First Biennial Report to the Legislature on Language Assistance

July 1, 2009

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EXECUTIVE SUMMARY

In 2003, the California legislature passed Senate Bill 853. Senate Bill 853, in part, required the DMHC to develop regulations that require health plans to provide Language Assistance services, including certain translation and interpretation services, to limited English proficient enrollees. Between 2004 and 2007, the Department of Managed Health Care ("DMHC") led efforts to develop regulations that ensure that limited English proficient health plan enrollees receive appropriate Language Assistance services. The result was the set of Language Assistance regulations contained in Section 1300.67.04 of Title 28 of the California Code of Regulations ("Language Assistance regulations").

The Language Assistance regulations require health plans to conduct periodic enrollee assessments to evaluate the linguistic needs of the enrollee population, maintain policies and procedures to ensure that limited English proficient enrollees are able to access Language Assistance services, instruct staff on the use of the Language Assistance services, and monitor the Plan's operations and services to ensure compliance with the Language Assistance regulations.

Under the Language Assistance regulations, 82 active health plans licensed by the DMHC were required to conduct an enrollee assessment of linguistic needs, submit Language Assistance policies and procedures that demonstrated that the plan would be compliant with the Language Assistance regulations by January 1, 2009, and fully implement those policies and procedures by January 1, 2009.

The DMHC reviewed all of the Language Assistance policies and procedures submitted by the 82 health plans to ensure that they met the guidelines specified in the Language Assistance regulations. In order to assess whether health plans have actually implemented those Language Assistance policies and procedures, the DMHC is undertaking surveys of each health plan to ensure compliance and is actively monitoring consumer concerns through the DMHC Help Center to identify issues with the implementation of the Language Assistance regulations.

Because the Language Assistance regulations have been in effect for seven months, the DMHC is still in the early phases of monitoring health plan compliance and has not had the opportunity to examine whether every health plan has fully implemented its program. However, the DMHC has already integrated the Language Assistance regulations into its routine survey methodology and will assess health plan compliance of every health plan on a rolling three year basis as required by law. In addition, the DMHC's Help Center, which receives information and complaints from health plan consumers and providers, is closely monitoring the types of incoming complaints involving Language Assistance issues.

Based on the information received by the DMHC through its Help Center and survey process, there has been no indication that problems or concerns exist regarding health plan implementation of the Language Assistance regulations at this time.

INTRODUCTION

The California Department of Managed Health Care ("DMHC") was established pursuant to the Knox-Keene Health Care Service Plan Act of 1975 ("Knox-Keene Act") to license and provide regulatory oversight over managed health care service plans. Health plans licensed by the DMHC issue approximately 70 million full service, dental, mental, chiropractic, vision, and pharmacy health care service policies to California's increasingly diverse population.

In 2003, the California Legislature passed Senate Bill 853[1] ("SB 853"), which sought to improve health care access provided to non-English and limited-English speaking individuals who are insured by health care service plans ("health plans" or "plans") regulated by the Department of Insurance and the DMHC. SB 853 modified the Health and Safety Code by changing Section 1367 and adding Sections 1367.04 and 1367.07. These provisions outline basic guarantees of language assistance services to be provided by health care service plans licensed by the DMHC. SB 853 also directed the DMHC to adopt appropriate regulations that would ensure that health plans provide language translation and interpretation services to enrollees at no charge.

In order to construct rules that would provide the greatest level of service to the public, the DMHC undertook a massive effort to collaborate with advocates for consumers, health plans, and health providers during the development of the regulations. After an extensive rulemaking process, the DMHC adopted Language Assistance regulations that obligated health plans to establish policies and procedures that accomplish the following:

- Meet regulatory deadlines for achieving certain Language Assistance implementation milestones;
- Assess the linguistic needs of enrollees;
- Provide translation and interpretation services to all enrollees;
- Train staff in effectively providing services to enrollees; and
- Provide oversight to ensure that enrollees receive the language assistance services they need in order to understand and communicate with health care providers.

These rules were adopted by the DMHC in 2007 and are chaptered in Title 28 of the California Code of Regulations as Section 1300.67.04 ("Rule 1300.67.04"). Health plans were required to implement all of these regulations by January 1, 2009.

SB 853 also required all DMHC licensed health care service plans to submit a one-time "Cultural Appropriateness Report" to the DMHC after the implementation of the Language Assistance regulations. The Cultural Appropriateness Report was required to contain general information regarding the experiences and effectiveness of the Language Assistance program.

This First Biennial Report to the Legislature on Language Assistance fulfills the DMHC's statutory requirement to provide reports to the Legislature on health plan compliance with the standards developed under Section 1367.04. Pursuant to Health and Safety Code Section 1367.04(g), Part I of this report describes the requirements of the Language Assistance Program. Part II provides information regarding the initial health plan compliance with the standards established in the Language Assistance Regulations. Part III of this report provides information regarding the results of compliance audits made in conjunction with other audits and reviews. Part IV of this report provides information about recommendations made by the DMHC for changes that further enhance standards pursuant to this section.

PART I: LANGUAGE ASSISTANCE REGULATION REQUIREMENTS

Throughout the development of the Language Assistance regulations, the Department of Managed Health Care ("DMHC") collaborated with a number of stakeholder groups to ensure that the requirements placed on health care service plans are reasonable, workable, and effective in providing language services to limited-English proficient enrollees.

The resulting Language Assistance regulations, Section 1300.67.04 of Title 28 of the California Code of Regulations ("Rule 1300.67.04"), combine with Health and Safety Code Section 1367.04 to create an extensive set of requirements that health care plans must now meet.[a] These Language Assistance requirements fall into the general categories discussed below.

Reporting Deadlines

The Language Assistance regulations recognized that health plans would require ample time to implement these new standards. In order to ensure that health plans were actively engaged with the regulations and were in the process of working to become in compliance with the law, the statutes and regulations contained deadlines for reaching certain milestones:

- By February 23, 2008, health care service plans were required to complete an initial assessment of the linguistic needs of their enrollee population.[2]
- By July 1, 2008, health care service plans were required to file a "Language Assistance Program" containing policies and procedures that demonstrated the plan's compliance with the Language Assistance regulations.[3]
- By January 1, 2009, health care service plans were required to have fully implemented the Language Assistance Program and be fully compliant with the Language Assistance regulations.[4]
- Within one year of completing the initial enrollee assessment, health plans were required to complete a report on cultural appropriateness containing summaries of the following:
    - How the plan surveys its enrollee population;
    - How health plan staff who have routine contact with enrollees are trained about the diverse needs of the enrollee population;
    - Recruitment and retention efforts that encourage workforce diversity;

[a] All references to "Section" are to the Health and Safety Code, and all references to "Rule" are to Title 28 of the California Code of Regulations.

- How health plans evaluate their programs and services with respect to the plan's enrollee population using processes such as an analysis of complaints and satisfaction survey results;
- How plans periodically provide information to plan providers regarding the ethnic diversity of the Plan's enrollee population and any related strategies; and
- How plans periodically provide educational information to their enrollees about their services and programs.[5]

- In addition to the above deadlines, plans are now required to repeat the enrollee assessment process once every three years.

Enrollee Assessment

Determination of Threshold Languages through Enrollee Assessments

In recognition of the fact that health care service plans often serve diverse communities, Section 1367.04 provides health plans with a limited ability to tailor Language Assistance services to the reality of each plan's enrollee population. Each health plan was required to complete an initial assessment of the linguistic needs of their enrollee population.[6] Under the regulations, certain documents must be translated into threshold languages identified by the enrollee assessment. (See "Language Assistance Services," below.)

Criteria for determining a plan's threshold languages are defined in Section 1367.04. Table 1 summarizes the criteria for determining which languages are threshold languages:

Table 1: Threshold Language Criteria[7]

Number of Enrollees in the Health Plan	Minimum number of non-English Threshold Languages	Additional Threshold Languages if either of these are met:	
		Percent of total Enrollees in a limited English proficient group	Total number of LEP Enrollees in a limited English proficient group
> 1,000,000	2 languages	0.75%	15,000
300,000 – 1,000,000	1 language	1.0%	6,000
< 300,000	0 languages	5.0%	3,000

The initial assessment was required to be based on statistically valid population analysis methods, and plans were required to collect and record enrollees' language data by using reasonable survey methods.[8]

Enrollee Surveys

Health plans were required to survey their enrollees in order to identify individual linguistic needs. The information received by the plans was required to be recorded by the plan in the enrollee's file, and plans were required to take steps to maintain the confidentiality of this information.[9]

Ongoing Assessments

Under the regulations, health plans are obligated to update their enrollee language needs and enrollee demographic profile at least once every three years after performing the initial assessment.[10]

Language Assistance Services

The Language Assistance regulations required health plans to develop extensive policies and procedures describing how the plan will provide effective language assistance services at all points of contact where language assistance may be reasonably anticipated.[11]

Assessment of Services

Health plans were required to assess and describe all points of contact where the need for language assistance might reasonably arise. In addition, plans were required to independently assess and describe the resources necessary to provide Language Assistance services to enrollees. Plans were also required to describe the steps it would take to notify enrollees of the availability of free language assistance services at those points of contact.

Translation Services

For the purposes of the Language Assistance regulations, the term "translation" is used to refer to the conversion of a written document from a source language to a document in a target language. Plans must provide translation services for their identified threshold languages as determined by the periodic Enrollee Assessment, described above.

