HIV Health Services Planning Council
Sacramento TGA
Part A and B
Policy and Procedure Manual

Subject: Linguistic Services

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Policy: Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Planning Council (herein after referred to as the Council), the following Linguistic Services Standard will apply to all HIV Care Services (HCS) Program contracted subrecipients that provide linguistic services.

Descriptions:
This document describes the "Linguistic Services" service category of the Sacramento County's HCS Program, funded through the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A and/or B. It serves as a supplement to the Universal Standards document.

This document highlights each of the requirements and standards that apply to Linguistic Services and must be followed by any subrecipient receiving HIV Care Services funding for this service category.

Service Definition
HRSA Definition
Linguistic Services include interpretation and translation activities, both oral and written to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the subrecipient and client and/or support delivery of HRSA RWHAP-eligible services.

As directed by the Council priorities, when funded, the following service standards will apply to HCS Program subrecipients.

1. Ryan White funding is to be used for HIV/AIDS medical services and for psychosocial and support services, which significantly improve access and adherence to such medical services. As such, any Linguistic services, which are paid for through Ryan White (RW) funding shall be related to HIV healthcare or other social support service appointments related to maintaining healthcare.

2. Ryan White funding is to be expended in a cost effective, equitable manner, which is based upon verified client need and encourages self-empowerment of clients. Linguistic services paid for with Ryan White funds shall be provided in accordance with the allocation priorities and directives adopted by the Council, or through an alternative assessment process administered by a HCS Program subrecipient.

Program Guidance:
These standards for Linguistic Services are designed to 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.

Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) and, if applicable, hold relevant State or Local certifications.

Agencies provide linguistic services, including American Sign Language (ASL), as a component of HIV service delivery to facilitate communication between the client and provider, as well as support service delivery in both group and individual settings. These standards ensure that language is not a barrier to any client seeking HIV-related medical care and support, and that agencies provide linguistic services in a culturally appropriate manner. Services are intended to be inclusive of all individuals and not limited to any population group or set of groups. They are especially designed to ensure that all racial, ethnic, and linguistic populations living with HIV receive quality, unbiased services

Family and friends are not considered adequate substitutes for interpreters because of privacy, confidentiality, and medical terminology issues. If a client chooses to have a family member or friend as their interpreter, the provider must obtain written and signed consent form in the client's language. Family members or friends must be over the age of 18.

Objective

- The goal of Linguistic Services is to ensure that clients with a preferred language other than English are able to effectively communicate with providers.

Key Activities

Key activities of Linguistic Services include:

- Oral interpretation of conversations between clients and providers in the client's preferred language, and
- Written translation of documents to the client's preferred language whenever possible, including posted materials relevant to HIV services. When an agency does not have capacity to translate written materials to a language not typically spoken in their jurisdiction, oral translation of these documents may be provided instead.
- Linguistic services may be provided in group or individual settings; funds may also be used to pay for translating printed materials.
- Interpretation services may be provided by language lines.

Assessment

- Clients will be assessed for Linguistic Services within three (3) business days of intake.
- Provider will assess clients for interpretation, and/or other translation needs, as evidenced by limited English proficiency, impairment and/or other communication needs.

Service Provision

- Agency staff provides or coordinates the provision of linguistic services that addresses the client's identified needs within three (3) business days of intake.
- Agency staff will reassess clients' need for Linguistic Services on an annual basis.
- Subrecipients respond to requests for services in a timely manner and work with other providers to arrange appointments in a manner that minimizes the scheduling burden for the client.
- To minimize losses due to clients who do not appear for scheduled appointments, subrecipients contact the client directly at least once following the scheduling of the service but prior to the service date to confirm the appointment.
- Subrecipients deliver linguistic services in a manner that is sensitive to the culture of the client.
- Subrecipients have the ability to provide (or make arrangements for the provision of) translation services regardless of the language of the client seeking assistance
- Agencies shall provide Linguistic services for the date of scheduled appointment per request submitted and will document the type of linguistic service provided in the client's record.
    a. Linguistic services may be provided in person or via telephonic or other electronic means.
- Maintain progress notes of all communication between provider and client (or on behalf of client), including messages left for the provider.

Progress notes must indicate the service provided and referrals that link clients to needed services. Documentation should be noted in the client's record within three (3) business days of occurrence.

- Subrecipients track all services delivered to ensure quality and appropriateness.

3. HCS Program subrecipients may at any time submit to the HCS Program Recipient requests for interpretation of these or any other Services Standards adopted by the Council, based on the unique healthcare needs of a client or on unique barriers to accessing healthcare services which may be experienced by a client.

4. Coordination with other components of the HCS Program system of care is critical and required.

5. All HCS Program subrecipient must have an internal grievance process in place. Each client must receive a copy of the agency's grievance policy, and a signed copy of the grievance policy must be maintained in the clients' file. Information about how to access this process must be posted conspicuously in public areas of the agency. It must include provisions for informing clients of its existence, and how to begin the process. Clients also have the right to file a grievance with appropriate state licensing agencies (i.e. U.S. Department of Health and Human Services through the Office for Civil Rights https://www.hhs.gov/civil-rights/filing-a-complaint/index.html#:~:text=social%20service%20provider.-,File%20a%20Complaint%20Online,via%20the%20OCR%20Complaint%20Portal).

6. All HCS Program subrecipients must have a quality assurance program and plan in place that is in compliance with the TGA's Quality Management / Continuous Quality Improvement Plan and requirements set forth by the Quality Management Manager of the Recipient.

Signed:  Date: 09/25/25

Richard Benavidez, Chair