



Knox –Keene Licensed Health Plans
Language Assistance Program Filing Requirements
May 15, 2008

Medi-Cal Language Assistance Program Standards Applied to Non-Medi-Cal Lines of Business
(Sections 1300.67.04(a)(2)(A-C), Section 1300.67.04(a)(3))

All health care service plans, including specialized health care service plans (plans), are required to comply with the requirements of Title 28 CCR Section 1300.67.04. However, the requirements of this section do not apply to plan contracts for the provision of services to Medi-Cal enrollees or to contracts between plans and the federal government for the provision of services to Medicare enrollees.

If a Knox-Keene licensed health plan has both Medi-Cal and non-Medi-Cal lines of business, then the plan may seek the Department's determination of compliance with the LAP requirements of Section 1367.04 and Section 1300.67.04 as to its non-Medi-Cal lines of business if:

- The Medi-Cal standards for providing language assistance services, including standards for timeliness and proficiency of interpreters, are equivalent to or exceed the standards set forth in Section 1367.04 of the Act and Title 28 CCR Section 1300.67.04; and,
- The plan applies the same Medi-Cal LAP standards to the plan's non-Medi-Cal lines of business; and,
- The Department determines, as described in Section 1367.04(a)(3), that the plan is in compliance with the Medi-Cal standards.

The Department shall, to the extent feasible, rely on audits, reports, or other oversight and enforcement methods used by the California Department of Health Care Services (DHCS) to ensure ongoing compliance to Medi-Cal standards applied to non-Medi-Cal lines of business.

A plan that seeks the Department's determination of compliance with Section 1367.04 and Section 1300.67.04 for its non-Medi-cal lines of business as provided above shall request such determination as part of its filing required by Section 1300.67.04(e)(2). The Department's determination pursuant to Section 1300.67.04(a)(3) shall apply only to the enrollees in a plan's non-Medi-Cal lines of business to which the plan actually applies the Medi-Cal program standards.

The following Assessment Guide is designed to assist Knox-Keene licensed health plans that have Medi-Cal enrollees and seek to apply the Medi-Cal language assistance program standards

to the plan's non-Medi-Cal lines of business. The Assessment Guide below must to be filled out in its entirety. If a particular question does not apply to your plan, in the space provided after the question, explain why the question does not apply. If an explanation requires additional page(s), please reference the question number on the additional page(s). The Department can be reached for questions via email at languageaccess@dmhc.ca.gov.

The plan's filing must include a signed attestation that confirms the accuracy of the submitted information. Please note, in accordance with Section 1396 of the Act, "It is unlawful to make any untrue statement of material fact in any application, notice, amendment, report, or other submission filed with the director under this chapter or the regulations adopted thereunder, or willfully omit to state in any application, notice, or report any material fact which is required to be stated therein."

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ASSESSMENT GUIDE

Name of Health Plan: _____

County(ies) of Operation: _____

Type of Health Plan: _____

Approximate Number of Medi-Cal covered lives: _____

Approximate Number of non-Medi-Cal covered lives: _____

Name of Current DHCS Medi-Cal Contract Manager: _____

Telephone number and Email address of Medi-Cal Contract Manager:

Phone: _____ Email: _____

Date of most recent Medi-Cal C&L Monitoring: _____

Date of most recent DHCS Medi-Cal plan Audit: _____

Is the Plan electing to apply all Medi-Cal C&L standards to its non-Medi-Cal enrollees?

Yes No Other (explain) _____

ENROLLEE ASSESSMENT

1) How does the plan assess the Cultural and Linguistic needs of its Medi-Cal enrollees?

Check all that apply.

- a. Group Needs Assessment (GNA){PL 99-02}
- b. Date last GNA was submitted to DHCS: _____
- c. (GNA) annual update {Two Plan Contract Ex. A, Att. 9, #12.3}
- d. feedback from enrollees and enrollee representatives who participate on plan committees (i.e., Community Advisory Committee or similar committees) {PL 99-02; Two Plan Contract, Ex. A, Att. 9, #12.C.4}
- e. enrollee feedback from phone, mail or web surveys
- f. enrollee grievances and appeals {PL 99-03}
- g. encounter and claims data
- h. interpreter services utilization review
- i. other (explain):

Explain how the plan assessed (or assesses) the Cultural and Linguistic need of its non-Medi-Cal enrollees.

