors, and others as part of UCare's required annual compliance training.

UCare keeps record of those training sessions and individual record of attendance to other diversity trainings offered by UCare, is maintained in personnel files. Record of this training will be kept for a minimum of five years and readily available during DHS audits, investigations, or any proceeding and as required by law.

This training includes at least the following:

- Title VI of the Civil Rights Act of 1964
- How to work effectively with interpreters, and
- Any other cultural issues related to delivery of information and services to individuals with LEP served by UCare.

Dissemination of Language Access Information in Public Areas

UCare makes available to individuals with LEP:

- Notice of language access services by posting in public areas the "[Language Poster](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4739-ENG)," available through DHS public website (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4739-ENG>)
- "[I need an interpreter](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4374-ENG)" card available in 15 languages and from DHS public website (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4374-ENG>)
- Catalogue of Languages (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4059-ENG>)

8. Annual Review of LEP Plan

UCare's Health Equity Committee annually reviews its LEP plan to adjust or modify its contingencies based on demographic data collected by UCare during its delivery of information and services to individuals with LEP throughout a timeframe selected by UCare but not to exceed a year. This means, that the LEP Plan review must be done at least once a year.

UCare upon DHS request will complete and submit DHS LEP Plan review on an annual basis or as often as requested by DHS.

9. Collection of Data & Its Analysis



UCare is committed to monitoring and making reasonable adjustments to comply with Title VI requirements.

For PMAP, MinnesotaCare, MSC+, MSHO, SNBC and Medicare, UCare gathers data (i.e., race, ethnicity, language, age, gender, and geography) from DHS enrollment files, Health Risk Assessment (HRA) data, Minnesota Immunization Information Connection (MIIC), and Unite Us (consumer data source).

UCare collects and analyzes these data to determine appropriate types and levels of language support, as well as to ensure that provider networks are representative of the culture of our enrollees to the greatest degree possible.

Additionally, to ensure capacity is appropriate, UCare monitors the volume of non-English calls to the Language Line, as well as billed interpreter services.

Similarly, UCare monitors appeals and grievance trends for evidence of language-based access or service level issues.

UCare also captures and maintains provider language for publication in directories and online provider look-up.

At least every three years, UCare's Health Care Economics department will assess the population's language profile using state-level census or community-level data to determine the languages spoken in the service area to anticipate and plan for changes in the languages services provided. This assessment will be shared with UCare's provider network. Data will be used to determine:

- Threshold languages – all languages other than English spoken by 5 percent of the population or by 1,000 individuals (whichever is less)
- Languages spoken – languages spoken by 1 percent of the population or 200 individuals (whichever is less).

10. Complaint Process:

Individuals with LEP have the right to file a formal complaint with:

- UCare:
 - UCare Customer Services
612-676-3200 or 1-800-203-7225 (toll free)
TTY 612-656-6810 or 800-688-2534

For written complaints, contact:

UCare Member Complaints, Appeals and Grievances
P.O. Box 52, Minneapolis, MN 55440-0052
cag@ucare.org
612-676-6841 or 877-523-1517 (toll free)
TTY 612-656-6810 or 800-688-2534

- Minnesota Department of Human Services (DHS), Limited English Proficiency (LEP) Coordinator:



- Alejandro Maldonado
651-431-4018
P.O. Box 64997
Saint Paul, MN
55164-0997
alejandromaldonado@state.mn.us
Fax 651-431-7444
MN Relay 711 or 1-800-627-3529

- Office for Civil Rights (OCR), Region V – Chicago, IL
 - Celeste Davis, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (800) 368-1019
FAX 312-886-1807
TDD 800- 537-7697
 - <http://www.hhs.gov/ocr/civilrights/complaints/index.html>

This LEP Plan is available in public areas of UCare, to all staff, volunteers, contractors, and members of the community.

Revisions to this LEP Plan

<i>Creation</i>	October 2017	By	UCare Diversity and Cultural Competence Committee (HEALTH EQUITY COMMITTEE)
	No changes made at this time as this is the creation of the LEP plan.		
<i>First Revision</i>	October 2018	By	UCare Diversity and Cultural Competence Committee members (HEALTH EQUITY COMMITTEE)
	No changes made at this time.		
<i>Second Revision</i>	October 2019	By	UCare Health Equity Committee
<i>Third Revision</i>	October 2020	By	UCare Health Equity Committee
<i>Fourth Revision</i>	October 2021	By	UCare Health Equity Committee
<i>Fifth Revision</i>	November 2022	By	UCare Health Equity Committee
<i>Sixth Revision</i>	November 2023	By	UCare Health Equity Committee