AMENDED IN ASSEMBLY APRIL 24, 2002

CALIFORNIA LEGISLATURE—2001–02 REGULAR SESSION

ASSEMBLY BILL No. 2739

Introduced by Assembly Member Chan

February 22, 2002

An act to repeal and add Section 12693.30 of the Insurance Code, and to add Section 14093.06 to the Welfare and Institutions Code, relating to health services.

LEGISLATIVE COUNSEL'S DIGEST

AB 2739, as amended, Chan. Health care coverage: multilingual information and services.

Existing law provides for creation of various programs to provide health care services to persons with limited incomes and meeting various eligibility requirements. These programs include the Healthy Families Program administered by the Managed Risk Medical Insurance Board and the Medi-Cal program administered by the State Department of Health Services. Existing law requires the Director of Health Services and the board to enter into contracts with health plans to provide services pursuant to each program.

Existing law further requires the board to ensure that enrollment information, telephone services, and interpreter services are available in specified languages for subscribers and applicants.

This bill would require managed care plans contracting with the department for the provision of services under the Medi-Cal program, and health care plans contracting with the board for the provision of services under the Healthy Families Program, as well as the department and the board, to take prescribed actions with respect to the

implementation of plans to provide culturally and linguistically appropriate services to recipients of services under these programs.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. (a) The Legislature finds and declares the following:

~~(1) California was among the first states to create cultural and linguistic policies for health plans that serve Medi-Cal beneficiaries. These requirements were developed through a multiyear process involving health plans, experts in cultural and linguistic services, community-based organizations, and the State Department of Health Services.~~

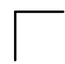
~~(2) The Managed Risk Medical Insurance Board created similar policies and requirements in its contract language for Healthy Families Program contracting plans.~~

~~(b) It is the intent of the Legislature to codify and make more uniform the current requirements for Medi-Cal managed care plans and Healthy Families Program contracting plans to provide culturally and linguistically appropriate services.~~

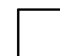
(1) According to data from the United States Census of 2000, communities of color represent a majority of the state's population. Almost 40 percent of Californians speak a language other than English at home. Almost 85 percent of all enrollees in the Healthy Families Program are children of color, and over one-half have a primary language other than English.

(2) To improve the health care of diverse populations, it is critical to provide services that are culturally and linguistically appropriate. The provision of language assistance services results in improved quality of health care, increased access to health care services, a reduction in the number of medical errors, greater provider-patient trust, and greater satisfaction for limited-English-proficient (LEP) populations.

(3) The United States Department of Health and Human Services' (DHHS) Office of Minority Health published standards for culturally and linguistically appropriate services (CLAS) on December 22, 2000. These standards outline requirements, guidelines, and recommendations on how health care



1 *organizations can make their practices more culturally and*
2 *linguistically accessible, with the ultimate goal of eliminating*
3 *racial and ethnic health care disparities.*
4 *(4) On March 20, 2002, the National Academy of Sciences'*
5 *Institute of Medicine found racial and ethnic disparities in health*
6 *care even when insurance status, income, age, and severity of*
7 *conditions were comparable. The Institute of Medicine reported*
8 *that bias, stereotyping, prejudice, and clinical uncertainty on the*
9 *part of health care providers may also contribute to racial and*
10 *ethnic disparities in health.*
11 *(5) Title VI of the Federal Civil Rights Act of 1964 (42 U.S.C.*
12 *Sec. 1981 et seq.) prohibits recipients of federal financial*
13 *assistance from discriminating against persons based on race,*
14 *color, or national origin. This is interpreted to mean that a*
15 *limited-English-proficient individual is entitled to equal access*
16 *and participation in federally funded programs through the*
17 *provision of language assistance services.*
18 *(6) The DHHS Office for Civil Rights published the Policy*
19 *Guidance on the Prohibition Against National Origin*
20 *Discrimination as it Affects Persons with Limited English*
21 *Proficiency on August 20, 2000, and republished it on February*
22 *1, 2002. This policy guidance clarified the responsibilities of*
23 *providers of health care and social services agencies, including*
24 *managed care organizations that receive federal financial*
25 *assistance, by providing guidance on adequate steps that*
26 *providers must take to ensure that LEP persons receive the*
27 *language assistance, free of charge, necessary to afford them*
28 *meaningful access to providers' services.*
29 *(7) California's Healthy Families Program receives federal*
30 *financial assistance from DHHS.*
31 *(8) California was among the first states to create cultural and*
32 *linguistic policies and requirements for health plans that serve the*
33 *State Children's Health Insurance Program (California's Healthy*
34 *Families Program) subscribers. California's Managed Risk*
35 *Medical Insurance Board developed these requirements through a*
36 *process involving health plans, experts in cultural and linguistic*
37 *services, community-based organizations, and the State*
38 *Department of Health Services.*
39 *(b) It is the intent of the Legislature to codify and increase*
40 *uniformity in the current requirements for Healthy Families*



Program contracting plans to provide culturally and linguistically appropriate services and to ensure that language assistance services are available between subscribers and contracting plans.

SEC. 2. Section 12693.30 of the Insurance Code is repealed.

