



Community Care Health Language Assistance Program (LAP) Exhibit J-10

Approved by: Operations Annette Pulido

Revised: October 1, 2020

Note: At a minimum, this policy shall be annually reviewed and revised as necessary.

SCOPE

This policy and procedure applies to Community Care Health's (CCH) HMO lines of business as licensed by the Department of Managed Health Care (DMHC).

PURPOSE

To provide Members with no cost quality interpreter and written translation services in accordance with California law and to assure effective coordination and implementation of language assistance services across multiple CCH departments, affiliates and vendors. CCH will conduct annual training for its staff and ensure Quality Improvement oversight and compliance monitoring of the program.

DEFINITIONS

Demographic Profile - means, at a minimum, identification of a Member's preferred spoken and written language, race and ethnicity.

Limited English Proficient or LEP Member - a Member who has an inability or a limited ability to speak, read, write, or understand the English language at a level that permits that individual to interact effectively with health care providers or plan employees.

Point of Contact - an instance in which a Member accesses the services covered under CCH's contract, including administrative and clinical services, and telephonic and in-person contacts.

Threshold Language(s) - the language(s) identified by a plan pursuant to Section 1367.04(b)(1)(A) of the Knox-Keene Act.

Translation - replacement of a written text from one language (source language) with an equivalent written text in another language (target language).



Vital Documents - the following documents, when produced by CCH including when the production or distribution is delegated by a plan to a contracting health care service provider or administrative services provider:

- A. Applications;
- B. Consent forms, including any form by which a Member authorizes or consents to any action by CCH;
- C. Letters containing important information regarding eligibility and participation criteria;
- D. Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal;
- E. Notices advising LEP Members of the availability of free language assistance and other outreach materials that are provided to Members; including but not limited to CCH's public website, brochures, newsletters, outreach and marketing materials that are routinely disseminated to CCH's Members.
- F. A plan's explanation of benefits or similar claim processing information that is sent to a Member if the document requires a response from the Member; and
- G. Subject to subsection (c)(2)(F)(ii), the Member disclosures required by Section 1363(a)(1), (2) and (4) of the Knox-Keene Act.

POLICY

This policy covers the activities and procedures provided by CCH and its delegated and contracted entities to ensure compliance with DMHC regulations for Language Assistance in obtaining health care services.

It is the policy of CCH to:

1. Provide language assistance services which are consistent with current statutory requirements, including sections 1367.04 and 1367.041 of the CA Knox Keene Act and Rule 1300.67.4, which requires health care service plans to provide language assistance in obtaining health care services to Members with Limited English Proficiency (LEP Members).



2. Assess its Member population to develop a demographic profile and establish CCH's threshold languages by surveying the language preferences and needs assessments of plan enrollees. Every three years CCH will conduct a needs assessment, demographic profile and language translation requirements pursuant to Section 1367.04(b)(3) of the Knox-Keene Act and Rule 1300.67.04(e).
3. Assure adequate processes and procedures for implementation and oversight through the Quality Improvement committee structure. Customer Service will maintain a monitoring checklist to ensure activities described in this Policy are monitored on an ongoing basis. CCH also reviews its Member Grievances and reports from its contracted vendor (Language Line) reports on a quarterly basis to ensure timely services are provided to its members for language assistance needs.

PROCEDURE

A. Provide language assistance services

1. CCH will notify members of the interpreter and translation services that are available to them at no cost. Notification is done in a variety of ways including but not limited to: CCH's public website, brochures, member newsletters, and Evidence of Coverage documents. CCH will provide access to interpreter services at all points of medical contact at no cost through its contracted vendor (Language Line) by calling Customer Service at 1-855-343-2247. CCH will provide written translation services, upon request, for certain vital documents
 - a. Interpreter services required by Section 1367.04 of the California Health & Safety Code and Section 1300.67.04 of Title 28 of the California Code of Regulations shall be coordinated with scheduled appointments for health care services in a manner that ensures the provision of interpreter services at the time of the appointment.



