Limited English Proficiency Procedure (LEP)

PROCEDURE PURPOSE

To provide guidelines for handling Detroit Wayne Mental Health Authority (DWMHA) member language and accommodation services.

EXPECTED OUTCOME

To ensure that all staff are equipped to handle situations that require language and or accommodation service requests so that DWMHA may provide access and services to all DWMHA members. Examples of these services include, but are not limited to the following:

1. Materials in alternate formats to meet the needs of vision and/or hearing impaired enrollee/members, including large font (at least 18 point font), and Braille.

2. Oral interpretation and/or translation service, American Sign Language (ASL), audio and visual formats.

PROCEDURE

This procedure will encompass a separate section that will identify the specific member’s need if the process is different. Upon request, DWMHA will provide the following services:

1. **Sign Language Interpreter.** This function is assigned to a Customer Service Staff person to set up an appointment. The following steps are to be taken:
   A. Staff will take the phone request for interpretive services. Information will be placed into the Bromberg & Associates Translation Scheduling system on their website:
      a. Staff will log into the translation scheduler by clicking on Client Log-in:
         i. Username: DWMHA's email address
         ii. Password (assigned by Bromberg & Associates)
Once you are logged in go to the section- "Client Login"

c. Click- Client Login to log into the Translation Scheduler
   i. Username: DWMHA email address
   ii. Password

d. Click- "Create New Booking"
   - This section will take you to the section where you begin to type in the necessary member demographics for scheduling.

e. The following should be completed as needed:
   - Requester Information
     a. Client
     b. Requested By
c. Notification Email

d. Customer (will always be DWMHA)

f. Service Location
   - Location
   - Site Contact Venue Information

g. Appointment Details- complete where applicable
   - Language
   - Interpretation Type
   - Interpreters Requested
   - Preferred Interpreter
   - Interpreter Gender (required)
   - Additional References
   - Consumer Name/Number
   - Type of Appointment
   - Additional Requirements
   - Appointment Details- notes describing this appointment
h. Calendar
   - Expected Start Date
   - Expected Start Time
   - Duration- Hours/Minutes
   - Time Zone
   - Notes

   a. Job Detail- Pertinent information of a specific job that might be helpful to the interpreter. This information that is logged into the scheduler can be used for verification at any time.

   i. On the day of the requested service, verify by phone or in person that the service request has been met. Provide a Customer Satisfaction Survey (see attachment) to the service recipient so the form can be filled out and returned for archiving.

   j. When archiving, the following documents must be retrieved:
      i. The original request for services is maintained in the scheduler
      ii. The confirmation of services from the providers is emailed to the requester
      iii. Satisfaction Survey (filled out by the person receiving services)
      iv. Invoice from the provider (which arrives 2-3 weeks after service is completed)

   k. Upon receipt of the invoice, information is verified for accuracy and forwarded to the Finance Department for payment.
Video Remote Interpreting Services (VRI) Instructions

Video Remote Interpreting (VRI) is an interpreting modality that provides language access to people who are Deaf and/or of Limited Proficiency (LEP).

VRI Gateway allows users to connect with an interpreter located at a remote location via a dedicated VRI call Center or HIPAA-compliant home office.

1. Setting up your Space
   A. Lighting- Overhead lights give better definition of the Deaf or LEP person
      a. Avoid positioning the Deaf or LEP person in front of the bright light.
         i. Please Note: Be mindful of glare. A glare from windows makes it hard to see for the interpreters and makes it difficult for the camera to focus.
   B. Camera- Position the camera to show all person involved.
      a. Make sure the camera’s view is not obstructed. Modifying the angle of the device solves some visual problems.
   C. Audio- For the best sound, avoid standing behind the device or far away from the microphone as that will make it difficult to pick up your voice.

2. Starting your Session
   A. Open the VRI Gateway App;
   B. Login using the credentials provided;
   C. Choose Language;
      a. Choose from any of the available languages listed from the scroll list.
   D. You will then see a screen which shows the interpreter you are being connected to. Once connected you will see and hear the interpreter. A chat option will be shown on the right side of the screen.