Many documents are required to be translated. The documents that plans must translate are "Vital Documents,"[12] which are defined as:

- Applications;
- Consent forms, including any form by which an enrollee authorizes or consents to any action by the plan;
- Letters containing important information regarding eligibility and participation criteria;

- Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal;
- Notices advising limited English proficient enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees;
- A plan's explanation of benefits or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee; and
- Portions of plan disclosure forms containing information regarding the benefits, services, and terms of the plan contract, as required by Section 1363(a)(1), (2), and (4).[13]

These vital documents must be provided in the enrollee's preferred language if the preferred language is one of the plan's threshold languages.

If a document contains enrollee-specific information that is not standardized, a health plan is not required to provide the translation automatically, however, a notice of the availability of Language Assistance services must be provided, and if the enrollee requests a translation, the translation must be provided to the enrollee within 21 days.[14]

Notice of the Availability of Language Assistance Services

Health plans are required to place a notice of the availability of language assistance services on all English versions of vital documents, all enrollment materials, all correspondence from the plan confirming a new or renewed enrollment, brochures, newsletters, outreach and marketing materials, and other materials routinely disseminated to enrollees. Health plans may use their own notices subject to the DMHC's approval, however, the notices must be sufficient to advise limited English proficient enrollees of the availability of free language assistance services.[15]

To assist the health plans, the DMHC provided a sample notice of the availability of language assistance. This notice contained the statement: "IMPORTANT: You can get an interpreter at no cost to talk to your doctor or health plan. To get an interpreter or to ask about written information in (your language), first call your health plan's phone number at 1-XXX-XXX-XXXX. Someone who speaks (your language) can help you. If you need more help, call the HMO Help Center at 1-888-466-2219." For the convenience of the health plans, the DMHC provided plans with a translation of this notice in Spanish, Chinese (traditional), Arabic, Armenian, Khmer, Farsi, Hmong, Korean, Laotian, Russian, Tagalog, and Vietnamese. During the DMHC's review of plan filings, analysts noted that many health plans used this notice or slightly modified versions of the notice as a convenient way to achieve compliance with the notice requirements.

This requirement is different than the comparable regulations enacted by the California Department of Insurance (CDI). Under Section 2538.3 of Title 10 of the California Code of Regulations, CDI health insurance plans are *required* to print notices in 14 languages, including English. CDI health insurance plans *must* use one of two written notices: For identified threshold languages, the following notice (translated to the appropriate threshold language) must be used: "**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or XXX-XXX-XXXX. For more help call the CA Dept. of Insurance at 1-800-927-4357." For the convenience of the health plans, the DOI provided plans with a translation of this notice in Spanish, Chinese, Vietnamese, Tagalog, and Korean. For the English and the remaining non-threshold languages the following written notice must be provided (in those languages): "**No Cost Language Services.** You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or XXX-XXX-XXXX. For more help call the CA Dept. of Insurance at 1-800-927-4357." The DOI provided plans with a translation of this notice in Spanish, Chinese, Vietnamese, Tagalog, Korean, Armenian, Russian, Japanese, Persian, Punjabi, Khmer, Arabic, and Hmong.

Interpretation Services

Interpretation services are required to be provided to enrollees at all plan points of contact where the enrollee might reasonably have need for such services.[16] For purposes of the Language Assistance regulations, the term "interpretation" is used to refer to the conversion of a verbal communication or a written document into a verbal communication in a target language.[17] Plans are required to provide interpretation services for *any* language requested by an enrollee, irrespective of whether the language is identified as one of the plan's threshold languages.[18]

Although the range of services to be provided is not mandated by the regulation, the range of services must be appropriate for the particular point of contact.[19] The regulation provides examples of some of the services that may be provided by the plan:

- Arranging for the availability of bilingual plan or provider staff;
- Hiring staff interpreters who are trained and competent in interpreting;
- Contracting with trained and competent interpreters;
- Formally arranging for the services of voluntary community interpreters who are trained and competent in interpreting; and
- Contracting for telephone, videoconferencing, or other telecommunication-based language services.[20]

Interpretation services must be offered to the enrollee even if the enrollee is accompanied by a family member or friend who is able to provide interpretation services, and, if the enrollee declines the service, the declined offer must be noted in the enrollee's file.[21]

Quality of Services

The Language Assistance regulations also require plans to ensure the proficiency of individuals or organizations providing translation and interpretation services. Plans must either adopt certification by an association acceptable to the DMHC[22] or maintain standards that require:

- A documented and demonstrated proficiency in both English and the target language;
- A fundamental knowledge in both languages of health care terminology and concepts relevant to health care delivery systems; and
- Education and training in interpreting ethics, conduct, and confidentiality.[23]

Staff Training

Plans must deliver Language Assistance training to all plan staff who have routine contact with limited English proficient enrollees.[24] The regulations describe basic topics that health plans are required to cover in its Language Assistance training:

- Knowledge of the plan's policies and procedures for language assistance;
- Working effectively with limited English proficient enrollees;
- Working effectively with interpreters in person and through video, telephone, and other media as may be applicable;
- Understanding the cultural diversity of the plan's enrollee population; and
- Sensitivity to cultural differences relevant to delivery of health care interpretation services.[25]

Compliance Monitoring

Health plans are required to have structures and processes to monitor their own language assistance programs, including delegated programs, and make modifications that ensure compliance.[26]

Medi-Cal Deeming

Health plans carrying Medi-Cal lines of business are already required to provide Language Assistance services that generally meet or exceed the standards of Rule 1300.67.04. In recognition of this, the regulations allow a health plan that carries both Medi-Cal and non-Medi-Cal insurance products to be deemed to be in full compliance[27] if all of the following are satisfied:

- The plan makes a request to be considered in compliance because of its adherence to the Medi-Cal standards;
- The Medi-Cal standards exceed the standards of the regulations;

- The plan applies the Medi-Cal standards for language assistance programs to the plan's non-Medi-Cal lines of business; and
- The DMHC determines that the plan is in compliance with those standards.[28]

Cultural Appropriateness Report

SB 853 also added Section 1367.07 to the Health and Safety Code. This section states that a health plan must file a one-time Cultural Appropriateness Report with the DMHC within one year of conducting the enrollee assessment required under Section 1367.04.

PART II: PLAN COMPLIANCE WITH FILING REQUIREMENTS

DMHC's Implementation of the Language Assistance Regulations

Outreach to Stakeholders

The resources required to implement the Language Assistance regulations were extensive and onerous, but ultimately resulted in a demonstration of the DMHC's ability to successfully engage stakeholders and fully implement the Language Assistance regulations throughout the industry. In order to facilitate health plan compliance, the DMHC actively involved itself with various industry and consumer implementation groups and teams that included participation in the following activities:

Language Assistance Workgroup and Workplan Development

In Spring 2007, the DMHC established the Language Assistance Core Workgroup, which developed and managed the overall workplan for internal implementation, interpretation of the law, outreach, and survey tools.

Coordination with Industry Collaboration Effort

Throughout the implementation process, the DMHC collaborated with the Industry Collaboration Effort (ICE) Agency Leadership monthly team meetings to provide clarification and assistance. In doing so, the DMHC acted as a liaison between consumer stakeholders and the ICE Cultural and Linguistic work groups.

Coordination with Consumer Stakeholder Groups

Beginning in mid-2007, the DMHC began participating with consumer stakeholder groups in order to obtain information and understand consumer positions regarding the regulations. In addition, the DMHC provided its expertise as part of an advisory workgroup for implementation efforts.

Coordinate and Implement Health Plan Training

The DMHC encouraged health plans to communicate and resolve questions prior to filing deadlines. Through a dedicated Language Assistance e-mail address, health plans were able to submit questions regarding Language Assistance implementation that were submitted through the DMHC's language assistance e-mail address. The DMHC reviewed and responded to all questions submitted through this e-mail address.

The DMHC also provided extensive support regarding the language assistance requirements through the DMHC monthly newsletter and the DMHC website, "http://www.dmhc.ca.gov". Through the website, the DMHC provided access to a list of Frequently Asked Questions, along with support documentation and tools that health plans were able to use to guide the establishment of language assistance programs. This extensive list of Frequently Asked Questions provided answers to 54 questions asked by health plans regarding the implementation of the Language Assistance regulations. The DMHC's Language Assistance webpage is currently available at: "http://www.dmhc.ca.gov/healthplans/gen/gen_langassist.aspx".

In 2008, the DMHC hosted five teleconferences addressing various aspects the Language Assistance regulations. During the first three teleconferences, DMHC division chiefs, attorneys, supervisors, and analysts addressed various aspects of implementing the Language Assistance program, which allowed health plans to learn about the regulations and ask questions regarding implementation. The California Pan-Ethnic Health Network (CPEHN) coordinated the final two sessions, which featured speakers from various community organizations who spoke about best practices in staff training, collecting race, ethnicity, and language data, and ensuring that interpreters are trained and competent.

Table 2: Summary of DMHC-Hosted Language Assistance Teleconferences

Date	Topics Discussed	Estimated Attendees
Feb. 28, 2008	Responses to Health Plan Questions in All Language Assistance Categories	77
Apr. 2, 2008	Specialty Plans and Language Assistance Implementation and Compliance	115
May 22, 2008	DMHC Examination of Filings	125
Aug. 12, 2008	Health Plan Staff Training Best Practices*	128
Sept. 29, 2008	Health Plan Staff Training Best Practices*	98

*Speakers coordinated by CPEHN

Finally, in January 2009, the DMHC conducted follow-up outreach by speaking at panel sessions hosted by the California Association of Health Plans and the California Association of Provider Groups. During these sessions, the DMHC presented summary information about the Language Assistance regulations and plan compliance, and attendees were provided with the opportunity to ask remaining questions about the Language Assistance program and the Cultural Appropriateness Report.

