

APPENDIX H
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The Independent Care Health Plan (iCare) is committed to provide equal opportunity in all programs, services and activities to persons with limited English proficiency (LEP). Program access for LEP persons is covered in Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of national origin; these protections are further affirmed in Executive Order 13166. Services include providing written translation and oral interpretation, free of cost, to LEP persons to ensure meaningful, accurate, and equal access to programs, benefits, and activities.


It is the policy of Independent Care Health Plan (iCare) to discourage the use of family members or friends as interpreters because this may violate the person's privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter services at no cost to the LEP customer. LEP customers who decline such services and request the use of a family member or friend will be ask to sign a Release acknowledging that this practice could result in a breach of confidentiality and he/she will not hold the agency responsible for any inaccurate translation or miscommunication.

This organization prohibits the use of minor children (18 years of age or younger) as an interpreter and will not allow minor children to interpret under any circumstances.

This agency monitors its changing demographics and population trends on an annual basis, to ensure awareness of the changing demographics and, language needs in our service area.

All sub-recipients contracting with this agency are required to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, I have appointed (Mr./Ms.) Erika Kiley Phone (414)231-1076 as Limited English Proficiency Coordinator. LEP customers are encouraged to ask for language assistance or discuss any perceived discrimination problems with him/her. Information about discrimination complaint resolution process is available to you upon request.



SIGNATURE - Executive Director or Chief Executive Officer

3-7-16

Date Signed