



Cultural & Linguistic Services

California Language Assistance Program Regulations

ICE Annual Conference

December 2007

What does SB 853 Require?



- The law and its accompanying regulations require that health plans establish and support a language assistance program (LAP) for enrollees that are limited English proficient (LEP)

Basic Requirements are:

- Standards to assess the language needs of enrollees
- Standards for providing language assistance services
- Standards for staff training
- Standards for monitoring compliance

Elements of LAP Required by DMHC Regulations



- Written policies and procedures
- Enrollee assessment to identify the linguistic needs of each enrollee. This will include identifying written and spoken language needs

Elements of LAP Required by DMHC Regulations (cont.)

- Develop a demographic profile of plan's enrollee population, which include enrollee race and ethnicity.
- Using criteria established in the bill, identify threshold languages for the plan

Language Assistance Program (LAP)

- Identify where language assistance may be needed
- Identify resources to provide language assistance
- Promote language assistance
- Monitoring and compliance processes for the program

Language Assistance Program (LAP) (cont.)

- Work with provider community to promote services
- Translation of vital documents
- Provide interpreter services at points of contact

Language Assistance Program (LAP) (cont.)

- Standards for translation and interpreter services
- Staff training on the LAP and cultural diversity of plan's enrollee population relevant to interpretation

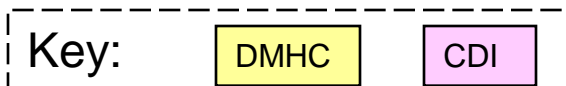
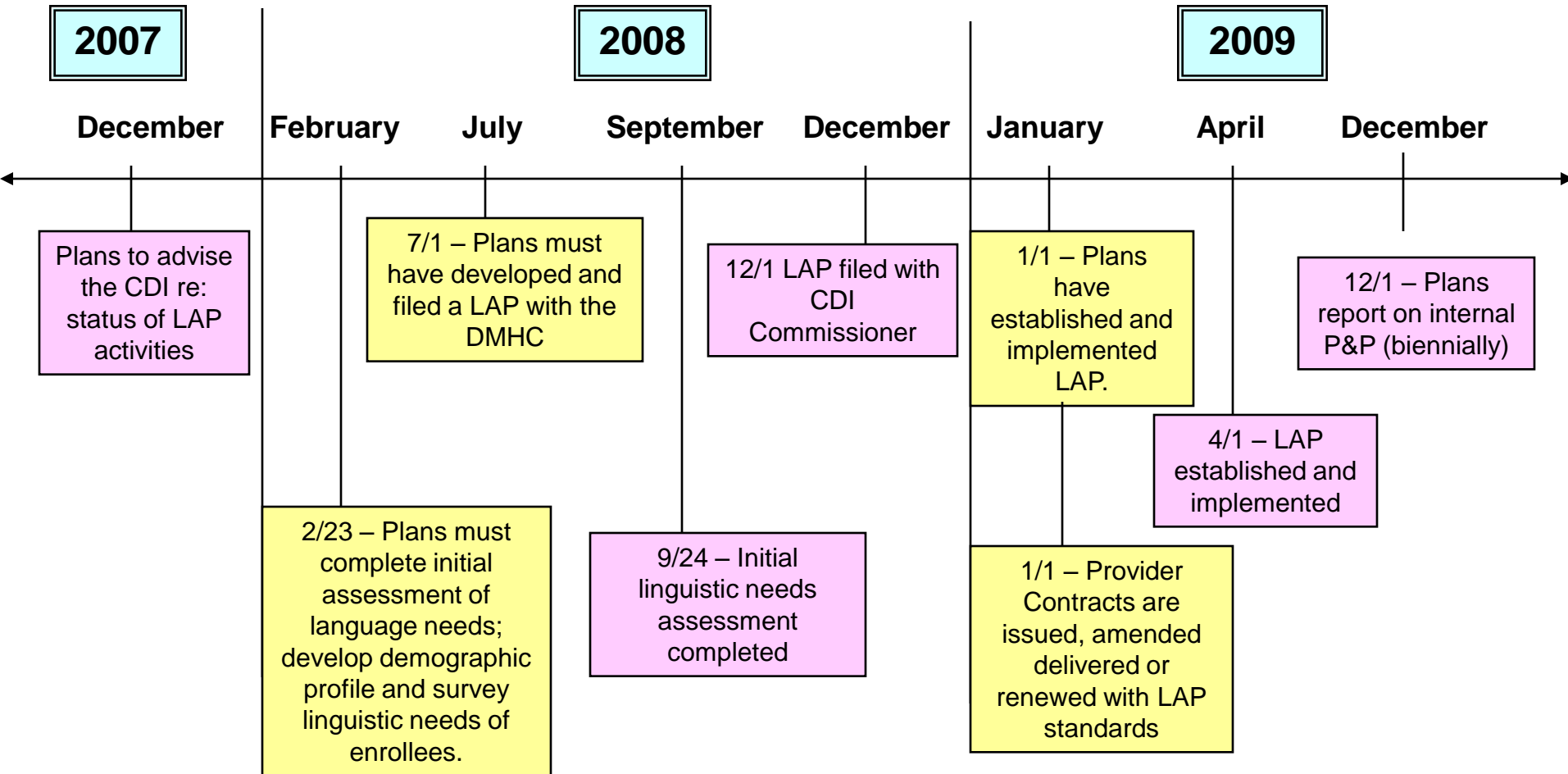