2) How does the plan identify and document the preferred spoken and written language of its Medi-Cal enrollees? {PL 99-04}

Check all that apply.

- a. from enrollee enrollment data
- b. during the welcome call or orientation
- c. other (explain):

Will the plan use these same methods in identifying and documenting the language preference of its non-Medi-Cal enrollees?

- Yes
- No

INTERPRETER SERVICES

3) How does the plan make providers aware of its Medi-Cal enrollees language preferences in order to ensure timely access to interpreter services? {PL 99-03}

Check all that apply.

- a. monthly enrollee eligibility reports with language preference
- b. new enrollee notification with language preference
- c. enrollee language preference is available to providers via the plan's secure web site
- d. the plan does not make providers aware of enrollee language preference
- e. other (explain):

Will the plan use these same standards for its non-Medi-Cal enrollees?

- Yes
- No

- 4) Does the plan instruct providers in its network to record the language needs of its Medi-Cal enrollees and to document in the medical record the Requests/Refusals of language interpretive services? {PL99-03; pg. 2; Two Plan: Section Exhibit A, Attachment. 4, 13.D.2); GMC Cont. Sec. 8.9.1}

- Yes, explain the process:
- No, explain:

Will the plan require its providers to meet these same interpretive services standards for its non-Medi-Cal enrollees?

- Yes
- No

- 5) How does the plan ensure providers comply with the requirements to document the Requests/Refusals of language interpreter services?

{PL99-03; pg. 2; Two –Plan: Section Exhibit A, Attachment. 4, 13.D.2); GMC Cont. Sec. 8.9.1}

Check all that apply.

- a. train its providers on the need to document a request or refusal of interpreter services
- b. supply providers and their staff with Request/Refusal forms for interpreter services
- c. supply providers and their staff with chart labels identifying enrollee language needs
- d. Implement an incentive program to reward provider offices that affirmatively attempt to identify language needs of LEP enrollees and record those on the medical charts (explain the program :)
- e. conduct reviews of providers' medical records during periodic audits and/or facility site reviews to check for documentation of the request for or refusal of interpreter services
- Other (explain):
- f. Will the plan ensure that its providers meet these standards for its non-Medi-Cal enrollees?
 - Yes
 - No

- 6) What methods does the plan utilize to inform its Medi-Cal enrollees of the availability of free language assistance services? {PL99-03; pg.4}

Check all that apply.

- a. welcome call/welcome letter
- b. evidence of coverage (EOC) or certificate of insurance (COI)
- c. other (explain):

Will the plan utilize these same methods for its non-Medi-Cal enrollees?

- Yes
- No

7) What information does the plan provide to its Medi-Cal enrollees regarding interpreter services? *{PL99-03; pg.4}*

Check all that apply.

- a. availability of interpreter services to enrollees at no charge
- b. right not to use family enrollees, friends or minors as interpreters
- c. right to request an interpreter, during discussions of medical information such as diagnoses of medical conditions and proposed treatment options, and explanations of proposed plans of care or other discussions with providers
- d. right to file a complaint or grievance if linguistic needs are not met
- e. other (please explain):

Will the plan provide this same information to its non-Medi-Cal enrollees?

- Yes
- No

8) How does the plan provide 24 hour interpreter services to its Medi-Cal enrollees?

{PL99-03; pg. 2; Two-Plan: Exhibit A, Attachment. 13, A; GMC Cont. Sec. 8.13.1.1}

Check all that apply.

- a. face-to-face interpreters
- b. telephone language line
- c. plan customer service (telephone/web system)
- d. other (explain):

Will the plan apply these same standards to its non-Medi-cal enrollees?

- Yes
- No

9) Explain the process used by providers and Medi-Cal enrollees to notify the plan when interpreter services are needed. *PL99-03; pg. 2*

Will the plan require that this same process be used for its non-Medi-Cal enrollees?