Please Note: Differences between Interpreters and Translators

- An Interpreter works with the spoken words, whereas a translator works with written word
- Interpreters have a fundamental proficiency in spoken communication, translators are excellent in written communication

1. Non-English Speaking Calls/Interpreter Request
   A. If a DWMHA Customer Service Representative receives a call from a non-English speaking member who would like DWMHA to communicate and receive translation through their family member or another person selected by the member, the member must authorize DWMHA to speak with their chosen translator. If the member provides verbal authorization, the call will proceed so that DWMHA may provide the requested services through the member's the chosen translator.
      a. In MH-WIN, the DWMHA Customer Service Representative will document the name of the chosen translator and their relationship to the member.
   B. If a DWMHA Customer Service Representative receives a call from a non-English speaking member and needs translation services, the caller is soft transferred to DWMHA’s Access Center where the caller may speak with a Customer Service Representative who speaks their language or utilize the Tele-language interpreter service to communicate and assist the caller.
a. In MH-WIN, the DWMHA Customer Service Representative will document that the call was transferred to the Access Center for translation services.

2. **Over-the-Phone Interpreting:**
   
   A. Dial 855.481.4866
   
   B. Select an Interpreter
      
      a. For Spanish press 1
      
      b. For all other languages press 2 and enter the two digit language code (listed below)
      
      c. Enter the 4 digit Account # 4980 (Detroit Wayne Mental Health Authority)
   
   C. The live agent will ask for:
      
      a. Caller's First and Last Name and Department
      
      b. Limited English Speaker's First Initial and Last Name
   
   D. For 3-way call:
      
      a. Ask the first person who answers (interpreter or call coordinator) to place the call. Back-Up Interpreter Number 1-866-386-1284 (only use if interpreter is unavailable at primary number above)

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Procedure for Setting up An Interpreter for a Scheduled Call:

1. Dial the toll-free number to reach our system. The auto attendant will greet you and ask if you wish to press "1" for Spanish, or "2" for other languages, or "4" for scheduled calls PRESS 4

2. A little music will follow, and then a language coordinator will come onto the line and ask how they can assist.

3. Tell them, "I wish to set up a scheduled call."

4. They will arrange to take the necessary information:
   A. Language needed
   B. Your account number,
   C. Date of the scheduled call
   D. Time and what time zone, etc

1. Note: All other Accommodation Services are received and reviewed on a case by case basis by the Manager of Customer Service.

2. Braille, Large Font, Audio and or Visual Formats - Member's request are forwarded to the Manager of Customer Service.
   A. Member's request.
      a. Form is completed by Customer Service Staff
      b. Verified for approval i.e. eligibility,
      c. Request is forwarded to Manager of Customer Service
      d. Materials requested.
      e. Materials approved
   B. Submit Vendor a request
      a. Item format requested in
      b. Request a price quote
      c. Request turnaround time
      d. Approval Process
   C. Inform member of the process and status of request
   D. Determine the process in which member will receive and or return materials.

3. TTY Phone Instruction

4. Customer Service Phone Number 1-800-630-1044

5. TTY Line- Q90D Digital Combination TTY/VCO with Text Answering Machine The phone is accessible at Welcoming Center- Front Desk.

6. The Q90D is designed to let people who are Deaf, Hard-of-Hearing or Speech Impaired communicate via
cell phone or anywhere there is a land line.

A. By allowing two TTY users to type messages back and forth instead of talking and listening.
B. By allowing a TTY user to Communicate with a non-TTY user (using a Relay Service)
C. As a Voice Carry Over (VCO) phone for people who can speak, but cannot hear, and wish to use their voice to communicate. They can see the text of an incoming response displayed with the help of a Relay Service.
D. In Hearing Carry Over (HCO) mode which allows the user to hear the incoming conversation through an accessory speaker or headset and to type the outgoing conversation.