SEC. 3. Section 12693.30 is added to the Insurance Code, to read:

12693.30. (a) ~~Contracting plans~~ *Each contracting plan* shall implement a program pursuant to this article to ensure the provision of culturally and linguistically appropriate services *to all of its subscribers*.

(b) For purposes of this section, the following definitions apply:

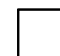
(1) ‘‘Cultural competence’’ means a set of knowledge, skills, and attitudes that allows individuals, organizations, and systems to work effectively with diverse racial, ethnic, religious, and social groups.

(2) ‘‘Interpretation’’ means facilitating oral communication between individuals who do not speak the same language and may not share the same culture.

(3) ‘‘Interpreter’’ means a person who speaks English and another language fluently. Fluency includes an understanding of nonverbal and cultural patterns necessary to communicate effectively. An interpreter enables ~~beneficiaries~~ *subscribers* and medical or health care providers to communicate effectively with each other. A health care interpreter is one who has been trained in health care interpretation, is knowledgeable about medical terminology, and can accurately and completely render communication from one language to another. *A health care interpreter may include a bilingual or multilingual provider or medical staff.*

(4) ‘‘Language assistance services’’ means services that include, but are not limited to, *oral interpreter services provided by bilingual or* multilingual providers, staff and contracted interpreters, translated ~~signage, translated~~ written materials *in threshold languages*, and referrals to culturally and linguistically appropriate community services programs. *Language assistance services shall be provided at no charge to subscribers and applicants.*

(5) ‘‘Limited English proficient’’ or ~~‘‘(LEP)’’~~ *‘‘LEP’’* means a limited ability or inability to speak, read, write, or understand the



English language at a level that permits the person to interact effectively with health care providers or social service agencies.

(6) “Translation” means changing written documents from one language into another.

(7) “Translator” means a person who can write English and another language fluently. Fluency includes an understanding of literacy levels and culture necessary to provide written communication effectively.

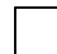
~~(c) (1) The board shall ensure that language assistance services are available between subscribers and contracting plans. The board shall ensure that subscribers are provided information within provider network directories of available linguistically diverse providers.~~

(c) (1) The board shall ensure that subscribers are provided language assistance services by each contracting plan.

(2) ~~Contracting plans~~ *Each contracting plan* shall do all of the following:

(A) Develop and implement policies and procedures for ensuring access to interpretation services for all LEP ~~beneficiaries~~ *subscribers*. ~~The contracting plans shall require compliance by any subcontracted providers with these requirements.~~ *Each contracting plan shall implement policies and procedures to ensure compliance with these requirements by its subcontractors, and is encouraged to seek input from its subcontracted providers in developing these policies and procedures.*

(B) Provide 24-hour access to interpretation services for all LEP subscribers seeking health services within the contracting plan’s network~~. If these face-to-face services are not feasible, plans may use telephone language lines for interpretation services. Contracting plans shall also ensure access to language assistance services at all network pharmacy sites during pharmacy service hours, and at nonmedical key points of contact such as membership services, appointment services, and member orientation sessions. Contracting plans shall require compliance by any subcontracted providers with these requirements.~~ *by either assigning the LEP subscriber to a provider able to provide health care services in the LEP subscriber’s primary language or using onsite interpreters who are employees or independent contractors. Each contracting plan shall provide access to interpretation services at all key medical points of contact, including pharmacy*

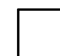


sites during pharmacy services hours. Each contracting plan shall also provide access to interpretation services at all key nonmedical points of contact including, but not limited to, membership services, appointment services, and member orientation sessions. If face-to-face services are not feasible, the contracting plan may use telephone language lines for interpretation services.

(C) Develop *and implement policies and* procedures to ensure that LEP ~~beneficiaries~~ *subscribers* are not subjected to unreasonable delays in receiving appropriate ~~interpreter services.~~ *language assistance services. Each contracting plan shall also develop and implement standards for appointment scheduling and a system for coordinating interpreters to ensure continuity in the assignment of interpreters to LEP subscribers when followup care is required.*

(D) Be prohibited from utilizing minors as interpreters, except for only the most extraordinary circumstances, such as medical ~~emergencies. Subscribers shall not be required to or encouraged to utilize family members or friends as interpreters. A family~~ *emergencies. A contracting plan shall not require any LEP subscriber to, or suggest that the LEP subscriber must, provide his or her own interpreter. Each contracting plan shall encourage the use of health care interpreters at all medical points of contact. A family* member or friend may be used as an interpreter ~~if requested by~~ *at the request of* the LEP subscriber after ~~being~~ *he or she has been* informed of the right to use free interpretation services~~. The contracting plan shall encourage the use of health care interpreters. The contracting plan shall ensure that~~ *and* the use of a family member or friend as an interpreter does not compromise the effectiveness of services nor violate the subscriber's confidentiality.

(E) Inform *LEP* subscribers in their primary language of the availability of ~~linguistic services. Information provided to subscribers regarding interpretation services shall include, but not~~ *language assistance services. The information that shall be provided shall include, but not* be limited to, the availability of interpretation services at no charge, the right to not use family members or friends, the right to ~~request an interpreter during discussions of medical information and explanations of plans of care or discussions of providers, the right to receive translated subscriber materials,~~ *request and be provided with an interpreter,*



the right to receive written materials in threshold languages, and the right to file a complaint or grievance if linguistic needs are not met.