- Yes
- No

10) At what non-medical and medical points of contact does the plan ensure language access for its Medi-Cal enrollees? *{PL99-03; pgs. 3; Two-Plan: Sec. Exhibit A, Attachment. 9, 13. D. 1-2}; GMC 8.13.1}*

Check all that apply.

- a. during the appointment
- b. provider office reception
- c. appointment services phone or web site
- d. plan customer service
- e. enrollee orientation sessions
- f. health education classes
- g. other (please explain):

Will the plan extend these same standards to its non-Medi-Cal enrollees?

- Yes
- No

11) What methods are used by the plan to ensure language access at the points of contact checked above for its Medi-Cal enrollees?

{PL99-03; pgs. 3; Two- Plan: Section Exhibit A, Attachment. 9, 13. D. 1-2}; GMC 8.13.1}

Check all that apply.

- a. hire staff with conversational fluency in multiple languages
- b. hire staff with bilingual fluency in medical terminology
- c. train staff to collect medical history data and respond to enrollees with culturally appropriate oral translations and forms
- d. provide interpreters with access to medical dictionaries/glossaries to use for accuracy in translation (i.e.; books; website; computer software)
- e. give plan/provider staff consistent interpreter training by experienced and properly trained interpreters
- f. periodically assess the language proficiency of the plan's identified medical and non-medical staff that have enrollee contact
- g. conduct audits of provider sites to confirm ongoing language capabilities of providers and staff
- h. other (explain):

Will the plan extend these same standards to its non-Medi-Cal enrollees?

- Yes
- No

12). Explain the steps used by the plan and providers to encourage the use of qualified interpreters.

Will the plan apply these same standards to its non-Medi-Cal enrollees?

- Yes
 No

TRANSLATION SERVICES

13) For each of the enrollee materials listed below, please list the non-English languages in which the plan translates the materials for its Medi-Cal enrollees.
 {PL 99-04; Two Plan *Contract Ex. A, Att. 9, #13. b*}

DOCUMENT	LANGUAGE/s
Evidence of Coverage or Certificate of Insurance	
Enrollee Handbook and information on how to use the enrollee handbook	
Welcome Letter	
Newsletters	
Preventive services reminders	
Health Education Materials	
Letters and notices reducing, denying, delaying or terminating services or benefits (<i>Notice of Action</i>)	
Health plan Forms	
Patient Satisfaction Surveys (ex. CAHPS)	
Notices of free language assistance	
Provider listings (directory)	
Marketing materials	
Complaints and grievance materials	
Any documents required by law or affecting any legal right or responsibility (ex: Disclosure and Consent Forms, etc.)	
Other (please describe):	

Will the plan translate these same materials for its non-Medi-Cal enrollees?

- Yes
 No - Explain

List any other document type that will be translated and does not appear on the above list.

14) What is the plan’s process for translation of documents? {PL 99-04}

Explanation:

Will the plan utilize this same translation process for its non-Medi-Cal lines of business?

- Yes
- No

15) The plan agrees that the translation process shall include the use of qualified translators for translating and editing, proofreading and professional review. Which of the following activities does the plan undertake to ensure the quality of translated materials? {PL 99-04}

Check all that apply.

- a. contract and use of certified translation companies that follow a step-by-step translation process
- b. perform back translation of material into its source language for comparison and accuracy by certified translation vendors other than the original translator
- c. have an internal review committee that includes a medical and/or legal “professional reviewer” who reviews translated materials for cultural appropriateness
- d. proof-read and edit of documents by a separate qualified translation editor/proof reader
- e. use of computer technology as part of the process for producing culturally and linguistically appropriate translation
- f. other (please explain):

Will the plan apply these same translation standards for its non-Medi-Cal lines of business?

- Yes
- No

16) Explain the process as to how the plan provides translated materials to its Medi-Cal Limited English Proficient (LEP) enrollees on a routine basis. {PL 99-04}

Will the plan apply this process to its non-Medi-Cal LEP enrollees?