Examination of Filings

On July 1, 2008, 82 health plans were required to file policies and procedures that fully addressed the Language Assistance regulations. Seventy-three of those health plans complied with this deadline, and, by August 4, 2008, all but two health plans had submitted policies and procedures. The remaining two health plans filed their policies and procedures in January 2009.

Health plans were responsible for filing and addressing these policies and procedures, and DMHC analysts undertook the arduous task of examining these plan filings and ensuring that they met the regulatory requirements. The DMHC evaluated these filings objectively by matching each provision of the law with the corresponding language in the filing. DMHC evaluators used a checklist in order to ensure that all areas of the Language Assistance regulations were addressed by each plan's filings. (A sample checklist is attached to this Report as Appendix A.)

Pursuant to Rule 1300.67.04(a)(2)(A)-(C) and (a)(3), health plans offering Medi-Cal lines of business that intended to apply the same Medi-Cal program standards to their commercial lines of business were able to submit a shortened filing with the DMHC. This filing consisted of a form that required the plan to explain critical Language Assistance areas, and also required the plan to submit its signed attestation declaring that, as to its commercial enrollees, the plan met or exceeded the Language Assistance requirements. DMHC evaluators used a separate checklist to ensure that these Medi-Cal plans also met the regulatory requirements. (A sample checklist for Medi-Cal plans is attached to this Report as Appendix B.) Eighteen plans were successfully examined under this rationale.

Fifteen plans provided filings that were fully compliant with the Language Assistance requirement and required no further assessment by the DMHC. However, some omissions, vague language, non-compliant statements, or other problems were found in the filings of the remaining plans. When these problems were found, DMHC analysts utilized a form letter containing standardized comments to inform the health plan of those issues. The Department allowed the plan 30 days to resolve the issues noted in the letter. Each comment corresponded to one or more statutory or regulatory requirements. For those plans that continued to have difficulty after receiving the comment letter, the DMHC worked with plan officials to explain the regulations and obtain plan compliance. All heath plan filings have now been found to be in compliance with the Language Assistance regulations.

The DMHC tabulated the number of comments and sorted them by type. The following table shows the average number of comments sent to each type of plan:

Table 3: Average Number of Comments by Plan Type

Type of Plan	Number of Plans	Number of Comments	Average Number of Comments
Full Service	15	90	5
Full Service w/ Medi-Cal	18	38	2
Dental	23	194	12
Behavioral	11	103	9
Vision	9	138	15
Chiropractic	4	28	7
TOTAL	**80**[b]	**591**	**7**

Averages rounded to the nearest integer.

General DMHC Findings

Every plan submitted slightly different Language Assistance programs that varied based on the enrollee size of the health plan, the administrative capacity of the health plan, the plan's resources, and other factors. Despite the broad spectrum of approaches, the DMHC found some general commonalities through most health plans' Language Assistance programs, which are discussed below.

Enrollee Assessment

Typically, plans' demographic assessment was based on generally available U.S. Census Bureau data, coupled with an enrollee survey which was sent to a portion of enrollees, or, for smaller plans, all enrollees. Plans often utilized routine mailings, such as annual newsletters or mass mailers, to obtain responses from enrollees.

Language Assistance Services

Health plans were required to identify all points of contact where Language Assistance services might be needed. Although not all points of contact were the same for every health plan, common points of contact included:

- Physician offices;
- Physician office staff;
- Hospital staff;
- Urgent care centers;

[b] Not all health plans complied with the requirement to file policies and procedures by July 1, 2008; however, by August 4, 2008, 80 plans had complied with the requirement to file, and these comment totals are based on the filings made by those 80 plans. The remaining two plans filed policies and procedures in January 2009.

- Pharmacies (if offered by the plan);
- Sales staff, including brokers, agents, and sales associates;
- Utilization management/claims review offices;
- Grievance and appeals phone numbers;
- Telephone advice lines; and
- Member services call centers.

All health plans chose to use various contracted vendors to provide Language Assistance services at these points of contact, which appeared to provide the broadest coverage of interpretation services reasonably available for enrollees. Several plans noted that they would be seeking certification for some bilingual staff members with the intent of keeping interpretation for commonly used language services in-house. Nearly all plans utilized vendors to provide translation services, although some plans opted to utilize in-house translators certified through Berlitz or other language certification courses.

For each plan, the DMHC examined policies and procedures and ensured that the plan was utilizing qualified and certified interpreters and translators who had received appropriate training and cultural training to utilize that training effectively in the healthcare field.

Staff Training

All health plans complied with the requirements of the Language Assistance regulations, which required instruction on the plan's Language Assistance policies and procedures, working with limited English proficient enrollees, working with interpreters, and understanding the cultural diversity of the plan's enrollee population and sensitivity to cultural differences. Many plans utilized third party vendors or their contracted vendors to fulfill the staff training requirements.

Compliance Monitoring

Although the complexity of compliance monitoring policies varied from plan to plan, most health plans generally intend to self-monitor compliance by tracking member grievances and the results of provider audits. Many plans incorporated enrollee satisfaction surveys that are targeted towards users of their language services to identify potential issues with the Language Assistance program.

Threshold Languages

The DMHC found that Spanish was the most prevalent "threshold language" reported by plans that had a threshold language, and that Chinese was the second-most prevalent threshold language identified by plans.

Cultural Appropriateness Report

Health plans are also required to submit a Cultural Appropriateness Report containing the information requested by Section 1367.07 within one year of the plan's initial enrollee assessment. In order to facilitate this reporting, the DMHC developed a template that plans could follow in order to fulfill the reporting requirements. This template prompts the plan to provide a summary description of policies and procedures regarding each of the following:

- Collection of data regarding the enrollee population assessment;
- Education of health care service plan staff who have routine contact with enrollees regarding the diverse needs of the enrollee population;
- Recruitment and retention efforts that encourage workforce diversity;
- Evaluation of the health care service plan's programs and services with respect to the plan's enrollee population;
- Period provision of information regarding the ethnic diversity of the plan's enrollee population and any related strategies to plan providers; and
- The periodic provision of educational information to plan enrollee's on the plan's services and programs.

The template was publicly posted to the DMHC website in late 2008, and is available at "http://www.dmhc.ca.gov/library/reports/med_survey/car.pdf".

As of March 27, 2009, 60 plans have filed Cultural Appropriateness Reports.

PART III: RESULTS OF SUBSEQUENT COMPLIANCE REVIEWS

DMHC Help Center

The DMHC maintains a Help Center to assist health plan enrollees and health care providers with issues regarding DMHC licensed health plans. This includes helping enrollees understand their health care rights and benefits. One of the essential functions of the DMHC Help Center is to receive complaints from enrollees, providers, and others regarding health care service plans that are regulated by the DMHC.[29] In 2008, the DMHC Help Center handled approximately 55,000 consumer inquiries and complaints.

The DMHC monitors the communications received by the Help Center and regularly tracks and trends potential issues arising within the health care industry by recording detailed information about each call. If a potential issue is identified, the DMHC is able to take action in a number of ways, including investigating the issue further, educating the health plan, and taking administrative action and issuing fines if a plan is found to be out of compliance with the law.

The DMHC Help Center has closely monitored incoming consumer inquiries and complaints involving the provision of Language Assistance services since January 1, 2009, the date that plans were required to implement fully compliant policies and procedures. As part of this monitoring process, the DMHC internally reviews data containing information about each Language Assistance-related inquiries and communications from consumers and providers. This review is conducted on a weekly basis.

Table 4: Language Assistance Issues Handled by the DMHC Help Center (January 1, 2009, through March 25, 2009)

Type of Issue	Number of Incidents
Consumer – Inquiry about how to obtain translated documents.	7
Consumer – Inquiry about how to obtain an interpreter.	8
Consumer – Inquiry about the Language Assistance laws.	25
Consumer – Requested interpreter, but none was provided.	5
Provider – Unsure how to access a plan's language assistance program.	1
Provider – Inquiry about the Language Assistance laws.	7
General – Inquiry about how to become employed as an interpreter.	13
Total Number of Calls Regarding Language Assistance	66
Total Number of Calls Received by the Help Center	15,070

Information current as of April 3, 2009.

As shown above, of the 15,070 inquiries and complaints received by the DMHC Help Center during the reporting period, five (0.00033%) involved consumers reporting not receiving Language Assistance services either by their plan or their provider. The remaining Help Center inquiries pertaining to Language Assistance were non-specific questions regarding the laws in general or asking about possible employment opportunities for interpreters.

For those five consumers who reported not receiving Language Assistance services, DMHC Help Center staff followed up with the applicable plan and promptly obtained the appropriate services for the consumer or informed the consumer of his or her rights. In several cases, the enrollee had simply not yet contacted the plan to inform the plan of the need for interpreter or translation services, and in other cases, the plan staff member or provider responsible for the consumer's complaint was simply not yet aware of the availability of language assistance services.

The most recent reported issue regarding an enrollee not receiving appropriate Language Assistance services was January 30, 2009, and in that case, the enrollee had not yet requested those services. Since that date, no further reports of an enrollee not receiving Language Assistance services have been received. As a result, the DMHC Help Center has not identified any systemic issues or concerns regarding Language Assistance.

Routine Surveys

Pursuant to Section 1380, Rule 1300.80, and others, the DMHC conducts routine surveys of DMHC licensed health plans once every three years. During these surveys, the DMHC ensures the plan's compliance in critical areas of health plan administration, including Utilization Management, Quality Assurance, Continuity of Care, and Access and Availability. With the implementation of the Language Assistance regulations, the DMHC is now reviewing plan compliance with Language Assistance requirements under Section 1367.04 and Rule 1300.67.04. This additional area of review became effective for all routine surveys that started after January 1, 2009.