California Language Assistance Program

**DMHC/CDI
Timeline**

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California Language Assistance Program - DMHC/CDI Timeline



ICE Deliverables

December 2007

Interpreting / Language Codes	Translation/Doc. Standardization	Education & Training	Compliance & Monitoring/Demo Profile	Contracting & Compliance
Written/spoken language codes; Race/ethnicity codes	Identify non-standardized vital documents	Identify points of education (Plan, Provider Org., Point of Contact)	Identify list of vital documents (standardized and non-standardized)	Delegated provider contract amendment
Standardized Notice of Interpreter and Translation Support (1st DRAFT to DMHC)	Identify standardized vital documents (compare to C& M list of vital docs)	Identify education needs for delegated vs. non-delegated Provider Org.	Identify points of contact	Non-delegated provider contract amendment
Timeliness standards for interpreter services (DRAFT)	Assist with Standardized Notice of Interpreter and Translation Support		Assist with Standardized Notice of Interpreter and Translation Support	

Deliverables will meet more immediate DMHC timeline. Information and deliverables can be used by Health Plans to meet CDI status update requirement.

ICE Deliverables

February 2008

Interpreting / Language Codes	Translation/Doc. Standardization	Education & Training	Compliance & Monitoring/Demo Profile	Contracting & Compliance
Written/spoken language codes; Race/ethnicity codes	Assist w/ translation of Notice of Interpreter Support	Training guidelines for interpreter support to Provider Orgs. and Plans	Checklist for standards of monitoring delegated and non- delegated provider compliance with Notice of Interpreter Support	Delegated provider contract amendment
Standardized Notice of Interpreter Support (Final)				Non-delegated provider contract amendment.

ICE Deliverables

July 2008

Interpreting / Language Codes	Translation/Doc. Standardization	Education & Training	Compliance & Monitoring/Demo Profile	Contracting & Compliance
Review contract elements for language service vendors	Templates for standardized and non-standardized vital documents as completed.	Standardize education program for health plan staff	Standardize check list of standards for monitoring delegated provider organizations	Delegated provider contract amendment
Standardize policy and proficiency standards of translators/ interpreters	Review policy and proficiency standards of translators/ interpreters	Standardize education program for delegated provider staff	Standardize check list of standards for ensuring cooperation and compliance with non-delegated prov.	Non-delegated provider contract amendment.
Timeliness standards for interpreter services	Maintain threshold language list by plan	Standardize education program for non-delegated/ point of contact staff	Standardize essential QA program elements for Plans, delegated prov.	Translation services/ interpreter services contract elements
	Standardized notice of translation of vital documents into threshold language/ interpreter support			