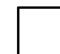
(F) ~~Ensure~~ *Identify and report to subscribers and applicants the onsite linguistic capability of providers and provider office staff. Each contracting plan shall ensure* that there is appropriate bilingual *or multilingual* proficiency at medical and nonmedical points of contact for providers who list their bilingual *or multilingual* capabilities in provider directories. ~~Contracting plans shall identify and report the onsite linguistic capability of providers and provider office staff.~~

(G) ~~Record the language needs of subscribers in the medical record. Plans must ensure that their providers document the request or refusal of language assistance services by LEP subscribers in the medical record.~~ *Develop and implement policies and procedures to identify LEP subscribers, record the language needs of each LEP subscriber in the LEP subscriber's membership record, and inform each LEP subscriber's designated provider of the LEP subscriber's language needs. Each contracting plan shall also develop and implement policies and procedures to ensure that its subcontracted providers record in the medical record of each LEP subscriber the language needs of that subscriber and any requests or refusals of language assistance services by the LEP subscriber.*

(H) Develop and implement standards ~~for the provision of interpretation services and shall assess, identify, and report the linguistic capabilities of interpreters or bilingual contracting plan and contracted staff.~~ *and performance requirements for interpreters, and assess, identify, and report the linguistic capabilities of interpreters, bilingual and multilingual contracting plan staff, and subcontracted bilingual and multilingual providers and medical staff.*

(I) Continuously *monitor and* evaluate the effectiveness of its ~~interpretation services program. Its review and monitoring of its interpretation services shall have a direct link to its quality improvement~~ *language assistance services program, which shall have a direct link to the contracting plan's quality improvement* processes.

(d) (1) The board shall ensure that written ~~enrollment information~~ *informational materials* issued or provided by the



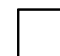
program ~~is~~ *are* available to ~~program subscribers and applicants in each of the languages identified.~~ *subscribers and applicants in each of the threshold languages. Threshold languages include, at a minimum, Spanish, any language representing the preferred mode of communication for the lesser of 5 percent of the contracting plan's enrollment or 3,000 subscribers of the contracting plan's enrollment in the program, and any other language, as determined by the board, that meets a threshold below the lesser of 5 percent of enrollment or 3,000 subscribers.*

(2) ~~Contracting plans~~ *Each contracting plan* shall do all of the following:

(A) Translate *in Spanish and any threshold language, at a minimum, and provide all written informational materials for applicants and subscribers that are critical for accessing the contracting plan's services or benefits including, but not limited to, applications, evidence of coverage, disclosure forms, consent forms, letters and notices reducing, denying, or terminating services or benefits, letters and notices requiring a response from the subscriber, notices of free language assistance services, form letters, emergency room followup, provider listings, complaint and grievance materials, marketing materials, preventive health reminders, member surveys, newsletters, medical care reminders, and any document required by law or affecting any legal right or responsibility. The contracting plan shall ensure that subscribers who are unable to read the written informational materials have access to the contents of the* written informational materials ~~for subscribers including, but not limited to, the evidence of coverage booklet, form letters including, but not limited to, denial letters, emergency room followup, and complaint and grievance materials, medical care reminders, and other documents of a legal nature~~.

(B) Ensure the quality of translated materials with a process that ensures accuracy, completeness, and reliability and uses a quality translation process that includes the use of different qualified translators for translating, editing, proofreading, and professional review. *Back translations are critical for complex or legal documents.*

(C) Translate all newly developed documents into threshold languages within 90 days after the English version is approved by the state.



(e) (1) The board shall ensure that ~~contracting plans conduct~~ *each contracting plan conducts* a group needs assessment, with the purpose of developing and implementing effective health education programs and ~~cultural and linguistic services. Plans~~ *culturally and linguistically appropriate programs and services. The intent of the group needs assessment is to study the contracting plan's entire subscriber population, and the conducting of this group needs assessment shall not be delegated to the subcontracted providers. Each contracting plan* may conduct the group needs assessment individually or collaboratively with other plans participating in the program.

(2) ~~The assessment specified in paragraph (1)~~ *Each contracting plan shall submit to the board a summary report of the group needs assessment findings. The report* shall include data relevant to subscribers enrolled in the contracting plan and shall identify the following for subscribers:

(A) Health-related behaviors and practices.

(B) Risk for disease, health problems, and conditions.

(C) Knowledge, attitudes, beliefs, and practices related to access and use of preventive care.

(D) Knowledge, attitudes, beliefs, and practices related to health risk.

(E) Perceived health, health care, and health education needs and expectations.

(F) Cultural beliefs and practices *relating* to alternative medicine *and the use of traditional practitioners and healers*.

(G) Perceived language needs and preferred methods of learning.

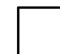
(H) Language needs and literacy level.

(I) Community resources and *the contracting plan's* capability to provide ~~health education and cultural and linguistic services.~~ *culturally competent and linguistically appropriate health education, health promotion, and other health-related resources.*

(J) The adequacy of the provider network.