In order to reduce duplicative surveys, the DMHC joins the preexisting surveying process conducted by the Department of Health Care Services (DHCS). These "Joint Audit" surveys allow the DMHC to rely on the work of the DHCS while ensuring that critical areas identified by the DMHC are still reviewed.[30]

For all surveys, DMHC surveyors utilize subject-specific "Technical Assistance Guides," which outline the specific requirements of the statutes and regulations. The DMHC utilizes these Technical Assistance Guides to uniformly examine important areas of plan compliance. As part of the survey process, the DMHC has created a Technical Assistance Guide specifically addressing the requirements of the Language Assistance regulations and Section 1367.04. This Technical Assistance Guide is currently available on the DMHC's language assistance webpage at "http://www.dmhc.ca.gov/healthplans/gen/gen_langassist.aspx".

Pursuant to Rule 1300.80, the survey process consists of an on-site visit to the plan, followed by a period of post-on-site analysis and report writing. A published report is then released to the public generally within 180 days after the DMHC has completed the survey.[31]

In 2009, the DMHC is conducting routine surveys of 28 full service and specialized health plans. Surveys occur throughout the year, and for 2009, surveys are currently scheduled as follows:

Table 5: Department of Managed Health Care 2009 Surveys

Plan Name	Plan Type	Onsite Survey Start Date	Current Survey Status
Magellan Health Services of California/Human Affairs International	Behavioral	3/9/2009	In Progress
Blue Shield of California	Full Service	4/13/2009	In Progress
Managed Health Network	Behavioral	4/20/2009	In Progress
Cigna HealthCare of California, Inc.	Full Service	4/21/2009	In Progress
Aetna Health of California	Full Service	5/13/2009	In Progress
Managed Dental	Dental	5/18/2009	In Progress
Dental Benefits Provider	Dental	6/1/2009	In Progress
Sharp Health Plan	Full Service	6/10/2009	Pre-Onsite Prep.
Care 1st Health Plan	Dental	6/10/2009	Pre-Onsite Prep.
California Dental	Dental	6/22/2009	Pre-Onsite Prep.
ACN Group of California, Inc.	Chiropractic	8/3/2009	Initial Planning
Heritage Provider Network, Inc.	Full Service	8/26/2009	Initial Planning
Blue Cross Dental	Dental	Aug. 2009*	Initial Planning
U.S. Behavioral Health	Behavioral	Aug. 2009*	Initial Planning
Landmark Healthplan of California, Inc.	Chiropractic	9/1/2009	Initial Planning
County of Ventura	Full Service	9/23/2009	Initial Planning
ConsumerHealth, Inc.	Dental	Sept. 2009*	Initial Planning
PRIMECARE Medical Network, Inc.	Full Service	10/28/2009	Initial Planning
Blue Cross of California Behavioral	Behavioral	Oct. 2009*	Initial Planning
CONCERN: Employee Assistance Program	Behavioral	Nov. 2009*	Initial Planning
March Vision Care, Inc.	Vision	Nov. 2009*	Initial Planning
Max Vision Care, Inc., a Prof. Optometric Corp.	Vision	Nov. 2009*	Initial Planning
Inland Empire Health Plan	Full Service	N/A*	Joint Audit w/DHCS
San Francisco Health Authority	Full Service	N/A*	Joint Audit w/DHCS
Molina Healthcare of California	Full Service	N/A*	Joint Audit w/DHCS
Western Health Advantage	Full Service	N/A*	Joint Audit w/DHCS
Orange County Health Authority (CalOptima)	Full Service	N/A*	Joint Audit w/DHCS
Santa Cruz - Monterey Managed Medical Care Commission	Full Service	N/A*	Joint Audit w/DHCS

* Exact dates for the on-site surveys have not yet been determined.
Information current as of April 3, 2009.

As demonstrated by the table above, the DMHC has not yet completed the 2009 surveys and has limited findings regarding health plan compliance with Language Assistance regulations at this time. Greater detail of survey findings and deficiencies will be available later this year as surveys are completed.[32]

RECOMMENDATIONS

Based on the low volume of consumer phone calls and the present lack of data on the results of routine surveys of health plans, the DMHC has not identified any areas of concern. The DMHC has had generally positive experiences with the execution and implementation of the Language Assistance regulations due primarily due to the extensive and, as a result, the DMHC has no recommendations regarding the Language Assistance statutes or regulations at this time.

CONCLUSION

Throughout the development of the Language Assistance regulations, the DMHC maintained extensive relationships with stakeholders to ensure that minimal resistance from health plans would be encountered during the implementation process. Although the process was extremely resource intensive, the DMHC believes that the collaborative process encouraged health plans to acclimate and adjust to the Language Assistance regulations.

The DMHC has evaluated all available information and believes that health plans now appear to be fully complying with Section 1367.04 and the Language Assistance regulations, Rule 1300.67.04.

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[1] Sen. Bill No. 853 (2003-2004 Reg. Sess.).

[2] California Code of Regulations, Title 28, Section 1300.67.04 ("Rule 1300.67.04"), subd. (e)(1).

[3] Id., subd. (e)(2).

[4] Id., subd. (e)(3).

[5] Health and Safety Code Section 1367.07.

[6] Rule 1300.67.04, subd. (c)(1).

[7] Section 1367.04(b)(1)(A).

[8] Rule 1300.67.04, subd. (c)(1)(A).

[9] Id., subd. (c)(1)(B) and (C).

[10] Id., subd. (e)(1).

[11] Id., subd. (c)(2).

[12] Id., subd. (c)(2)(F)(ii).

[13] Id., subd. (b)(7).

[14] Section 1367.04(b)(1)(C)(ii).

[15] Rule 1300.67.04., subd. (c)(2)(C)(ii) and (iii).

[16] Id., subd. (c)(2)(A) and (c)(2)(G).

[17] Id., subd. (c)(2)(G)(ii) (stating that the plan must provide LEP enrollees with interpretation services for information contained in plan-produced documents).

[18] Id., subd. (c)(2)(G).

[19] Id., subd. (c)(2)(G)(vi).

[20] Id., subd. (c)(2)(G)(vi)(aa)-(ee).

[21] Id., subd. (c)(2)(G)(iii).

[22] Id., subd. (c)(2)(H).

[23] Id., subd. (c)(2)(H)(i)-(iii).

[24] Id., subd. (c)(3).

[25] Id., subd. (c)(3)(A)-(D).

[26] Id., subd. (c)(4).

[27] Id., subd. (a)(2).

[28] Id., subd. (a)(2)(A)-(C) and (a)(3).

[29] Rule 1300.68(a).

[30] In order to streamline the regulatory process and reduce redundant review, and as authorized by Section 1342.8, et al., the DMHC relies on the oversight audits conducted by the Department of Health Care Services for plans engaged in Medi-Cal lines of business and therefore does not conduct redundant routine audits of these plans. A full discussion of this arrangement is outside the scope of this report.

[31] Unless additional time is deemed necessary to fully and fairly report the survey results. See Section 1380(h)(1).

[32] Id.

LANGUAGE ASSISTANCE PROGRAM
STANDARD COMMERCIAL CHECKLIST
Section 1300.67.04

Plan Name:

File #: **Reviewer Name:** **QA Reviewer Name:**

Item #	Language Assistance Regulation Requirement of Health Plans	Is the Plan in Compliance? Yes	No	NOTES	Comment Letter #
	STANDARDS FOR ENROLLEE ASSESSMENT				
1.	**Demographic Profile** [1300.67.04(c)(1)(A)] (a) Does the Plan's Language Assistance (LA) Program ***describe the methods*** utilized to assess its enrollee population to develop a demographic profile?	☐	☐		1(a)
	(b) Does the Plan's LA Program ***describe how*** the Plan collected the demographic data (census, client utilization data, etc.)? *Assessment Tip:* → *Plans can use different methods for collecting demographic data including census data, utilization data, community agencies, and third party enrollment data.*	☐	☐		1(b)
	(c) Does the Plan's LA Program ***describe how*** it determined the method was statistically valid?	☐	☐		1(c)
	(d) Does the Plan's statistical analysis address a low response rate? (What was the Plan's response rate, if provided? _____)	N/A	N/A		
2.	**Enrollee Surveys** [1300.67.04(c)(1)(B)] (a) Does the Plan's LA Program ***describe the methods*** utilized to survey all subscribers to identify the linguistic needs of each enrollee? *Assessment Tips:* → *Surveys can be conducted in a variety of methods determined by the Plan and can include existing enrollment and renewal processes, subscriber newsletters, mailings, etc.* → *Methods to survey must include individual subscribers under group contracts.*	☐	☐		2(b)
	(b) Does the Plan's LA Program ***define how*** the information is recorded in the enrollee's file?	☐	☐		2(c)