- Yes
- No

PROVIDER LANGUAGE CAPABILITIES

17) How does the plan ensure subcontracted providers and/or vendors meet cultural and linguistic services contractual requirements?

{PL99-03; pg. 4; Two Plan: Section Exhibit A, Attachment. 9, 12.B}

Explanation:

18) Which tools does the plan use to report the on-site linguistic capabilities of providers and provider office staff to its Medi-Cal enrollees? *{PL 99-03}*

Check all that apply.

- a. written “hard” records
- b. electronic database
- c. provider directory
- d. Health plan website
- e. other (please explain):

19) How does the plan verify the proficiency of providers who indicate they are bilingual?
{PL 99-03}

Explanation:

Will the plan apply the same standards for documenting and verifying the language capabilities of its providers identified in #17, 18 and 19 above, to its non-Medi-Cal lines of business?

- Yes
- No

TRAINING

20) Explain the process utilized by the plan to inform/train plan staff and provider staff on:
{PL 99-03}

- i. the plan’s language assistance program
- ii. culturally and linguistically appropriate service referrals
- iii. cultural competency

Will the plan utilize this same process for its non-Medi-Cal lines of business?

- Yes
- No

21) Does the plan provide initial and continuing training on cultural competency to staff and providers? Please describe the most recent trainings, and any planned future trainings.
{PL 99-03; Two Plan Contract, Ex. A, Att. 9, #12. E}

Will staff and provider cultural competency training be extended to incorporate the plan’s non-Medi-Cal enrollees?

MONITORING LANGUAGE ASSISTANCE SERVICES

22) How does the plan monitor its language assistance program? *{PL 99-03}*
Check all that apply.

- a. feedback from enrollees and enrollees representatives during health plan meetings (such as the Community Advisory Committee or similar committees)
- b. enrollee feedback from phone, mail, or web surveys
- c. findings from provider onsite audits conducted by the plan
- d. review of enrollee grievances and appeals
- e. review of encounter and claims data
- f. interpreter services utilization review
- g. other (explain):

Will the plan apply these same standards to when monitoring the language assistance program for its non-Medi-Cal enrollees?

- Yes
- No

PLAN INTERNAL SYSTEMS AND QUALITY IMPROVEMENT

{Two Plan Contract Ex, A., Att. 6, #12; Ex. A, Att. 9, #12 & 14} for questions #23, 24, 25

23) Which of the following activities does the plan undertake in developing its internal systems to meet the cultural and linguistic needs of its Medi-Cal enrollees?

Check all that apply.

- a. incorporate cultural competency in the plan's mission
- b. establish and maintain a process to evaluate and determine the need for special initiatives related to cultural competency
- c. develop recruitment and retention initiatives to establish organization-wide staffing that is reflective and/or responsive to the needs of the community
- d. assess the cultural competence of plan providers on a regular basis
- e. establish a special office or designated staff to coordinate and facilitate the integration of cultural competency guidelines
- f. distribute communication tools to staff relating to cultural competency issues (e.g., those tools generally used to distribute other operational policy-related issues)
- g. participate with government, community, and educational institutions in matters related to best practices in cultural competency in managed health care to ensure an outside perspective is maintained in plan policies
- h. maintain an information system capable of identifying and profiling cultural and linguistic specific patient data
- i. evaluate the effectiveness of strategies and programs in improving the health status of cultural-defined populations
- j. evaluate satisfaction feedback from enrollee surveys, staff, and/or providers
- k. evaluate encounter/claims data to improve services/processes
- l. evaluate input from enrollee advisory committees
- m. other

24) Explain any of the activities checked above.

25) As part of the plan's quality improvement efforts, does the plan utilize the following data to evaluate cultural and linguistic services and outcomes of cultural and linguistic activities?

Check all that apply.

- a. enrollee complaints and grievances
- b. results from enrollee satisfaction surveys
- c. utilization and other clinical data that may reveal health disparities as a result of cultural and linguistic barriers
- d. other (please explain):

Will the plan apply the same Quality Improvement standards, programs and activities to its non-Medi-Cal lines of business as disclosed in questions 23, 24, & 25?

- Yes
- No