

Title: Language Services in Behavioral Health		<b>Guideline</b>		
<b>Patient Age Group:</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric <input type="checkbox"/> Adult

## DESCRIPTION/OVERVIEW

*Behavioral Health* will provide, at all times, equitable, safe, high quality, and cost-effective care and services to all patients, their surrogate decision makers, and relatives whose Preferred Language is Other than English (PLOE) which includes signed language (e.g. American Sign Language (ASL) and foreign sign languages). We will conduct assessments to determine if services will be better provided in a PLOE.

## REFERENCES

[Patient Rights and Responsibilities](#) (2022)

Patient Protection and Affordable Care Act of 2010, Section 1557, 45 CFR 92 eff July 18, 2016  
 Institute of Medicine (U.S.). 2001. Crossing the quality chasm: a new health system for the 21st century.

## AREAS OF RESPONSIBILITY

All staff, providers, and contractors at UNMH inpatient and ambulatory locations are responsible for adherence to this policy. UNM Hospital through the Interpreter Language Services (ILS) Department is responsible for oversight of the program and for managing language access resources.

## GUIDELINE STEPS

1. Refer to Language Services Policy for general information related to language services offered at UNMH.
2. Should the individual not be able to communicate their language preference, the provider should check with guardian or care team to determine what language is used at home.
3. Language services are always offered per the individuals request and there is a low threshold for assessing language needs in the case that the individual is unable to communicate their language preferences.

## DEFINITIONS

**Preferred Language Other than English (PLOE):** Regardless of the individual's ability to speak in English, they prefer to discuss health care information in a language other than English.

## SUMMARY OF CHANGES

New Policy

## DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
<b>Owner</b>	[Title, Department/Area]		

Title:  
 Owner:  
 Effective Date:

<b>Consultant(s)</b>	Director, Interpreter Services	
<b>Committee(s)</b>		N/A
<b>Nursing Officer</b>	Chief Nursing Officer	Y
<b>Medical Director</b>	Chair, Behavioral Health	Y
<b>Human Resources</b>	HR Administrator	Y
<b>Finance</b>	[Name, Title], [UNMH or HSC]	N/A
<b>Official Approver</b>	Executive Director, Behavioral Health	Y
<b>Official Signature</b>		Date:
<b>Effective Date</b>		4/1/25

## ATTACHMENTS

None

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Title:  
Owner:  
Effective Date: