

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No: I.F.PR. 008
Subject: Interpreter/ Translation Services
Section: Human Rights and Legal Responsibilities

Issue Date: April 8, 2005
Effective Date: Upon release
Revised Date: August 14, 2009

A. Purpose

The Department of Developmental Services (DDS) is committed to providing effective services to all individuals and their families.

The purpose of this procedure is to ensure a consistent approach to interpreter and/or translation services for individuals and their families whose primary language is not English, those who do not speak English, have limited English proficiency, who are Deaf or Hard of Hearing, or who are blind or visually impaired and are determined eligible for DDS supports and services.

B. Applicability

This procedure shall apply to all individuals who are eligible for DDS supports and services.

This policy shall apply to case managers, support brokers, service coordinators, program supervisors, case management supervisors and all other staff responsible for ensuring communication with individuals and families served by DDS.

C. Definitions

None

D. Implementation

1. The DDS will include the language of the individual and his/her family members and their self-defined race/ethnicity in our automated information management system.
2. When possible, a case manager who can communicate in the same language as the individual/family should be assigned to work with the individual/family.
3. When it is not possible to assign a case manager who can communicate in the same language as the individual/family, efforts to obtain a competent, authorized interpreter for oral languages or a certified sign-language interpreter shall be initiated.

If the case manager and supervisor are unable to obtain a competent, authorized interpreter for oral languages, or a certified sign-language interpreter, all such attempts shall be documented.

4. In the hiring of bilingual staff, the DDS will ensure that persons hired demonstrate bilingual proficiency and will periodically provide training on the skills and ethics of interpreting
5. Whenever an individual refuses the offer for an interpreter supplied by the department, and prefers to use a family member or friend, the documentation must include the name and relationship. It is recommended that children not be used as interpreters. Documentation must include a brief statement of what the interpreter helped to communicate. This documentation must be completed in the individual record for each specific offer.
6. If the individual elects to use a family member or friend, but the case manager, in consultation with a supervisor, suspects that the use of a family member or friend could compromise the effectiveness of services or violate the individual's confidentiality, the case manager may still suggest that a competent and/or certified interpreter sit in on the encounter to ensure accurate interpretation. *Note: The confidentiality of the information must be stressed at all times.* All such efforts should be documented.
7. The DDS will share a list of competent, authorized interpreters for Limited English Proficiency persons, as well as certified sign-language interpreters with all case managers. Case managers shall submit requests for interpreter services to their case management supervisors for approval.
8. The DDS will translate and make available commonly-used written outreach material and other materials that may include Braille for members of predominant language groups.
9. Every effort shall be made to acquire the services of an interpreter through resources identified by the DDS in key interactions with the non-English speaking individual/family. This includes but is not limited to interactions with staff during planning meetings, at all administrative hearings, or during investigations.

If the case manager and supervisor are unable to obtain a competent, authorized interpreter for oral languages, or a certified sign-language interpreter, all such attempts shall be documented in the individual's record and be reported to the Office of Affirmative Action.

E. References

1. 30-8, "Cultural Considerations." Title II of the Americans With Disabilities Act.
2. Assuring Cultural Competence in Health Care, The Office of Minority Health, Public Health Service, U.S. Department of Health and Human Services

F. Attachments

None