7. Placing TTY Calls (three ways to place a TTY call)

A. Dialing manually from the Q90D keyboard-
   a. To turn OFF the Q90D, hold down CTRL and Press Power. To hang up and make another call hold down CTRL and Press F1
   b. If you make a mistake while typing, press backspace one space at any time. To abort an entire sequence, press ESC.
   c. Press F1 and type the phone number.
   d. Press the Power key to turn ON the Q90D.

B. Dialing automatically from the Q90D phone directory
   a. Turn ON the Q90D
   b. Press F1 to enter Dial Mode.
   c. Type the name of the person you are calling or press on of the Arrow keys until the desired name appears.
   d. Press Return to Dial the Name that you have selected.
   e. After the call is answered, start typing.
   f. To Turn OFF the Q90D, hold down CTRL and press power. To hang up, hold down CTRL and press F1 instead.

C. Dialing from a Digital Cellular or Cordless Telephone
   a. Connect the cell or cordless phone to the Q90D using the phone cord.
   b. Turn ON the Q90D
   c. Dial the telephone number using the cellular or cordless telephone.
   d. When the call is answered, start typing.
   e. To turn OFF the Q90D, hold down CTRL and press power.

8. Receiving Calls (three ways to receive a TTY call)

A. Receiving calls using a standard Analog Telephone Line-
   a. When there is an incoming call, the built-in RING FLASHER flashes
   b. Press the spacebar to answer. Begin typing a greeting message or just hold down CTRL and press Q to send the present message, HELLO, GA (Go Ahead).
   c. After the conversation is finished, hold down CTRL and press F1 to hang up and make another
call. To turn the Q90D OFF, hold down CTRL and press power

B. Receiving Calls Using Digital Cellular or Cordless Telephone is Not Already connected to the Q90D
   a. When you know that a call is coming in, connect your cell phone or cordless phone to the Q90D with a connecting cord.
   b. Turn On your cell phone or cordless phone.
   c. Press Power to turn ON your Q90D.
   d. Type your response.
   e. When you are finished with the conversation, turn OFF the cellular or cordless telephone.
   f. To turn OFF the Q90D, hold down CTRL and press Power.

C. Receiving Calls in Cell Phone Standby Mode When Your Cell Phone or Cordless Phone is Already Connected to the Q90D
   a. Plug the cellular telephone or cordless phone into the Q90D.
   b. Turn ON the Q90D, hold down CTRL and press F3.
   c. When a call comes in and the CELL FLASHER lights flashes, turn ON your cellular or cordless telephone.
   d. Press the Space bar and start typing.
   e. When finished, turn OFF the cellular or cordless phone.
   f. Hold down CTRL and press F3 to return to the cell phone Standby mode or turn OFF the Q90D by holding CTRL and pressing Power.

D. Note: Accommodation and related services are documented in MH-WIN which are accounted for within the monthly Customer Service reporting.

E. Attachments:
   a. Interpreter Customer Satisfaction Survey
   b. Features, TTY User's Etiquette


PROCEDURE MONITORING & STEPS

<table>
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<tr>
<th>Who monitors this procedure:</th>
<th>Bonnie Herndon</th>
</tr>
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<td>Department:</td>
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Attachments:

Accommodation Service Request Form.pdf
Features, TTY User's Etiquette.pdf
image1.png
### Approval Signatures

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<tr>
<td>Michele Vasconcellos: Director, Customer Service</td>
<td>02/2018</td>
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<tr>
<td>bonnie Herndon</td>
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LIMITED ENGLISH PROFICIENCY (LEP)

POLICY

It is the policy of the Detroit Wayne Mental Health Authority (DWMHA) that no individual on the basis of Limited English Proficiency (LEP) will be denied benefits or subjected to discrimination by any program funded by DWMHA.

PURPOSE

To ensure that there shall be equal access for persons with LEP.