Item #	Language Assistance Regulation Requirement of Health Plans	Is the Plan in Compliance?		NOTES	Comment Letter #
		Yes	No		
	If the Plan chose to demonstrate compliance by distributing a disclosure ***(instead of conducting a survey),*** does the disclosure comply with the following requirements: (c) Is it provided in English and all the Plan's threshold languages?	☐	☐		2(a)
	(d) Does it explain that language assistance services are free to the enrollee in the enrollee's preferred spoken and written language?	☐	☐		2(a)
	(e) Does it ***explain how*** the enrollee can inform the plan and relevant providers of their preferred spoken and written languages?	☐	☐		2(a)
	(f) Does it allow for recording and maintaining spoken and written languages preferences for the subscriber and all enrollees under the subscriber's contract?	☐	☐		2(a)
3.	**Enrollee Assessment General Policy & Procedure Requirements** [1300.67.04(c)(1)(C)] (a) Does the Plan's LA Program ***describe how*** the Plan summarized and documented enrollee demographic profile data?	☐	☐		3(a)
	(b) Does the Plan's LA Program ***define how*** the plan maintains confidentiality of personal information while collecting, summarizing and documenting demographic profile data?	☐	☐		3(b)
	(c) Does the Plan's LA Program clarify that information can be disclosed to: • The Department, upon request for regulatory purposes • Contracting Providers, upon request for lawful purposes (language assistance, health care quality improvement, etc.)	☐	☐		3(b)
	STANDARDS FOR PROVIDING LANGUAGE ASSISTANCE SERVICES				
4.	**Language Assistance Program Policy & Procedure Requirements** Plans are required to develop a language assistance program to include written policies and procedures. [1300.67.04(c)] *Assessment Tips:* [1300.67.04(d)(1)-(8)] *In reviewing the plan's proposed language assistance program, the Department will evaluate the totality of the plan's language assistance program to determine whether the program as a whole provides meaningful access for LEP enrollees and may consider relevant operational and demographic factors, including but not limited to:* → *Whether the plan is a full service plan or a specialized health care service plan* → *The nature of the points of contact* → *The frequency with which particular languages are encountered*				

Item #	Language Assistance Regulation Requirement of Health Plans	Is the Plan in Compliance?		NOTES	Comment Letter #
		Yes	No		
	Assessment Tips: (Continued) → *The type of provider network and methods of health care service delivery* → *The variations and character of a plan's service area* → *The availability of translation and interpretation services and professionals* → *The variations in cost of language assistance services and the impact on affordability of health care coverage* → *A plan's implementation of best practices and utilization of existing and emerging technologies to increase access to language assistance services, such as video interpreting programs, language translation software, collaborating with other plans to share a pool of interpreters, and other methods and technologies*				
	(a) Do the Plan's LA Program policies and procedures address all points of contact where language assistance is anticipated? [1300.67.04(c)(2)(A)] *Assessment Tip:* *This should include both medical and non-medical staff at both the Plan and Provider.*	☐	☐		4
	(b) Do the Plan's LA Program policies and procedures define the types of resources needed to provide effective language assistance to its enrollees? [1300.67.04(c)(2)(B)] *Assessment Tip:* *Types of resources may include bi-lingual staff, phone interpreters, in-person interpreters, etc.*	☐	☐		5
5.	**Processes for Informing Enrollees – General** [1300.67.04(c)(2)(C)] (a) Does the Plan's LA Program ***define the processes*** for informing enrollees of the availability of language assistance services at no charge and how to access such services?	☐	☐		6
	(b) Does the Program ***define how*** the Plan will effectively identify a Limited English Proficient (LEP) enrollee at points of contact and ensure that LEP enrollees are informed of and provided access to interpretation services? *Assessment Tip:* *This should include enrollees who do not speak or read a threshold language.*	☐	☐		6(a)

Item #	Language Assistance Regulation Requirement of Health Plans	Is the Plan in Compliance? Yes	No	NOTES	Comment Letter #
	(c) Does the Program ***define the processes*** for including notices regarding free language assistance services and how to access them with all vital documents, enrollment materials, and correspondence regarding new or renewed enrollment? ***(See Checklist Supplement.)***	☐	☐		6(b)
	(d) Does the Program ***define the processes*** for including notices regarding free language assistance services and how to access them with brochures, newsletters, outreach and marketing materials, and other materials routinely disseminated to enrollees? ***(See Checklist Supplement.)***	☐	☐		6(c)
6.	**Processes for Informing Enrollees – Grievance & IMR** [1300.67.04(c)(2)(D)] (a) Does the Plan's LA Program ***define the processes*** to ensure that LEP enrollees receive information regarding their rights to file a grievance and seek and independent medical review in threshold languages and oral interpretations?	☐	☐		7
	(b) Does the Program ***define processes*** for ensuring that grievance forms and procedures are made readily available to contracted providers for distribution to enrollees upon request? ***(See Checklist Supplement.)***	☐	☐		7(a)
	(c) Does the Program ***define processes*** for ensuring that contracting providers are informed that complaint, grievance and IMR information in non-English languages is available on the Department's web site?	☐	☐		7(b)
7.	**Processes for Informing Contracting Providers** [1300.67.04(c)(2)(E)] (a) Does the Plan's LA Program ***define processes*** to ensure that contracted providers are informed of the health plan's language assistance services (i.e. communication plan)?	☐	☐		8(a)
	(b) Does the Plan's LA Program ***define how*** LEP enrollee language needs information collected by the health plan is made available to contracted providers?	☐	☐		8(b)
8.	**Processes & Standards for Providing Translation Services** [1300.67.04(c)(2)(F)] Does the Plan's LA Program ***define processes*** and standards for providing translation services, including, but not limited to: (a) Does the Program define a list of the threshold languages identified by the plan?	☐	☐		9(a)

Item #	Language Assistance Regulation Requirement of Health Plans	Is the Plan in Compliance? Yes	No	NOTES	Comment Letter #
	(b) Does the Program define a list of the standardized and enrollee-specific vital documents that must be translated and the standards for making these documents available to enrollees? *Assessment Tips:* 1367.04(b)(1)(B)(i-v), 1367.04(b)(1)(A)(i-iii) → *Vital Documents include: Applications, Consent Forms, letters with eligibility or participation information, notices regarding denial, reduction, modification, or termination of services or benefits and the enrollee's right to file a grievance or appeal, notices regarding free language assistance.* → *Plans do not need to translate subscriber contracts, EOCs and other large disclosure forms and enrollee handbooks in their entirety, but may excerpt in a format that permits cost-effective and timely production (so long as there is no loss of accuracy by doing so.) A plan may demonstrate compliance regarding translation of disclosures if the plan provides a standardized matrix that lists the major categories of health care services covered under the plan's subscriber contracts, together with the corresponding copayments and coinsurance, and exclusions and limitations, and disclosing any applicable deductibles and lifetime maximums, using the same sequence as the uniform matrix described in Section 1363(b)(1) of the Act.* → *Health plans with enrollment of 1,000,000 must translate vital documents into the top two languages other than English and any additional languages when 75% or 15,000 (whichever is less) indicates the need. Health plans with enrollment between 300,000 and 1,000,000 must translate vital documents in the top one language and additional when 6,000 or 1% indicates the need. Health plans with less than 300,000 must translate vital documents when 3,000 or 5% indicates the need.*	☐	☐		9(b)
	(c) Does the Program ***describe how*** the health plan will translate vital documents?	☐	☐		9(b)
	(d) Does the Program ***define how*** the Plan ensures Non-English translations of vital documents meet the same standards as English versions? ***(See Checklist Supplement.)***	☐	☐		9(c)
	(e) Does the Program provide a description of ***how*** – for non-standardized vital documents – the health plan provides the English version with a written notice of the availability of interpretation and translation services? *Assessment Tip:* → *If the health plan defines a timeframe for providing the requested written translations for non-standardized vital documents, it has up to 21 days to comply. For expedited grievances, health plans may provide oral interpretation services to satisfy the requirement.*	☐	☐		9(d)

Item #	Language Assistance Regulation Requirement of Health Plans	Is the Plan in Compliance? Yes	No	NOTES	Comment Letter #
	(f) Does the Program ensure that requested translations are provided in accordance with Section 1367.04 of the Act? ***(See Checklist Supplement.)***	☐	☐		9(e)
9.	**Processes & Standards for Providing Interpretation Services** [1300.67.04(c)(2)(G)] Does the Plan's LA Program define processes and standards for providing free interpretation services, including, but not limited to:				
	(a) Does the Program ***provide a list*** of the non-English languages likely to be encountered among the health plan's enrollees?	☐	☐		10(a)
	(b) Does the Program require that the health plan will provide LEP enrollees with interpretation services for information contained in health plan-produced documents?	☐	☐		10(b)
	(c) Does the Program require that interpretation services be offered to LEP enrollees at no cost, at all points of contact, even if the enrollee is accompanied by a family member or friend who can interpret?	☐	☐		10(c)
	(d) Does the Program ensure that the offer of an interpreter, and enrollee's denial if declined, will be included in the medical record or health plan file, as applicable? *Assessment Tip:* → *Specialized dental, vision, chiropractic, acupuncture, and employee assistance program plans that demonstrate adequate availability and accessibility of qualified bilingual contracted providers and office staff to provide meaningful access to LEP enrollees will be in compliance with this section.*	☐	☐		10(d)
	(e) Does the Program ***describe how*** the health plan will provide **timely** interpretation services to LEP enrollees at all points of contact? ***(See Checklist Supplement.)*** *Assessment Tips:* → *A health plan is not relieved of its obligation to provide interpretation services if the "point of contact" occurs in a hospital, facility or provider office subject to federal or state law that requires provision of interpretation services. Full service plans shall have reasonable processes in place to ensure that LEP enrollees can obtain the plan's assistance in arranging for the provision of timely interpretation services.* → *A health plan is not prohibited from incorporating a contracting hospital's language assistance program if: the hospital's language assistance program provides access to interpretation services consistent with the requirements of 1367.04 of the Act; the plan monitors for deficiencies in the delivery of hospital interpretation services; and the plan takes appropriate corrective action to address identified deficiencies.*	☐	☐		10(e)