ICE Deliverables

January 2009

Interpreting / Language Codes	Translation/Doc. Standardization	Education & Training	Compliance & Monitoring/Demo Profile	Contracting & Compliance
Review/approve contract elements for language service vendors	Templates for standardized and non-standardized vital documents as completed	Standardize education program for health plan staff	Standardize check list of standards for monitoring delegated provider organizations	Delegated provider contract amendment
Standardize policy and proficiency standards of translators/ interpreters	Review policy and proficiency standards of translators/ interpreters	Standardize education program for delegated provider staff	Standardize check list of standards for ensuring cooperation and compliance with non-delegated prov.	Non-delegated provider contract amendment.
Timeliness standards for interpreter services	Maintain threshold language list by plan	Standardize education program for non-delegated provider/ point of contact staff	Standardize essential QA program elements for Plans, delegated prov.	Translation services/ interpreter services contract elements
	Standardized notice of translation of vital documents into threshold language/ interpreter support		Standardize checklist regarding assessment of point of contact interpreter services	

ICE Team Structure for SB 853 Activities

- ICE Cultural and Linguistics (C & L) Services Main Team
 - Co-leads: Diana Carr, Jennifer Jackman
- Discussion by stakeholders of regulations
- Develop sub-teams and work groups
- Submit items identified for more clarification via the ICE Clarification Request Log

ICE Team Structure for SB 853 Activities (cont.)

- Guest speakers- OPA, AHIP and others
- Reviewed and approved race and ethnicity categories and codes
- Reviewed and approved language categories and codes

ICE C & L Sub-Teams and Work Groups

- Sub-teams developed to work on areas defined in the regulations
 - Language Codes/Interpreter
 - Translation
 - Compliance & Monitoring
 - Education & Training
 - Interpretation Sub-Team has now become a work group (may join by contacting team leaders)



ICE C & L Interpretation Sub-Team



Notice of the Availability of Language Assistance

- Notice will accompany non-standardized vital documents (with enrollee-specific information)
- Consider reading level

Notice of the Availability of Language Assistance (cont.)

- **DRAFT Notice:**

“California law entitles members to receive language assistance services at no charge. If you would like the enclosed document to be translated or interpreted, then please contact 1-800-XXX-XXXX. Because this document may be time sensitive, you are encouraged to call as soon as possible.”

Interpreter Proficiency – Considerations:

- Lack of established standards at national level
- Quality of services being provided by vendors currently
- Enrollees' satisfaction with existing language assistance relationships in provider's offices

Goals for Timeliness of Interpretation

- Telephone Interpretation – For emergent, urgent, and routine clinical services (includes same day/next day access for routine/urgent care) and for administrative points of contact with the Plan = 10 minutes maximum

Goals for Timeliness of Interpretation (cont.)

- Face-to-Face Routine Office Visit – Five (5) business days advance notice is preferred; every attempt will be made to accommodate requests for face-to-face interpreters in a timely manner



ICE C & L Translation Sub-Team



ICE C & L Translation Sub-Team

- Drafted guidelines for the use of Census data in determining threshold languages
- Prioritized the following activities:
 - Standards for translators - research underway
 - Standards for translations - research underway
 - Identification of vital, non-standard provider produced documents
 - Pool resources to translate the standard content or established templates of the vital, non-standard documents

Written and Spoken Language Code Sets

Participants

- Aetna Health of CA
- Alameda Alliance
- Blue Shield of CA
- Molina
- Care1st
- CIGNA
- Health Net
- Kern Health Systems
- PHS
- Santa Clara Family Health Plan
- SCAN
- Wellpoint/Blue Cross of CA
- Western Health Advantage

Written and Spoken Language Codes

- Standardized written language codes and spoken language codes in response to SB 853 and corresponding regulations
- Standardized for ease and uniformity amongst health plans and providers

Written and Spoken Language Codes (cont.)

- Customizable to suit the needs of each health plan
- Standardized guidelines for staff training purposes
- Not an exhaustive, universal list of linguistic entries, markers, or definitions and will continue to be modified to meet business needs

Supportive Research and References

- Based on existing ISO 639-1 Codes
- Copious online research
- Robust focused group discussions
- Utilized a range of expertise including an anthropological linguist, various racial and ethnic backgrounds experiences, and linguistic diversity

Supportive Research and References (cont.)