- b. Member notifications are done through CCH's Vital Documents and at least annually through the Evidence of Coverage (EOC), Summary of Benefits and Coverage (SOB), customer service, member newsletters, brochures, outreach and marketing materials, and through the CCH's website. The Notice of Language Assistance (NOLA) form is included in the Member Portal as well as all member written communications from CCH.
 - c. CCH does not require Members to use family members or friends as interpreters, unless it is requested by the Member; and will not compromise effectiveness of services; and will not violate a Member's confidentiality.
 - d. Should the member refuse interpreter services, documentation of the Member's refusal shall be documented in the medical record or plan file, as applicable.
 - e. CCH will also ensure that Members receive information regarding their rights to file a grievance and seek an independent medical review by including the NOLA, which informs them of their rights to language assistance at no cost. in threshold languages (when applicable) and through oral interpretation at no cost to the Member.
 - i. CCH will provide grievance forms and procedures in threshold languages and make them readily available to Members and to Providers through the website and member portal as well as from customer service for distribution to Members upon request.
 - ii. Information regarding Members rights to language assistance services at no cost during any part of the grievance process is available through CCH's Member Grievance and Appeals Policy (Exhibit W-1).
2. CCH will provide access to interpreter services at all points of medical contact at no cost. CCH will provide written translation services upon request for certain vital documents for established threshold languages.

If interpreter services are needed during any part of the grievance process, including expedited review, the Grievance Officer will utilize its contracted vendor, Language Line to provide any oral interpretation needed.



- a. Members are informed of the availability of language assistance during the grievance process through the Notice of Language Assistance (“NOLA”) template, included with the All Vital Documents.
 - b. Providers are informed of interpreter services through the Provider Manual, Provider Updates, CCH Provider Portal, Provider Newsletters, CCH’s website, and through customer service. Providers are informed of the contracted vendor interpreter services phone number as well as CCH’s client ID number in order for the treating provider to have interpreter services available at no cost to the provider or member.
 - c. Provider notifications specify that CCH will not require Members to use family members or friends as interpreters, unless it is requested by the Member; and will not compromise effectiveness of services; and will not violate a Member’s confidentiality.
3. CCH provides language assistance at no cost to the Member all points of contacts as detailed in the following:
 - a. Vital documents translation upon request by contacting Customer Service or accessing these documents on the Member portal, if applicable.
 - b. Interpreter services by contacting Customer Service who will connect the Member to the contracted vendor and remain on the line to assist the Member with questions/concerns.
 - c. CCH’s Customer Service shall utilize the Plan’s contracted vendor Quick Reference Guide to access interpreters by providing CCH’s Client ID and indicating the language needed for the Member. Customer Service will also document the call in the database for tracking and reporting purposes.



- d. In the contracted provider's office setting, including at the time of appointment scheduling, through the interpreter services of CCH's contracted vendor.
 - e. The contracted vendor shall meet the following proficiency standards:
 - i. Documented proficiency in both English and other language
 - ii. A fundamental knowledge of health care terminology and concepts related to health care delivery
 - iii. Education and training in ethics, conduct, and confidentiality as relates to interpretation.
 - iv. Allows annual and AD HOC auditing by the plan.
4. CCH is not relieved of its obligation even when a Member needs interpretation services at a point of contact that occurs in a hospital, facility or provider office subject to federal or state law that requires the hospital, facility or provider office to provide interpretation services. The member may contact CCH directly for these services by calling CCH's Customer Service.

If a member or a provider contacts CCH for interpreter services, Customer Service will contact the vendor to initiate interpreter services in the member's language in order to assist the member and/or provider.