Item #	Language Assistance Regulation Requirement of Health Plans	Is the Plan in Compliance? Yes	No	NOTES	Comment Letter #
	(f) Does the Program define the arrangements the plan will make to provide or arrange for timely interpretation services at no charge to LEP enrollees at all points of contact?	☐	☐		10(f)
	(g) ***To answer question 9(f) above for specialized plans***, adequate accessibility and availability of competent and qualified bilingual providers and staff will meet the timely interpretation services requirement by demonstrating that the following criteria are met: • Does the plan identify, within its provider directory, those contracting providers who are bilingual or employ bilingual office staff, based on language capability disclosure forms signed by the bilingual staff, attesting to their fluency in languages other than English? • Does the plan require all contracting providers to provide quarterly updates regarding any changes in the language capabilities of currently employed office staff by submitting new language capability disclosure forms, and the plan updates its provider directories accordingly? • Do the plans quality assurance audits of contracting providers confirm and document the accuracy of provider language capability disclosure forms and attestations? *Assessment Tips:* → *"Timely" means in a manner appropriate for the situation. Interpretation services are not timely if delay results in the effective denial of the service, benefit, or right at issue.* → *A plan's language assistance program shall specify quality assurance standards for timely delivery of language assistance services for emergency, urgent, and routine health care services, and shall include standards for coordinating interpretation services with appointment scheduling.*	☐	☐		10(f)
	(h) Does the Program ensure that the range of interpretation services that will be provided to enrollees is appropriate for the particular point of contact? The range of services **may** include: • Arranging for the availability of bilingual plan or provider staff who are trained and competent in the skill of interpreting; • Hiring staff interpreters who are trained and competent in the skill of interpreting; • Contracting with an outside interpreter service for trained and competent interpreters; • Arranging formally for the services of voluntary community interpreters who are trained and competent in the skill of interpreting; and • Contracting for telephone, video conferencing or other telecommunications supported language interpretation services.	☐	☐		10(g)

Item #	Language Assistance Regulation Requirement of Health Plans	Is the Plan in Compliance? Yes	No	NOTES	Comment Letter #
10.	**Proficiency Standards for Individuals Providing Interpretation/Translation Services** (a) Does the Plan's LA Program include policies and standards for ensuring the proficiency of the individuals providing translation and interpretation services? [1300.67.04(c)(2)(H)] *Assessment Tip:* → *A plan may develop and apply appropriate criteria for ensuring the proficiency of translation and interpretation services or may adopt certification by an association acceptable to the Department at the time of certification.*	☐	☐		11
	(b) Do the Plan's Language Assistance Proficiency standards require a documented and demonstrated proficiency in both English and the other language?	☐	☐		11(a)
	(c) Do the Plan's Language Assistance Proficiency standards require a fundamental knowledge in both languages of health care terminology and concepts relevant to health care delivery systems?	☐	☐		11(b)
	(d) Do the Plan's Language Assistance Proficiency standards include education and training in interpreting ethics and conduct including consideration of cultural sensitivity and confidentiality? ***(See Checklist Supplement.)*** *Assessment Tip:* → *The Department will accept plan standards for interpreter ethics, conduct, and confidentiality that adopt and apply, in full, the standards promulgated by the California Healthcare Interpreters Association or the National Council on Interpreting in Healthcare.*	☐	☐		11(c)
	STANDARDS FOR STAFF TRAINING				
11.	Plan's shall implement a system to provide adequate training regarding the plan's language assistance program to all plan staff who have routine/regular contact with LEP enrollees. [1300.67.04(c)(3)(A-D)] (a) Does the Plan's LA Program ensure that training includes knowledge of the plan's policies and procedures for language assistance?	☐	☐		12(a)
	(b) Does the Plan's LA Program ensure that training defines how to work effectively with LEP enrollees? ***(See Checklist Supplement.)***	☐	☐		12(b)
	(c) Does the Plan's LA Program ensure that training defines how to work effectively with interpreters in person and through video, telephone and other media, as may be applicable? ***(See Checklist Supplement.)***	☐	☐		12(c)

Item #	Language Assistance Regulation Requirement of Health Plans	Is the Plan in Compliance?		NOTES	Comment Letter #
		Yes	No		
	(d) Does the Plan's LA Program ensure that training includes instruction on understanding the cultural diversity of the plan's enrollee population and sensitivity to cultural differences relevant to delivery of health care interpretation services? ***(See Checklist Supplement.)***	☐	☐		12(d)
	STANDARDS FOR COMPLIANCE MONITORING				
12.	Every plan shall monitor language assistance programs, including delegated programs, and make modifications as necessary to ensure compliance with Section 1367.04. [1300.67.04(c)(4)(A)]				
	(a) Does the plan's LA Program require that on-going monitoring is conducted (including for delegated programs)?	☐	☐		13(a)
	(b) Does the monitoring program define how potential modifications are identified, evaluated and implemented?	☐	☐		13(b)
	IMPLEMENTATION				
13.	Did the Plan file, by **July 1, 2008,** their Language Assistance Program(s) with the Department as an amendment to their Quality Assurance Programs? [1300.67.04(e)(2)]	☐	☐		
14.	Did the Plan's LA Filing include the following required documents?				
	(a) Results of the Demographic Profile and analysis of the data	☐	☐		14(a)
	(b) Results of the Surveys and analysis of the data	☐	☐		14(b)
	(c) Training curricula for staff	☐	☐		14(c)
	(d) The Plan's criteria for evaluating interpreter / translator competencies	☐	☐		14(d)

LANGUAGE ASSISTANCE PROGRAM
MEDI-CAL DEEMING CHECKLIST
Section 1300.67.04

Plan Name:

File #: **Reviewer Name:** **QA Reviewer Name:**

Item #	Language Assistance Regulation Requirement of Health Plans	COL. 1. Is Plan Applying Medi-Cal Standard and in Compliance?		COL. 2. If "No" in Col. 1, has the Plan Demonstrated Compliance?		Comment #
		Yes	No	Yes	No	
	STANDARDS FOR ENROLLEE ASSESSMENT					
1.	**Demographic Profile** [1300.67.04(c)(1)(A)] (a) Does the Plan's Language Assistance (LA) Program describe the methods utilized to assess its enrollee population to develop a demographic profile? ***(Filing Requirement 1. If one or more boxes are checked, select 'Yes.')***	☐	☐	☐	☐	**1(a)** *With any necessary modifications*
	(b) Does the Plan's LA Program describe how the Plan collected the demographic data (census, client utilization data, etc.)? ***(Filing Requirement 1. Review explanation – if adequate, select 'Yes.' Go to Checklist Supplement for additional information.)*** *Assessment Tip:* → *Plans can use different methods for collecting demographic data including census data, utilization data, community agencies, and third party enrollment data.*	☐	☐	☐	☐	**1(b)** *With any necessary modifications*
	(c) Does the Plan's LA Program describe how it determined the method was statistically valid?	N/A	N/A	N/A	N/A	
	(d) Does the Plan's statistical analysis address a low response rate? (What was the Plan's response rate? _____)	N/A	N/A	N/A	N/A	

Item #	Language Assistance Regulation Requirement of Health Plans	COL. 1. Is Plan Applying Medi-Cal Standard and in Compliance?		COL. 2. If "No" in Col. 1, has the Plan Demonstrated Compliance?		Comment #
		Yes	No	Yes	No	
2.	**Enrollee Surveys** [1300.67.04(c)(1)(B)] (a) Does the Plan's LA Program describe the methods utilized to survey all subscribers to identify the linguistic needs of each enrollee? ***(Filing Requirement 2. If one or more boxes are checked, select 'Yes.')*** *Assessment Tips:* → *Surveys can be conducted in a variety of methods determined by the Plan and can include existing enrollment and renewal processes, subscriber newsletters, mailings, etc.* → *Methods to survey must include individual subscribers under group contracts.*	☐	☐	☐	☐	**2(b)** *With any necessary modifications*
	(b) Does the Plan's LA Program define how the information is recorded in the enrollee's file? ***(Filing Requirement 2. If one or more boxes are checked, select 'Yes.')***	☐	☐	☐	☐	**2(c)** *With any necessary modifications*
	If the Plan chose to demonstrate compliance by distributing a disclosure, does the disclosure comply with the following requirements: (c) Is it provided in English and all the Plan's threshold languages?	N/A	N/A	N/A	N/A	
	(d) Does it explain that language assistance services are free to the enrollee in the enrollee's preferred spoken and written language?	N/A	N/A	N/A	N/A	
	(e) Does it explain how the enrollee can inform the plan and relevant providers of their preferred spoken and written languages?	N/A	N/A	N/A	N/A	
	(f) Does it allow for recording and maintaining spoken and written languages preferences for the subscriber and all enrollees under the subscriber's contract?	N/A	N/A	N/A	N/A	
3.	**Enrollee Assessment General Policy & Procedure Requirements** [1300.67.04(c)(1)(C)] (a) Does the Plan's LA Program describe how the Plan summarized and documented enrollee demographic profile data?	N/A	N/A	N/A	N/A	
	(b) Does the Plan's LA Program define how the plan maintains confidentiality of personal information while collecting, summarizing and documenting demographic profile data? ***(Filing Requirement 23. If box h is checked, select 'Yes.')***	☐	☐	☐	☐	**3(b)** *With any necessary modifications*