(3) ~~Contracting plans~~ *Each contracting plan* shall do all of the following:

~~(A) Provide an opportunity for representatives of subscribers to provide input on the group needs assessment and advise the development of health education programs in response to identified needs.~~



~~(B) Ensure the committee used to obtain input from subscribers shall be representative of subscribers in the program and includes representatives from hard-to-reach populations, community advocates, and traditional and safety net providers.~~

~~(C) Ensure that the committee holds regular meetings and is provided with adequate resources.~~

(A) Use multiple, reliable data sources, methodologies, techniques, and tools to implement the group needs assessment.

(B) Include the community advisory committee in a formal process to provide input and review and to make recommendations on the group needs assessment.

(C) Conduct the group needs assessment at least every three years, but each contracting plan is encouraged to update its group needs assessment annually and utilize findings on an ongoing basis for continuous development of the plan's health education and culturally and linguistically appropriate programs and services.

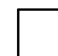
(D) Develop *and implement* internal systems and provide training for staff and providers to meet the cultural and linguistic needs of subscribers.

~~(4) Contracting plans may use an existing member advisory committee or a community advisory committee for the purposes of providing an opportunity for obtaining the community's advice on educational and operational issues affecting groups who speak a primary language other than English and cultural competency.~~

~~(5)~~

(4) The administration and implementation of the *contracting plan's cultural and linguistic services programs,* health education programs, and the group needs ~~assessment~~ *assessments* shall be directed by ~~contracting plans' staff~~ *the contracting plan's management* who shall be trained and have expertise in health education or community health, and shall involve the contracting plan's cultural and linguistic services staff.

(f) *Each contracting plan shall develop, implement, and maintain community linkages through the formation of a community advisory committee. The community advisory committee shall include an effective mechanism for obtaining the community's advice and recommendations on education and operational issues affecting groups who speak a primary language other than English, and on cultural competency. Each contracting*



plan shall have on its community advisory committee the participation of subscribers, community advocates, and traditional and safety net providers reflective of the service area. Each contracting plan shall make good faith efforts to include participation from difficult-to-reach populations including, but not limited to, individuals with physical disabilities. Each contracting plan shall ensure that its community advisory committee holds regular meetings and is provided with adequate resources.

(g) Each contracting plan shall develop and implement policies and procedures, and establish performance measures and incentives, to promote cultural competency and to demonstrate continual progress toward the attainment of a high level of organizational cultural competency that is conducive to improved health care access and services delivery to subscribers. Each contracting plan shall develop and implement for staff and providers, both medical and nonmedical, a comprehensive orientation and ongoing education and training program on cultural competency for serving subscribers. Each contracting plan shall conduct ongoing evaluations of its cultural competency education and training program. Each contracting plan shall develop and implement a quality improvement project pertaining to the cultural needs of subscribers. Quality improvement and its measurement shall be based on timely, valid, and reliable data that takes into consideration race, ethnicity, and language. Activities that a contracting plan may undertake include all of the following:

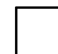
(1) Incorporating cultural competency in the contracting plan's mission.

(2) Establishing and maintaining a process to evaluate and determine the need for special initiatives related to cultural competency.

(3) Developing and implementing recruitment and retention initiatives to establish organization-wide staffing that is reflective and responsive to the needs of the community.

(4) Assessing the cultural competence of plan providers on a regular basis.

(5) Establishing a special office of designated staff to coordinate and facilitate the integration of cultural competency guidelines.



(6) Providing an array of communication tools to distribute information to staff relating to cultural competency issues.

(7) Participating with government, community, and educational institutions in matters related to best practices in cultural competency in managed health care to ensure the plan maintains current information and an outside perspective in its policies.

(8) Maintaining an information system capable of identifying and profiling cultural- and linguistic-specific patient data.

(9) Evaluating the effectiveness of strategies and populations in improving the health status of culturally defined populations.

(h) The board shall ensure that *each* participating health, dental, and vision ~~plans provide~~ *plan provides* documentation on how ~~they provide~~ *it provides* linguistically and culturally appropriate services, including marketing materials, to subscribers. ~~Contracting plans shall report~~ *Each contracting plan shall report to the board* annually on or before February 1 of each year regarding the linguistically and culturally appropriate services provided and proposed to meet the needs of LEP applicants and subscribers. ~~Activities that the contracting plans may undertake include all of the following:~~

~~(1) Incorporating cultural competency in the contacting plan's mission.~~

~~(2) Establishing and maintaining a process to evaluate and determine the need for special initiatives related to cultural competency.~~

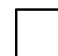
~~(3) Developing recruitment and retention initiatives to establish organizationwide staffing that is reflective and responsive to the needs of the community.~~

~~(4) Assessing the cultural competence of plan providers on a regular basis.~~

~~(5) Establishing a special office of designated staff to coordinate and facilitate the integration of cultural competency guidelines.~~

~~(6) Providing an array of communication tools to distribute information to staff relating to cultural competency issues.~~

~~(7) Participating with government, community, and educational institutions in matters related to best practices in cultural competency in managed health care to ensure the plan~~



~~maintains current information and an outside perspective in its policies.~~

~~(8) Maintaining an information system capable of identifying and profiling cultural and linguistic specific patient data.~~

~~(9) Evaluating the effectiveness of strategies and populations in improving the health status of cultural-defined populations.~~ *The report shall include, but not be limited to, all of the following:*

(1) Demographic information, including race, ethnicity, primary language, and geographic locations, of subscribers who are LEP or members of a racial or ethnic minority group.