5. CCH will provide Members with access to written translation of vital documents as defined above when requested and in the member's preferred language.
- a. Members or providers can contact CCH's Customer Service to make this request. Once requested, written documents will be translated and provided to the Member within 21 days. For urgently requested vital document translations, CCH will offer oral translation of the document.
 - b. For vital documents that have not been translated, CCH will send the document to its certified translation vendor and ensure that documents are returned and sent to the member within 21 days.
 - c. For vital documents that have already been translated, CCH will mail the translated materials to the member within two business days or they may access these documents on the member portal.



B. Assess its Member population

1. Develop a demographic profile of CCH's Member population for the purposes of calculating threshold languages and reporting to the Department of Managed Health Care (DMHC) pursuant to Section 1367.07. CCH will use DHCS threshold language data or other census data and public demographic information applicable to the CCH service area, individual telephonic language preferences, enrollment and renewal profile data, and Member survey methods to develop a demographic profile. CCH will assess and update the needs assessment, demographic profile, and language translation requirements every three years;
2. CCH will utilize existing processes and methods, including mailings and other communication processes, to distribute the linguistic need survey. CCH will distribute a member survey all subscribers 18 years or older, including all individual subscribers under group contracts to determine member's preferred spoken and written language.

C. Confidentiality

CCH will collect, summarize and document Member demographic profile data in the plan's Member file which enables CCH to maintain confidentiality of personal information, to disclose the information to treating physicians on request for lawful purposes, and to disclose the information to the DMHC on request for regulatory purposes.

D. Assure compliance through CCH's Customer Services department, Grievance/Appeals, and Quality Improvement (QI) committee structure.

1. Standards for Providers of Translation and Interpretation Services.
 - a. CCH requires that the individuals providing translation and interpretation services meet the following requirements as defined by the DMHC:
 - i. A documented and demonstrated proficiency in both English and the other language;



- ii. A fundamental knowledge in both languages of health care terminology and concepts relevant to health care delivery systems; and
 - iii. Education and training in interpreting ethics, conduct and confidentiality. CCH accepts the standards for interpreter ethics, conduct, and confidentiality as defined by the standards promulgated by the California Healthcare Interpreters Association or the National Council on Interpreting in Healthcare.
- 2. CCH's Customer Services department, Grievance/Appeals, and QI committee monitors quality assurance and compliance with CCH's language assistance program requirements.
 - a. CCH provides information to its Members and Providers regarding the grievance process and the availability of interpreter and translation services, including interpretation of the Plan's written statement on the disposition or pending status of expedited. Members are informed of language assistance services through the NOLA which is included in all grievance communications, as well as other Vital Documents.
 - b. CCH informs its Providers that informational notices explaining how Members may contact their plan, file a complaint with their plan, obtain assistance from the DMHC and seek an independent medical review are available in non-English languages through the DMHC web site. The notice and translations can be obtained online at www.dmhc.ca.gov for downloading and printing. In addition, hard copies may be requested by submitting a written request to: Department of Managed Health Care, Attention: HMO Help Notices, 980 9th Street, Suite 500, Sacramento, CA 95814.
 - c. CCH provides instructions to Providers regarding how to access and utilize the interpreter services of the contracted vendor for the benefit of LEP Members at no cost. It is the policy of CCH that all provider offices, including those that self-report the bilingual ability of themselves and/or office staff, use the interpreter services of the contracted vendor to assist LEP Members.
 - d. CCH monitors provider office compliance through the grievance process. The QI Committee shall ensure that providers are complying with CCH's language assistance program requirements, and that where problems are identified effective action will be taken to improve care, address deficiencies, and follow-up as needed. This includes



ensuring Members receive timely interpretation services with appointment scheduling.