- Feedback from multiple interpreter vendors
- Feedback from MRMIB
- Differentiated between spoken language and written language

Supportive Research and References (cont.)

- Concurrence to list certain languages individually or classifying them as regional or cultural sub-sets of one or more languages or ethnicities

Supportive Research and References (cont.)

- Particularly with regard to the Chinese group of languages and the Chinese writing system, given that the written characters are pictorial or iconic and shared elements of characters provide a means of distinguishing between traditional and simplified versions



ICE DMHC LAP Contract Amendment



DMHC Language Assistance Program (LAP) Regulations

- **Contract Requirements:**
 - After January 1, 2009, all contracts between health plans and health care providers must require compliance with the health plan's language assistance program.

Plan LAP Obligations re: Providers

- Compliance Monitoring:
 - Plan must monitor LAP, including delegates.
- Delegation:
 - Plan must retain financial responsibility for LAP implementation unless such responsibility is delegated to another entity (e.g. provider group) via separate negotiated material change documented in a written contract.

Required for Each Plan-Provider Contract

- “Every contract between a health care provider and a plan, including a specialized plan, that is issued, amended, delivered or renewed on or after January 1, 2009, shall require compliance with the plan's language assistance program standards developed pursuant to Section 1367.04” of KKA.

ICE DMHC LAP Non-Delegation Amendment

- ICE Language Assistance Program Non-Delegation Amendment: Boilerplate can be used for the purposes of satisfying a health plan's contractual requirements in accordance with the DMHC LAP regulations. Boilerplate assumes no delegation of health plan LAP obligations to a provider. Posted on ICE Web Library of ICE-approved documents.

ICE DMHC LAP Non-Delegation Amendment -- Instructions

- **ICE LAP Non-Delegation Amendment** includes underlying obligation of provider to cooperate and comply, as applicable, with contracted plan's LAP.
- Recital: Identify plan-provider agreement being amended – agreement title, effective date, plan and provider names.
- Terminology: “Enrollee” is used in ICE amendment, but if plan-provider contract uses a different term -- e.g., “Member” -- then use that term in place of “Enrollee.”

ICE DMHC LAP Delegation Amendment

- ICE Language Assistance Program Delegation Amendment: Boilerplate can be used for the purposes of satisfying a health plan's contractual requirements and applicable delegation requirements in accordance with the DMHC LAP regulations. Posted on ICE Web Library of ICE-approved documents.

ICE DMHC LAP Delegation Amendment -- Instructions

- The **ICE Language Assistance Program Delegation Amendment** created to provide flexibility to plans and providers to fit each organization's unique needs.
- The base of the ICE Language Assistance Program Delegation Amendment is similar to the language of the ICE Language Assistance Program Non-Delegation Amendment, except that points to Exhibit A, Language Assistance Program Delegation.

ICE DMHC LAP Delegation Amendment – Instructions (cont.)

- Exhibit A, Language Assistance Program Delegation: Exhibit A identifies whether the health plan and provider have negotiated and agreed to the delegation of a specific plan LAP obligation to the provider.
- The LAP Delegation Grid should be carefully completed, checking either “Delegated” or “Not Delegated” for each component.

ICE DMHC LAP Delegation Amendment – Instructions (cont.)

- Section 2, Compensation: Specify agreed-upon payment amount.
- Section 4, Revocation: Section assumes that the overall agreement being modified already contains language that addresses terms regarding plan revocation of functions delegated to the provider. If this is not the case, ICE has developed standardized replacement language.

Q&A?

- The ICE Language Assistance Program Amendment boilerplates are recommended as templates only. It is important to review the templates to ensure that defined terms and other language do not conflict or inadvertently amend a base agreement in an unintended way. Please seek your own legal counsel if you have any concerns or questions about adoption or implementation of this template.

ICE DMHC LAP Delegation Amendment Acknowledgement

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- Cathy Hoens, Health Net (Co-Lead)
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- Gary Masumoto, UnitedHealthcare/PacifiCare
- Veronica Orrick, UnitedHealthcare/PacifiCare