Item #	Language Assistance Regulation Requirement of Health Plans	COL. 1. Is Plan Applying Medi-Cal Standard and in Compliance?		COL. 2. If "No" in Col. 1, has the Plan Demonstrated Compliance?		Comment #
		Yes	No	Yes	No	
	(c) Does the Plan's LA Program clarify that information can be disclosed to: • The Department, upon request for regulatory purposes • Contracting Providers, upon request for lawful purposes (language assistance, health care quality improvement, etc.)	N/A	N/A	N/A	N/A	**3(b)** *With any necessary modifications*
	STANDARDS FOR PROVIDING LANGUAGE ASSISTANCE SERVICES					
4.	**Language Assistance Program Policy & Procedure Requirements** Plans are required to develop a language assistance program to include written policies and procedures. [1300.67.04(c)] *Assessment Tips:* [1300.67.04(d)(1)-(8)] *In reviewing the plan's proposed language assistance program, the Department will evaluate the totality of the plan's language assistance program to determine whether the program as a whole provides meaningful access for LEP enrollees and may consider relevant operational and demographic factors, including but not limited to:* → *Whether the plan is a full service plan or a specialized health care service plan* → *The nature of the points of contact* → *The frequency with which particular languages are encountered* → *The type of provider network and methods of health care service delivery* → *The variations and character of a plan's service area* → *The availability of translation and interpretation services and professionals* → *The variations in cost of language assistance services and the impact on affordability of health care coverage* → *A plan's implementation of best practices and utilization of existing and emerging technologies to increase access to language assistance services, such as video interpreting programs, language translation software, collaborating with other plans to share a pool of interpreters, and other methods and technologies*					

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		Yes	No	Yes	No	
	(a) Do the Plan's LA Program policies and procedures address all points of contact where language assistance is anticipated? [1300.67.04(c)(2)(A)] ***(Filing Requirement 10. If one or more boxes are checked, select 'Yes.')*** *Assessment Tip:* *This should include both medical and non-medical staff at both the Plan and Provider.*	☐	☐	☐	☐	**4** *With any necessary modifications*
	(b) Do the Plan's LA Program policies and procedures define the types of resources needed to provide effective language assistance to its enrollees? [1300.67.04(c)(2)(B)] ***(Filing Requirement 11. If one or more boxes are checked, select 'Yes.')*** *Assessment Tip:* *Types of resources may include bi-lingual staff, phone interpreters, in-person interpreters, etc.*	☐	☐	☐	☐	**5** *With any necessary modifications*
5.	**Processes for Informing Enrollees – General** [1300.67.04(c)(2)(C)] (a) Does the Plan's LA Program define the processes for informing enrollees of the availability of language assistance services at no charge and how to access such services? ***(Filing Requirements 6 and 7. If one or more boxes are checked in each 6 and 7, select 'Yes.')***	☐	☐	☐	☐	**6** *With any necessary modifications*
	(b) Does the Program define how the Plan will effectively identify a Limited English Proficient (LEP) enrollee at points of contact and ensure that LEP enrollees are informed of and provided access to interpretation services? ***(Filing Requirements 1 and 7. If one or more boxes are checked in each 1 and 7, select 'Yes.')*** *Assessment Tip:* *This should include enrollees who do not speak or read a threshold language.*	☐	☐	☐	☐	**6(a)** *With any necessary modifications*
	(c) Does the Program define the processes for including notices regarding free language assistance services and how to access them with all vital documents, enrollment materials, and correspondence regarding new or renewed enrollment? ***(Filing Requirements 6 and 13. If one or more boxes are checked in each 6 and 13, select 'Yes.')***	☐	☐	☐	☐	**6(b)** *With any necessary modifications*

Item #	Language Assistance Regulation Requirement of Health Plans	COL. 1. Is Plan Applying Medi-Cal Standard and in Compliance?		COL. 2. If "No" in Col. 1, has the Plan Demonstrated Compliance?		Comment #
		Yes	No	Yes	No	
	(d) Does the Program define the processes for including notices regarding free language assistance services and how to access them with brochures, newsletters, outreach and marketing materials, and other materials routinely disseminated to enrollees? ***(Filing Requirement 13. If one or more boxes are checked, select 'Yes.')***	☐	☐	☐	☐	**6(c)** *With any necessary modifications*
6.	**Processes for Informing Enrollees – Grievance & IMR** [1300.67.04(c)(2)(D)] (a) Does the Plan's LA Program define the processes to ensure that LEP enrollees receive information regarding their rights to file a grievance and seek and independent medical review in threshold languages and oral interpretations? ***(Filing Requirements 7 and 13. If the 7(d) box is checked or the 13th item in #13 is checked, select 'Yes.')***	☐	☐	☐	☐	**7** *With any necessary modifications*
	(b) Does the Program define processes for ensuring that grievance forms and procedures are made available to contracted providers for distribution to enrollees upon request? ***(Filing Requirements 13. Review languages identified in 13 – "Complaint and grievance materials" – if no languages identified, select 'No;' if any languages identified in 13, select 'Yes.' Go To Checklist Supplement for additional information.)***	☐	☐	☐	☐	**7(a)** *With any necessary modifications*
	(c) Does the Program define processes for ensuring that contracting providers are informed that complaint, grievance and IMR information in non-English languages is available on the Department's web site?	N/A	N/A	N/A	N/A	
7.	**Processes for Informing Contracting Providers** [1300.67.04(c)(2)(E)] (a) Does the Plan's LA Program define processes to ensure that contracted providers are informed of the health plan's language assistance services (i.e. communication plan)? ***(Filing Requirement 17. Review explanation – if adequate, select 'Yes.' Go To Checklist Supplement for additional information.)***	☐	☐	☐	☐	**8(a)** *With any necessary modifications*
	(b) Does the Plan's LA Program define how LEP enrollee language needs information collected by the health plan is made available to contracted providers? ***(Filing Requirements 3 and 17. If the box in 3(d) is checked, select 'No.' Review explanation provided in 17 – if adequate, select 'Yes.' Go To Checklist Supplement for additional information.)***	☐	☐	☐	☐	**8(b)** *With any necessary modifications*
8.	**Processes & Standards for Providing Translation Services** [1300.67.04(c)(2)(F)] Does the Plan's LA Program define processes and standards for providing translation services, including, but not limited to:					

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		Yes	No	Yes	No	
	(a) Does the Program define a list of the threshold languages identified by the plan? ***(Filing Requirement 13. Review the languages identified in 13 – if no languages identified, select 'No.')***	☐	☐	☐	☐	**9(a)** *With any necessary modifications*
	(b) Does the Program define a list of the standardized and enrollee-specific vital documents that must be translated and the standards for making these documents available to enrollees? ***(Filing Requirement 13. Review the languages identified in 13 – if no languages identified, select 'No.')***	☐	☐	☐	☐	**9(b)** *With any necessary modifications*
	Assessment Tips: 1367.04(b)(1)(B)(i-v), 1367.04(b)(1)(A)(i-iii) → *Vital Documents include: Applications, Consent Forms, letters with eligibility or participation information, notices regarding denial, reduction, modification, or termination of services or benefits and the enrollee's right to file a grievance or appeal, notices regarding free language assistance.* → *Plans do not need to translate subscriber contracts, EOCs and other large disclosure forms and enrollee handbooks in their entirety, but may excerpt in a format that permits cost-effective and timely production (so long as there is no loss of accuracy by doing so.) A plan may demonstrate compliance regarding translation of disclosures if the plan provides a standardized matrix that lists the major categories of health care services covered under the plan's subscriber contracts, together with the corresponding copayments and coinsurance, and exclusions and limitations, and disclosing any applicable deductibles and lifetime maximums, using the same sequence as the uniform matrix described in Section 1363(b)(1) of the Act.* → *Health plans with enrollment of 1,000,000 must translate vital documents into the top two languages other than English and any additional languages when .75% or 15,000 (whichever is less) indicates the need. Health plans with enrollment between 300,000 and 1,000,000 must translate vital documents in the top one language and additional when 6,000 or 1% indicates the need. Health plans with less than 300,000 must translate vital documents when 3,000 or 5% indicates the need.*					
	(c) Does the Program describe how the health plan will translate vital documents at no charge to enrollees? ***(Filing Requirement 13 and 14. Review documents in 13 and explanation in 14 – if adequate, select 'Yes.' Go To Checklist Supplement for additional information.)***	☐	☐	☐	☐	**9(b)** *With any necessary modifications*
	(d) Does the Program define how the Plan ensures Non-English translations of vital documents meet the same standards as English versions? ***(Filing Requirement 15. If one or more boxes are checked, select 'Yes.')***	☐	☐	☐	☐	**9(c)** *With any necessary modifications*

Item #	Language Assistance Regulation Requirement of Health Plans	COL. 1. Is Plan Applying Medi-Cal Standard and in Compliance?		COL. 2. If "No" in Col. 1, has the Plan Demonstrated Compliance?		Comment #
		Yes	No	Yes	No	
	(e) Does the Program provide a description of how – for non-standardized vital documents – the health plan provides the English version with a written notice of the availability of interpretation and translation services? ***(Filing Requirements 14 and 16. Review explanations – if adequate, select 'Yes.')*** *Assessment Tip:* → *The health plan has up to 21 days to comply with enrollee request for written translations. For expedited grievances, health plans may provide oral interpretation services to satisfy the requirement.*	☐	☐	☐	☐	**9(d)** *With any necessary modifications*
	(f) Does the Program ensure that requested translations are provided in accordance with Section 1367.04 of the Act?	N/A	N/A	N/A	N/A	
9.	**Processes & Standards for Providing Interpretation Services** [1300.67.04(c)(2)(G)] Does the Plan's LA Program define processes and standards for providing free interpretation services, including, but not limited to: (a) Does the Program provide a list of the non-English languages likely to be encountered among the health plan's enrollees? ***(Filing Requirements 1 and 13. If 1(a), (b), (c), or (h) are selected, <u>or</u> if any languages are identified in 13, select 'Yes.')***	☐	☐	☐	☐	**10(a)** *With any necessary modifications*
	(b) Does the Program require that the health plan will provide LEP enrollees with interpretation services for information contained in health plan-produced documents? ***(Go To Checklist Supplement for information.)***	☐	☐	☐	☐	**10(b)** *With any necessary modifications*
	(c) Does the Program require that interpretation services be offered to LEP enrollees at no cost, at all points of contact, even if the enrollee is accompanied by a family member or friend who can interpret? ***(Filing Requirements 6, 7 and 10. If one or more boxes are checked in 6 or 7(a) <u>and</u> one or more boxes are checked in 10 <u>and</u> 7(b) is checked, select 'Yes.')***	☐	☐	☐	☐	**10(c)** *With any necessary modifications*
	(d) Does the Program ensure that the offer of an interpreter, and enrollee's denial if declined, will be included in the medical record or health plan file, as applicable? ***(Filing Requirements 4 and 5. If 4 (Yes) checkbox is selected <u>or</u> 5(a), (b) <u>or</u> (e) is checked, select 'Yes.')*** *Assessment Tip:* → *Specialized dental, vision, chiropractic, acupuncture, and employee assistance program plans that demonstrate adequate availability and accessibility of qualified bilingual contracted providers and office staff to provide meaningful access to LEP enrollees will be in compliance with this section.*	☐	☐	☐	☐	**10(d)** *With any necessary modifications*