- e. CCH will emphasize this requirement through annual internal staff training.
- f. Through CCH's delegation oversight process, CCH ensures that delegated entities are adhering to interpretation and translation process. This process also ensures that DMHC licensed partners are compliant with these standards.
- g. CCH will ensure that its Customer Services Staff has performed a review of their telephonic interpreter company to meet DMHC technical standards;
 - i. interpreters and written translators meet minimum standards for interpreter skill appropriate to each applicable point of contact,
 - ii. interpreters and written translators have received education and training in interpreter ethics, conduct including consideration of cultural sensitivity and confidentiality,
 - iii. CCH will conduct, at minimum, annual business reviews of contracted interpretation service vendors that will include performance review, complaints, grievances, and quality services.
- h. CCH will use various data sources to evaluate the effectiveness of interpreter and oral translation services, including, but not limited to:
 - i. Member satisfaction surveys written and verbal;
 - ii. Provider Satisfaction Surveys (PSS), which include questions regarding the Plan's Language Assistance Program;
 - iii. Quarterly monitoring of grievances and complaints, including steps for corrective action.
- i. CCH Customer Services will track any request for interpreter and translation assistance, and any problems identified, so that CCHP can assess any trends respond to correct any problems.
- j. Grievances/Appeals will track any language barrier grievance/complaint separately from general complaints. Specific language-related areas of concern will be investigated, with the goal of



identifying and implementing corrective action to address the concern, and the QI Committee will monitor those grievances.

- k. CCH will annually review its policies and procedures to assure effectiveness of interpreter and oral translation programs, assess the utilization of those services, and will implement any necessary modifications to ensure ongoing compliance.

E. **Staff training:** CCH will develop and provide adequate training regarding CCH’s language assistance program to all plan staff and Provider offices who have routine contact with LEP Members. This training includes instruction on:

- 1. Knowledge of CCH’s policies and procedures for language assistance;
- 2. Working effectively with LEP Members;
- 3. Working effectively with interpreters in person and through video, telephone and other media, as may be applicable; and
- 4. Understanding the cultural diversity of CCH’s Member population and sensitivity to cultural differences relevant to delivery of health care interpretation services.

REFERENCES

Health & Safety Code §1367.04
 28 CCR § 1300.67.04 (Language Assistance Regulations)
 28 CCR § 1300.67.2.2(c)(4) (Access and Availability Regulations)
 California State Senate Bill 853 § 1300.67.04

REVISIONS

Revised by	Revised Date	DMHC Approved Date
B.Golden and A. Pulido	October 1, 2020	December 11, 2020

ATTACHMENTS



Notification of Language Assistance (NOLA) in Multiple Languages regarding Availability of Interpreter Services for Members

AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-855-343-2247] (TTY: [1-800-735-2929]).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-855-343-2247] (TTY: [1-800-735-2929]).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-855-343-2247] (TTY: [1-800-735-2929]).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-855-343-2247] (TTY: [1-800-735-2929]).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-855-343-2247] (TTY: [1-800-735-2929])번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-855-343-2247] (TTY: [1-800-735-2929])。



Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք [1-855-343-2247] (TTY (հեռատիպ) [1-800-735-2929):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-855-343-2247] (телетайп: [1-800-735-2929).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با [1-855-343-2247] (TTY: [1-800-735-2929) تماس بگیرید.

日本語 (Japanese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。[1-855-343-2247] (TTY: [1-800-735-2929) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-855-343-2247] (TTY: [1-800-735-2929).

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। [1-855-343-2247] 'ਤੇ ਕਾਲ ਕਰੋ (TTY: [1-800-735-2929).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم [1-855-343-2247] (رقم هاتف الصم والبكم: [1-800-735-2929).

हिंदी (Hindi)

ध्यान दें: यदि आप कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं, आपके लिए नि:शुल्क उपलब्ध हैं। [1-855-343-2247] (TTY: [1-800-735-2929]) पर कॉल करें।



เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-855-343-2247] (TTY: [1-800-735-2929]).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ បរិស្ថានជាអ្នកនិយាយភាសាខ្មែរ, បសវង់នួយខ្លួនភាសា បោឃមិនកិច្ចលក្ខណ៍ គឺអាចមានសំរាប់បរិស្ថាន។ ចូរ ទូរស័ព្ទ [1-855-343-2247] (TTY: [1-800-735-2929])។