APPLICATION

1. The following groups are required to implement and adhere to this policy: All DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Mobile Crisis Stabilization Team, Crisis Call Center.

2. This policy serves the following populations: Adults, Children, I/DD, SMI, SEI/SED, SUD, Autism

3. This policy impacts the following contracts/service lines: Medicaid, MI-HEALTH LINK, SUD, Autism, Grants, and General Fund.

KEYWORDS

1. Affiliate
2. Direct Contractor
3. Interpretation
4. Managers of Comprehensive Provider Networks (MCPN)
5. Persons with Limited English Proficiency (LEP)
6. Persons Eligible to be Served or Likely to be Directly Affected
7. Safe Harbor
8. Service Area
9. Subcontractor
10. Translation
11. Vital Document

STANDARDS

DWMHA, MCPNs and affiliates, and Direct Contractors must take reasonable steps to provide persons with LEP with meaningful access and opportunities to participate in DWMHA funded programs in an accurate and timely fashion and must protect their privacy and independence by doing the following:

1. Develop policies and procedures that will ensure language assistance is available and accessible to persons with LEP.
   a. Members will not be charged for services related to LEP.

2. Ensure all services, programs and activities shall be available to persons with LEP.

3. Provide adequate information to enable persons with LEP to understand the types of services and benefits available.

4. Ensure meaningful access by persons with LEP to critical services while not imposing undue burdens on the entity. Conduct an individualized assessment that balances the following four factors:
   a. The number or proportion of LEP persons eligible to be served or likely to be encountered. This may be obtained through an examination of the latest census data for the area served.
   b. The greater number or proportion, the more likely additional language services will be required.
   c. The frequency with which LEP individuals come in contact with the program. The more frequent the contact with a particular language group, the more likely that enhanced language services are needed. (E.g., a program that encounters LEP persons on daily basis will have a greater obligation than a program that encounters LEP persons sporadically).
   d. The nature, importance, and urgency of the program. The more essential the activity, the more likely that language services are needed. (E.g., the communication of rights to a person whose benefits are being terminated).
   e. The resources available to provide effective language assistance. Reasonable steps may cease to be “reasonable” when imposed costs exceed the benefits. A range of language assistance which may include:
      1. Sign language interpreters for individuals with hearing impairments or limitations.
      2. Alternative formats such as large print or Braille for individuals with visual impairments or limitations.
      3. Interpretation of oral conversations or written materials for individuals that are non-English speaking.
      4. Contracting outside interpreter services for training and competent interpretation.
      5. Formally arranging for the services of trained and skilled voluntary community interpreters, which includes testing for a level of fluency.
      6. Arranging for the use of a telephone language interpreter service. This may be used as a supplemental system or when other resources cannot accommodate the requested language.
      7. Ensuring that interpreters are familiar with terminology used in the provision of mental health and substance abuse services.
      8. Ensuring that vital documents are available in languages other than English of each regularly
encountered LEP group eligible to be served or likely to be affected by the program.

9. Ensuring access by providing notices in writing, in the LEP individual’s primary language, of the right to receive free language assistance in a language other than English. That would include the right to a competent oral translation of written materials free of cost. Notices can be provided by, but not limited to:

   i. Use of language identification cards which allow LEP beneficiaries to identify their language needs. A message on the card must invite the LEP person to identify the language he or she speaks. Identification must be included in the individual records.

   ii. Posting signs in regularly encountered languages (in accordance with Federal Safe Harbor Guidelines) other than English in waiting rooms, reception areas and other initial points of entry. These signs must inform applicants and beneficiaries of their right to free language assistance services and invite them to identify themselves as persons needing services.

   iii. Uniform procedures for timely and effective communication between staff and LEP individuals. This includes instructions for English speaking employees to obtain assistance from interpreters or bilingual staff when receiving calls from, or initiating calls to LEP individuals.

   iv. Inclusion of statements about services available and the right to free language assistance services, in applicable non-English languages in brochures, booklets, outreach, and recruitment information and other materials routinely disseminated to the public.

