



Limited English Proficiency Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Eight correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. CMHA-CEI must take reasonable steps to ensure meaningful access to rights, programs, services and information, free of charge.
 - a. True
 - b. False

2. CMHA-CEI is required to provide LEP services for those who have limited ability to speak, read, write and/or understand English (LEP) and ensure meaningful and equal access to programs, services, and benefits and are able to receive those services and benefits for which they are eligible.
 - a. True
 - b. False

3. There is valuable information about LEP services on the CMHA-CEI Intranet, under Reference Material and LEP-Limited English Proficiency, as well as on the Provider Tab of the CMHA-CEI's Public Internet Site.
 - a. True
 - b. False

4. Family members, minors, friends and other consumers would be a good choice to have act as interpreters.
 - a. True
 - b. False

5. A consumer can be asked to share in the cost of interpreters when appropriate.
 - a. True
 - b. False

6. Language limitations and the "understanding" of written information can be a barrier to receiving good health care.
 - a. True
 - b. False

7. CMHA-CEI staff do not have an obligation to reduce language barriers and ensure meaningful and equal access to services.
 - a. True
 - b. False



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8. English is the official language of the United States.
 - a. True
 - b. False

9. "I Speak" 8.5 x 11 laminated card and 12x17 poster are used to identify the language spoken by someone who cannot tell you in English which language they speak.
 - a. True
 - b. False

10. Language assistance standards include additional assistance required due to poor hearing or limited eyesight?
 - a. True
 - b. False



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1 | A | B | C | D | E | 14 | A | B | C | D | E |
| 2 | A | B | C | D | E | 15 | A | B | C | D | E |
| 3 | A | B | C | D | E | 16 | A | B | C | D | E |
| 4 | A | B | C | D | E | 17 | A | B | C | D | E |
| 5 | A | B | C | D | E | 18 | A | B | C | D | E |
| 6 | A | B | C | D | E | 19 | A | B | C | D | E |
| 7 | A | B | C | D | E | 20 | A | B | C | D | E |
| 8 | A | B | C | D | E | 21 | A | B | C | D | E |
| 9 | A | B | C | D | E | 22 | A | B | C | D | E |
| 10 | A | B | C | D | E | 23 | A | B | C | D | E |
| 11 | A | B | C | D | E | 24 | A | B | C | D | E |
| 12 | A | B | C | D | E | 25 | A | B | C | D | E |
| 13 | A | B | C | D | E | | | | | | |

Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____