(2) The numbers of LEP subscribers and the number of encounters by language.

(3) A description of each specific strategy or method used by contracting plans to implement this section.

(4) Highlights of innovative approaches utilized by the contracting plan to implement this section.

(5) The results of the previous year's efforts in providing cultural competence and language assistance services.

(6) Specific milestones and objectives to be completed for the upcoming year.

~~(g)~~

(i) The board shall submit an annual report to the Legislature by April 1 for each fiscal year on the status of implementation of this section. The report~~, at a minimum, shall include~~ *shall include, but not be limited to,* all of the following:

(1) ~~Demographics~~ *Demographic* information, including race, ethnicity, primary language, and geographic locations, of subscribers who are ~~limited English proficient~~ *LEP* or members of a racial or ethnic minority group.

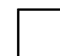
(2) Numbers of LEP beneficiaries and numbers of encounters by language.

(3) A description of each specific strategy or method used by ~~contracting plans~~ *the contracting plan* to implement this section.

(4) Highlights of innovative approaches utilized by ~~contracting plans~~ *the contracting plan* to implement this section.

(5) The results of *the* previous year's efforts in providing cultural competence and language assistance services.

(6) Specific milestones and objectives to be completed for the upcoming year.



SEC. 4. Section 14093.06 is added to the Welfare and Institutions Code, to read:

14093.06. (a) *The department shall ensure that language assistance services are available to provide translation services between Medi-Cal beneficiaries and each Medi-Cal managed care plan. Each* Medi-Cal managed care ~~plans~~ *plan* shall implement a program pursuant to this article to ensure the provision of culturally and linguistically appropriate services *to all of its LEP beneficiaries.*

(b) The following definitions shall apply to this section:

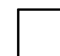
(1) ‘‘Cultural competence’’ means a set of knowledge, skills and attitudes that allows individuals, organizations and systems to work effectively with diverse racial, ethnic, religious and social groups.

(2) ‘‘Interpretation’’ means facilitating oral communication between individuals who do not speak the same language and may not share the same culture.

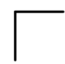
(3) ‘‘Interpreter’’ means a person who speaks English and another language fluently. Fluency includes an understanding of nonverbal and cultural patterns necessary to communicate effectively. An interpreter enables beneficiaries and medical or health care providers to communicate effectively with each other. ~~A health care interpreter is~~ *‘‘Health care interpreter’’ means* one who has been trained in health care interpretation, is knowledgeable about medical terminology and can accurately and completely render communication from one language to another. *A health care interpreter may include a bilingual or multilingual provider or medical staff member.*

(4) ‘‘Language assistance services’’ means services that include, but are not limited to, *oral interpreter services provided by bilingual or* multilingual providers, staff and contracted interpreters, translated ~~signage, translated~~ *and* written materials *in threshold languages*, and referrals to culturally and linguistically appropriate community services programs. *Language assistance services shall be provided at no charge to the applicant or subscriber.*

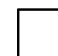
(5) ‘‘Limited English proficient’’ or ‘‘LEP’’ means a limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with health care providers or social service agencies.



1 (6) "Beneficiary" means a person who is eligible to receive or
2 receives benefits under this chapter.
3 (7) "Medi-Cal managed care plan" means any person or entity
4 that entered into a contract with the director pursuant to Article 2.7
5 (commencing with Section 14087.3), Article 2.9 (commencing
6 with Section 14088), or Article 2.91 (commencing with Section
7 14089) of this chapter or pursuant to Article 1 (commencing with
8 Section 14200) of Chapter 8, including county organized health
9 systems plans, geographic managed care plans, prepaid health
10 plans, primary care case management plans, and two-plan model
11 plans.
12 (8) "Translation" means changing written documents from
13 one language into another.
14 (9) "Translator" means a person who can read and write
15 English and another language fluently. Fluency includes an
16 understanding of literacy levels and culture necessary to provide
17 written communication effectively.
18 (c) (1) ~~Medi-Cal managed care plans~~ *The department shall*
19 *ensure that any LEP beneficiary is provided language assistance*
20 *services by each Medi-Cal managed care plan. The department*
21 *shall also ensure that written information materials issued or*
22 *provided by the program are available to any LEP beneficiary in*
23 *each of the threshold languages.*
24 *(2) Each Medi-Cal managed care plan* shall do all of the
25 following:
26 (A) Develop and implement policies and procedures for
27 ensuring access to interpretation services for all LEP beneficiaries.
28 ~~Medi-Cal managed care plans shall require compliance by any~~
29 ~~subcontracted providers with these requirements.~~ *Each Medi-Cal*
30 *managed care plan shall implement policies and procedures to*
31 *ensure compliance with these requirements by any subcontracted*
32 *provider, and each Medi-Cal managed care plan is encouraged to*
33 *seek input from its subcontracted providers in developing these*
34 *policies and procedures.*
35 (B) Develop *and implement policies and* procedures to ensure
36 that LEP beneficiaries are not subjected to unreasonable delays in
37 receiving ~~appropriate interpreter services.~~ *health care services*
38 *resulting from the unavailability of, or the delay in arranging,*
39 *appropriate language assistance services. Each Medi-Cal*
40 *managed care plan shall also develop and implement standards for*