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		Yes	No	Yes	No	
	(e) Does the Program describe how the health plan will provide timely interpretation services to LEP enrollees at all points of contact? ***(Filing Requirements 8 and 10. If one or more boxes are checked in each 8 and 10, select 'Yes.')*** *Assessment Tips:* → *A health plan is not relieved of its obligation to provide interpretation services if the "point of contact" occurs in a hospital, facility or provider office subject to federal or state law that requires provision of interpretation services. Full service plans shall have reasonable processes in place to ensure that LEP enrollees can obtain the plan's assistance in arranging for the provision of timely interpretation services.* → *A health plan is not prohibited from incorporating a contracting hospital's language assistance program if: the hospital's language assistance program provides access to interpretation services consistent with the requirements of 1367.04 of the Act; the plan monitors for deficiencies in the delivery of hospital interpretation services; and the plan takes appropriate corrective action to address identified deficiencies.*	☐	☐	☐	☐	**10(e)** *With any necessary modifications*
	(f) Does the Program define the arrangements the plan will make to provide or arrange for timely interpretation services at no charge to LEP enrollees at all points of contact? ***(Filing Requirements 8, 9 and 10. Review 9 explanation – if adequate, and if one or more boxes are checked in each 8 and 10, select 'Yes.')***	☐	☐	☐	☐	**10(f)** *With any necessary modifications*
	(g) ***To answer question 9(f) above for specialized plans***, adequate accessibility and availability of competent and qualified bilingual providers and staff will meet the timely interpretation services requirement by demonstrating that the following criteria are met: • Does the plan identify, within its provider directory, those contracting providers who are bilingual or employ bilingual office staff, based on language capability disclosure forms signed by the bilingual staff, attesting to their fluency in languages other than English? • Does the plan require all contracting providers to provide quarterly updates regarding any changes in the language capabilities of currently employed office staff by submitting new language capability disclosure forms, and the plan updates its provider directories accordingly? • Do the plans quality assurance audits of contracting providers confirm and document the accuracy of provider language capability disclosure forms and attestations? ***(Filing Requirements 11, 18 and 19. If 18 (c) is checked, and 11 (g) is checked and review of 19 explanation is adequate, select 'Yes.' If 19 explanation addresses 18 (c) and 11(g), it is not necessary that those boxes are checked.)***	☐	☐	☐	☐	**10(f)** *With any necessary modifications*

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		Yes	No	Yes	No	
	Assessment Tips: → *"Timely" means in a manner appropriate for the situation. Interpretation services are not timely if delay results in the effective denial of the service, benefit, or right at issue.* → *A plan's language assistance program shall specify quality assurance standards for timely delivery of language assistance services for emergency, urgent, and routine health care services, and shall include standards for coordinating interpretation services with appointment scheduling.*					
	(h) Does the Program ensure that the range of interpretation services that will be provided to enrollees is appropriate for the particular point of contact? The range of services may include, but is not limited to: ***(Filing Requirements 10 and 11. If one or more boxes are checked in each 10 and 11, select 'Yes.')*** • Arranging for the availability of bilingual plan or provider staff who are trained and competent in the skill of interpreting; • Hiring staff interpreters who are trained and competent in the skill of interpreting; • Contracting with an outside interpreter service for trained and competent interpreters; • Arranging formally for the services of voluntary community interpreters who are trained and competent in the skill of interpreting; and • Contracting for telephone, video conferencing or other telecommunications supported language interpretation services.	☐	☐	☐	☐	**10(g)** *With any necessary modifications*
10.	**Proficiency Standards for Individuals Providing Interpretation/Translation Services** (a) Does the Plan's LA Program include policies and standards for ensuring the proficiency of the individuals providing translation and interpretation services? [1300.67.04(c)(2)(H)] ***(Filing Requirements 11, 12 and 15. Review 12 explanation – if adequate, and if one or more boxes are checked in each 11 and 15, select 'Yes.' Go To Checklist Supplement for additional information.)*** *Assessment Tip:* → *A plan may develop and apply appropriate criteria for ensuring the proficiency of translation and interpretation services or may adopt certification by an association acceptable to the Department at the time of certification.*	☐	☐	☐	☐	**11** *With any necessary modifications*

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		Yes	No	Yes	No	
	(b) Do the Plan's Language Assistance Proficiency standards require a documented and demonstrated proficiency in both English and the other language? ***(Filing Requirements 11, 12 and 15. Review 12 explanation – if adequate, and if one or more boxes are checked in each 11 and 15, select 'Yes.' Go To Checklist Supplement for additional information.)***	☐	☐	☐	☐	**11(a)** *With any necessary modifications*
	(c) Do the Plan's Language Assistance Proficiency standards require a fundamental knowledge in both languages of health care terminology and concepts relevant to health care delivery systems? ***(Filing Requirements 11, 12 and 15. Review 12 explanation – if adequate, and if 11 (b), (c) or (d) boxes are checked and 15 (b), (c), (d) or (f) boxes are checked, select 'Yes.' Go To Checklist Supplement for additional information.)***	☐	☐	☐	☐	**11(b)** *With any necessary modifications*
	(d) Do the Plan's Language Assistance Proficiency standards include education and training in interpreting ethics and conduct including consideration of cultural sensitivity and confidentiality? ***(Filing Requirements 12, 20 and 21. Review 12 and 21 explanations – if adequate, or if 20 (iii) explanation includes this requirement, select 'Yes.' Go To Checklist Supplement for additional information.)*** *Assessment Tip:* → *The Department will accept plan standards for interpreter ethics, conduct, and confidentiality that adopt and apply, in full, the standards promulgated by the California Healthcare Interpreters Association or the National Council on Interpreting in Healthcare.*	☐	☐	☐	☐	**11(c)** *With any necessary modifications*
	STANDARDS FOR STAFF TRAINING					
11.	Plans shall implement a system to provide adequate training regarding the plan's language assistance program to all plan staff who have routine/regular contact with LEP enrollees. [1300.67.04(c)(3)(A-D)]					
	(a) Does the Plan's LA Program ensure that training includes knowledge of the plan's policies and procedures for language assistance? ***(Filing Requirement 20. If 20 (i) explanation includes this requirement, select 'Yes.')***	☐	☐	☐	☐	**12(a)** *With any necessary modifications*
	(b) Does the Plan's LA Program ensure that training defines how to work effectively with LEP enrollees? ***(Filing Requirement 20. If 20 (ii) explanation includes this requirement, select 'Yes.')***	☐	☐	☐	☐	**12(b)** *With any necessary modifications*

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		Yes	No	Yes	No	
	(c) Does the Plan's LA Program ensure that training defines how to work effectively with interpreters in person and through video, telephone and other media, as may be applicable? ***(Filing Requirements 12 and 20. Review 12 explanation – if adequate, and if 20 (ii) explanation includes this requirement, select 'Yes.' Go To Checklist Supplement for additional information.)***	☐	☐	☐	☐	**12(c)** *With any necessary modifications*
	(d) Does the Plan's LA Program ensure that training includes instruction on understanding the cultural diversity of the plan's enrollee population and sensitivity to cultural differences relevant to delivery of health care interpretation services? ***(Filing Requirements 20 and 21. Review 21 explanation – if adequate, or if 20 (iii) explanation includes this requirement, select 'Yes.' Go To Checklist Supplement for additional information.)***	☐	☐	☐	☐	**12(d)** *With any necessary modifications*
	STANDARDS FOR COMPLIANCE MONITORING					
12.	Every plan shall monitor language assistance programs, including delegated programs, and make modifications as necessary to ensure compliance with Section 1367.04. [1300.67.04(c)(4)(A)]					
	(a) Does the plan's LA Program require that on-going monitoring is conducted (including for delegated programs)? ***(Filing Requirements 22, 23, 24 and 25. Review 24 explanation – if adequate, or 23 (b), (d), (e), (g), (i), (j), (k) or (l) are checked or if one or more boxes are checked in 22 or 25, then select 'Yes.')***	☐	☐	☐	☐	**13(a)** *With any necessary modifications*
	(b) Does the monitoring program define how potential modifications are identified, evaluated and implemented? ***(Filing Requirements 22, 23, 24 and 25. Review 24 explanation – if adequate, or 23 (i), (j), (k) and (l) are checked or if one or more boxes are checked in 22 or 25, then select 'Yes.')***	☐	☐	☐	☐	**13(b)** *With any necessary modifications*
	IMPLEMENTATION					
13.	Did the Plan file, by **July 1, 2008,** their Language Assistance Program(s) with the Department as an amendment to their Quality Assurance Programs? [1300.67.04(e)(2)]	☐	☐	☐	☐	
14.	Did the Plan's filing include a signed attestation that confirms the accuracy of the submitted information?	☐	☐	☐	☐	