   v. Disseminating Limited English Proficiency policy to staff, (i.e., through staff training, initial orientation, memorandum, etc.). Providing training to new employees and periodic training to other staff to ensure staff are:

      a. Knowledgeable and aware of LEP policies and procedures

      b. Respectful of persons who have limited ability to comprehend English

      c. Trained to work effectively with interpreters

   vi. Monitoring its language assistance program annually to assess:

      a. The current LEP makeup of its service area

      b. The current communication needs of LEP applicants and consumers

      c. Whether existing assistance is meeting the needs of such persons

      d. Whether staff is knowledgeable about policies and methods of implementation

      e. Whether sources for assistance are still current and viable

      f. If modifications are needed

10. Ensuring that DWMHA, MCPNs, and Providers may not:

    i. Require and individual with LEP to provide his or her own interpreter;

    ii. Rely on an adult accompanying an individual with LEP to interpret, except:

        a. In an emergency and there are no qualified interpreters for the individual with LEP immediately available.

        b. If the individual with LEP specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate.
iii. Rely on a minor child to interpret or facilitate communication, except
   a. In an emergency and there are no qualified interpreters for the individual with LEP immediately available.
   b. Rely on unqualified staff members to communicate with individuals with LEP.
   c. Rely on low-quality video remote interpreting services when providing language assistance services.

iv. DWMHA, MCPN, and Providers must also use a qualified translator. Someone who;
   a. Translates effectively, accurately, and impartially.
   b. Adheres to generally accepted translator ethics and principles including confidentiality and,
   c. Is proficient in both written English and at least one other written non-English language, including any necessary specialized vocabulary, terminology, and phraseology.

5. The Access Center, MCPNs, and Direct Contract Providers are expected to develop their policies in alignment with DWMHA directives.

QUALITY ASSURANCE/IMPROVEMENT

The DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors and subcontractors are bound by all applicable local, State and Federal laws, rules, regulations and policies, all Federal waiver requirements, State and County contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY


2. Michigan Department of Community Health/Community Mental Health Service Provider Managed Specialty Supports and Services Contract, section 3.12, Compliance with Civil Rights, 1998-2002


6. Michigan Department of Community Health, Application for Participation 2013

7. Section 1557 of the Affordable Care Act new requirements regarding non-discrimination.
RELATED POLICIES

- Communication using the Teletype Device, Michigan Relay Service, and/or other Communication Devices.

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Personnel
12. Purchasing
13. Quality Improvement
14. Utilization Management
15. Recipient Rights
16. Substance Use Disorders

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

Limited English Proficiency Procedure (LEP).pdf

Approval Signatures

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<tr>
<td>Dana Lasenby: Deputy Chief Operating Officer [AS]</td>
<td>05/2017</td>
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<tr>
<td>Allison Smith: Project Manager, PMP</td>
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<td>Darlene Owens: Director, Substance Use Disorders, Initiatives</td>
<td>05/2017</td>
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<td>Julia Kyle: Director of Integrated Care</td>
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<td>Maha Sulaiman</td>
<td>04/2017</td>
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<td>Lorraine Taylor-Muhammad: Director, Managed Care Operations</td>
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<td>Jody Connally: Director, Human Resources</td>
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<td>crystal Palmer: Director, Children's Initiatives</td>
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<td>Rolf Lowe: Assistant General Counsel/HIPAA Privacy Officer</td>
<td>04/2017</td>
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<tr>
<td>William Sabado: Chief of Staff</td>
<td>04/2017</td>
</tr>
<tr>
<td>Stacie Durant: CFO Management &amp; Budget</td>
<td>04/2017</td>
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<tr>
<td>Sarah Sharp: Consultant</td>
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</tr>
<tr>
<td>Diana Hallifield: Consultant</td>
<td>03/2017</td>
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<tr>
<td>Michele Vasconcellos: Director, Customer Service</td>
<td>03/2017</td>
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