1 *appointment scheduling and a system for coordinating*
2 *interpreters to ensure continuity in the assignment of interpreters*
3 *to LEP beneficiaries when followup care is required.*
4 (C) Provide 24-hour access to interpretation services for ~~all~~
5 ~~beneficiaries at all provider sites within the plan’s network either~~
6 ~~through assigning the LEP beneficiary to a provider able to~~
7 ~~provide health care services in the beneficiary’s primary language~~
8 ~~or using onsite interpreters who are employers or independent~~
9 ~~contractors. If these face-to-face services are not feasible, plans~~
10 ~~may use telephone language lines for interpretation services. Plans~~
11 ~~shall also ensure access to interpretation services at all network~~
12 ~~pharmacy sites during pharmacy service hours, and at nonmedical~~
13 ~~key points of contact such as membership services, appointment~~
14 ~~services, and member orientation sessions.~~ *each LEP beneficiary*
15 *seeking health services within the Medi-Cal managed care plan’s*
16 *network, either through assigning the LEP beneficiary to a*
17 *provider able to provide health care services in the LEP*
18 *beneficiary’s primary language or using onsite interpreters who*
19 *are employees or independent contractors. Each Medi-Cal*
20 *managed care plan shall provide access to interpretation services*
21 *at all key medical points of contact, including network pharmacy*
22 *sites during pharmacy services hours. In addition, each Medi-Cal*
23 *managed care plan shall provide access to interpretation services*
24 *at all nonmedical points of contact including, but not limited to,*
25 *membership services, appointment services, and member*
26 *orientation sessions. If face-to-face interpretation services are not*
27 *feasible, the Medi-Cal managed care plan may use telephone*
28 *language lines for interpretation services.*
29 (D) Be prohibited from utilizing minors as interpreters, except
30 for only the most extraordinary circumstances, such as medical
31 emergencies.
32 (E) Be prohibited from requiring or suggesting to LEP
33 beneficiaries that they must provide their own interpreters.
34 (F) Encourage the use of health care interpreters *at all medical*
35 *points of contact*. A family member or friend may be used as an
36 interpreter ~~if this is requested by the LEP beneficiary after being~~
37 ~~informed of the right to use free interpretation services. Medi-Cal~~
38 ~~managed care plans shall ensure that the use of a family member~~
39 ~~or friend as an interpreter shall not~~ *at the request of the LEP*
40 *beneficiary after the LEP beneficiary has been informed of the*



right to use free interpretation services and if the use of the family member or friend as an interpreter does not compromise the effectiveness of services nor violate the beneficiary's confidentiality.

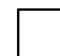
(G) Develop and implement standards ~~for the provision of interpretation services and shall assess, identify, and report the linguistic capabilities of interpreters or bilingual Medi-Cal managed care plan and contracted staff.~~ *and performance requirements for interpreters, and assess, identify, and report the linguistic capabilities of interpreters, bilingual and multilingual managed care plan staff, and subcontracted bilingual and multilingual providers and medical staff.*

(H) Continuously *monitor and* evaluate the effectiveness of its ~~interpretation services program. Review and monitoring of its interpretation services by the plan shall have a direct link to its~~ *language assistance services program, which shall have a direct link to the Medi-Cal managed care plan's* quality improvement processes.

(I) Inform ~~beneficiaries in their primary language of the availability of interpretation services. At minimum, the beneficiary material shall include information regarding the beneficiary's right to request interpretation services at no charge, the right to not use family members or friends, the right to request face-to-face or telephone interpreter services, the right to receive written documents translated into threshold languages, and the~~ *each LEP beneficiary in his or her primary language of the availability of language assistance services. The material provided shall include, but not be limited to, information regarding the availability of interpretation services at no charge, the right to request an interpreter, the right to not use a family member or friend as an interpreter, the right to receive translated written materials in threshold languages, and the* right to file a complaint or grievance if linguistic needs are not met.

(J) Implement procedures to identify ~~beneficiaries whose primary language is a threshold language. Medi-Cal managed care plans shall ensure that its providers document the request or refusal of interpretation services by LEP beneficiaries in the medical record.~~

~~(K) (i) Provide translated materials in~~ *each LEP beneficiary, record the needs of each LEP beneficiary in the LEP beneficiary's*

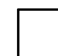


membership record, and inform each LEP beneficiary's designated provider of the LEP beneficiary's language needs. Each Medi-Cal managed care plan shall also develop and implement policies and procedures to ensure that their subcontracted providers record in the medical record the language needs of each LEP beneficiary and the requests or refusals of language assistance services by each LEP beneficiary.

(K) Identify and report to each LEP beneficiary the onsite linguistic capability of providers and provider office staff. Each Medi-Cal managed care plan shall ensure that there is appropriate bilingual or multilingual proficiency at medical and nonmedical points of contact for each provider that lists its bilingual or multilingual capabilities in its provider directory.

(L) (i) Translate all written information materials and provide the translated materials in, at minimum, the threshold languages determined by the department for the county in which the Medi-Cal managed care plan is operating. Threshold languages are primary languages spoken by LEP population groups meeting a numeric threshold of 3,000 eligible LEP beneficiaries residing in a county, 1,000 eligible LEP beneficiaries residing in a single ZIP Code, or 1,500 LEP beneficiaries residing in two contiguous ZIP Codes.

(ii) Documents that shall be translated into threshold ~~languages, include, but are not limited to, evidence of coverage booklet or member services guides, disclosure forms, provider listings and directories, marketing materials, form letters including, but not limited to, denial letters, emergency room followup, and complaint or grievance materials, plan-generated preventive health reminders, member surveys, newsletters, and other legal documents.~~ *languages and provided to LEP beneficiaries, as required, include all written informational materials for beneficiaries that are critical for accessing the Medi-Cal managed care plan's services or benefits, including, but not limited to, applications, evidence of coverage, disclosure forms, consent forms, letters and notices reducing, denying, or terminating services or benefits, letters and notices requiring a response from the beneficiary, notices of free language assistance, provider listings, marketing materials, form letters, emergency room followup, complaint and grievance materials, preventive health reminders, member surveys, newsletters, medical care*



reminders, and documents required by law or affecting any legal right or responsibility. The Medi-Cal managed care plan shall ensure that beneficiaries who are unable to read the written informational materials have access to the contents of the written informational materials.

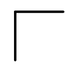
(iii) *Each* Medi-Cal managed care ~~plans~~ *plan* shall translate all newly developed documents into threshold languages within 90 days after the English version is approved by the state.

(iv) *Each* Medi-Cal managed care ~~plans are encouraged to~~ *plan shall* ensure the quality of translated materials with a process that ensures accuracy, completeness, and reliability, and ~~use~~ *uses* a quality translation process that includes the use of different qualified translators for translating and editing, proofreading, and professional review. *Back translations are critical for complex or legal documents.*

~~(L)~~

(M) Implement and maintain community linkages~~, such as~~ *through* the formation of a community advisory committee. ~~These community linkages~~ *Each community advisory committee* shall include an effective mechanism for obtaining the community's advice and recommendations on educational and operational issues affecting groups who speak a primary language other than English, and cultural competency. ~~The plans~~ *Each Medi-Cal manage care plan* shall demonstrate the participation of beneficiaries, community advocates, and traditional and safety net providers reflective of the service area in its community ~~linkages. Plans~~ *advisory committee. Each Medi-Cal managed care plan* shall make good faith efforts to include participation from ~~hard-to-reach~~ *difficult-to-reach* populations, including but not limited to, individuals with physical disabilities. *Each Medi-Cal managed care plan shall ensure that its community advisory committee holds regular meetings and is provided with adequate resources.*

~~(M) (i) Conduct the Health Education and Cultural and Linguistic Group Needs Assessment. The goals of the group needs assessment are to identify health education and cultural and linguistic needs of beneficiaries and to identify community health education and health promotion resources that shall assist in the development and implementation of culturally and linguistically appropriate programs and services. Plans may conduct the group~~



(N) (i) Conduct a Health Education and Cultural and Linguistic Group Needs Assessment, with the purpose of developing and implementing effective health education programs and culturally and linguistically appropriate programs and services. The intent of the group needs assessment is to study the Medi-Cal managed care plan's entire beneficiary population. The conduct of this needs assessment shall not be delegated to any subcontracted provider. Each Medi-Cal managed care plan may conduct the group needs assessment individually or collaboratively with other plans participating in the program.

(ii) ~~Plans~~ *Each Medi-Cal manage care plan* shall use multiple, reliable data sources, methodologies, techniques, and tools to implement the group needs assessment.

(iii) The community ~~linkage mechanism~~ *advisory committee* shall be included in a formal process to provide input, review, and make recommendations on the group needs assessment findings.

(iv) The group needs assessment shall be conducted every three years, at minimum, but *each* Medi-Cal managed care ~~plans are~~ *plan is* encouraged to update it annually and utilize findings on an ongoing basis for continuous development of its health education and cultural and language assistance services programs.

(v) ~~Plans~~ *Each Medi-Cal manage care plan shall develop and implement internal systems and provide training for staff and providers in order to meet the cultural and linguistic needs of beneficiaries.*

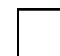
(vi) Each Medi-Cal managed care plan shall submit a summary report of the group needs assessment findings to the department ~~and shall illustrate that the group needs assessment is being used to guide the development and implementation of required health education and cultural and linguistic services programs. The report shall identify all of the~~*. The report shall include data relevant to beneficiaries enrolled in the Medi-Cal managed care plan and shall identify all of the* following for beneficiaries:

(I) Risks for diseases, health problems, and conditions.

(II) Health-related behaviors and practices.

(III) Perceived health*, health* care*,* and health education needs.

(IV) Cultural beliefs and practices relating to ~~the use of alternative preventive and therapeutic health methods, and~~ *alternative medicine, and the use of* traditional practitioners and healers.



(V) Perceived ~~learning~~ *language* needs and preferred methods of learning.

(VI) ~~Literacy~~ *Language needs and literacy* level.

(VII) ~~Culturally~~ *Community resources and the Medi-Cal managed care plan's capability to provide culturally* competent and linguistically appropriate health education, health promotion, and other health-related resources.

~~(vi)~~

(VIII) Knowledge, attitudes, beliefs, and practices related to access and use of preventive care.

(IX) Knowledge, attitudes, beliefs, and practices related to health risk.

(X) The adequacy of the provider network.

(vii) The administration and implementation of the *Medi-Cal managed care plan's cultural and linguistic services program,* health education programs*,* and the group needs assessment shall be directed by the Medi-Cal managed care plan's ~~staff~~ *management* who shall be trained and have expertise in health education or community health, and shall involve the Medi-Cal managed care plan's cultural and linguistic services staff.

~~(N) (i) Create~~

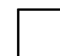
(O) Develop and implement policies and procedures and establish performance measures and incentives to promote cultural competency and to demonstrate continual progress towards the attainment of a high level of organizational cultural competency that is conducive to improved health care access and service delivery to beneficiaries. *Activities that each Medi-Cal managed care plan may undertake include all of the following:*

(i) Incorporating cultural competency in the contracting plan's mission.

(ii) Establishing and maintaining a process to evaluate and determine the need for special initiatives related to cultural competency.

(iii) Developing and implementing recruitment and retention initiatives to establish organization wide staffing that is reflective and responsive to the needs of the community.

(iv) Assessing the cultural competency of plan providers on a regular basis.



(v) Establishing a special office of designated staff to coordinate and facilitate the integration of cultural competency guidelines.

(vi) Providing an array of communication tools to distribute information to staff relating to cultural competency issues.

(vii) Participating with government, community, and educational institutions in matters related to best practices in cultural competency in managed health care to ensure the plan maintains current information and an outside perspective in its policies.

(viii) Maintaining an information system capable of identifying and profiling cultural- and linguistic-specific patient data.

(ix) Evaluating the effectiveness of strategies and populations in improving the health status of cultural defined populations.

~~(ii) Plans shall implement~~

(P) Implement a comprehensive orientation and ongoing education and training program on cultural competency to staff and providers, both medical and nonmedical, serving beneficiaries.

~~(iii) Plans shall conduct~~

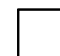
(Q) Conduct ongoing evaluation of its cultural competency education and training program.

~~(iv) Plans shall develop~~

(R) Develop quality improvement projects pertaining to the cultural needs of beneficiaries. Quality improvement and its measurement should be based on timely, valid, and reliable data that considers race, ethnicity, and language.

(d) The department shall ensure that *each* Medi-Cal managed care ~~plans provide documentation on how they provide~~ *plan provides documentation on how it provides* linguistically and culturally appropriate services, including marketing materials, to beneficiaries. *Each* Medi-Cal managed care ~~plans~~ *plan* shall report annually on or before February 1 of each year the linguistically and culturally appropriate services provided and proposed to meet the needs of LEP beneficiaries. ~~Activities that the Medi-Cal managed care plans may undertake include:~~

~~(1) Incorporating cultural competency in the Medi-Cal managed care plan's mission.~~



~~(2) Establishing and maintaining a process to evaluate and determine the need for special initiatives related to cultural competency.~~

~~(3) Developing recruitment and retention initiatives to establish organizationwide staffing that is reflective or responsive to the needs of the community.~~

~~(4) Assessing the cultural competence of Medi-Cal managed care plan providers on a regular basis.~~

~~(5) Establishing a special office of designated staff to coordinate and facilitate the integration of cultural competency guidelines.~~

~~(6) Providing an array of communication tools to distribute information to staff relating to cultural competency issues.~~

~~(7) Participating with government, community, and educational institutions in matters related to best practices in cultural competency in managed health care to ensure the Medi-Cal managed care plan maintains current information and an outside perspective in its policies.~~

~~(8) Maintaining an information system capable of identifying and profiling cultural and linguistic specific patient data.~~

~~(9) Evaluating the effectiveness of strategies and populations in improving the health status of cultural-defined populations.~~ *The report shall include, but not be limited to, all of the following:*

(1) Demographic information, including race, ethnicity, primary language, and geographic locations of beneficiaries who are LEP or members of a racial or ethnic minority group, or both.

(2) The numbers of LEP beneficiaries and numbers of encounters by language.

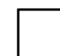
(3) A description of each specific strategy or method used by Medi-Cal managed care plans to implement this section.

(4) The highlights of innovative approaches utilized by Medi-Cal managed care plans to implement this section.

(5) The results of previous year's efforts in providing cultural competence and language assistance services.

(6) Specific milestones and objectives to be completed for the upcoming year.

(e) The department shall submit an annual report to the Legislature by April 1 for each fiscal year on the status of implementation of this section. The report, at *a* minimum, shall include*, but not be limited to, all of* the following:



1 (1) Demographics information, including race, ethnicity,
2 primary language, and geographic locations of beneficiaries who
3 are limited English proficient or members of a racial or ethnic
4 minority group, or both.
5 (2) Numbers of LEP beneficiaries and numbers of encounters
6 by language.
7 (3) A description of each specific strategy or method used by
8 Medi-Cal managed care plans to implement this section.
9 (4) Highlights of innovative approaches utilized by Medi-Cal
10 managed care plans to implement this section.
11 (5) The results of *the* previous year's efforts in providing
12 cultural competence and language assistance services.
13 (6) Specific milestones and objectives to be completed for the
14 upcoming year.
15 ——
16 **CORRECTIONS**
17 **Text — Pages 19 and 22.**
18 ——
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