



March 30, 2009

Dear AppleCare Medical Group Provider

The following policies and procedures will introduce you to the 2009 Language Assistance Program (LAP) that is required by the State of California. This legislation directly affects your practice in the following ways:

- You are required to identify your patient's spoken and written language needs and document those needs in the patient's medical record.
- With AppleCare's assistance, provide written materials in the patient's primary language.
- With AppleCare's assistance, provide translation services which may include face-to face or telephonic interpreters.
- Insure that your office staff is aware of LAP requirements

Included in this packet are the following materials:

- FAQs
- AppleCare's LAP policy and procedure which includes the Health plan matrix for LAP interpreter assistance
- A roster of LAP training courses – some of which are cost free.
- A Staff self-assessment regarding translation skills for your bilingual staff to complete. This should be on-file in your office in the event of a health plan site audit.

AppleCare Medical Group is available Monday through Friday from 8 AM to 5 PM at 1-800-460-5051 to assist you with your interpreter needs. Please do not hesitate to call for assistance.



Provider Group Frequently Asked Questions
Health Plan Implementation
of the Department of Managed Health Care's (DMHC) Language Assistance Program

1. What are the DMHC Language Assistance Program Regulations (previously referred to as SB853)?

Effective January 1, 2009, in accordance with Section 1367.04 of the California Knox-Keene Act, the Department of Managed Health Care regulations – Section 1300.67.04, Title 28, California Code of Regulations -- require that health plans establish a Language Assistance Program (“LAP”) for enrollees who are Limited English Proficient (“LEP”). (Similarly, the California Department of Insurance promulgated its own LAP regulations, in accordance with Sections 10133.8 and 10133.9, California Insurance Code – see Section 2538, Title 10, California Code of Regulations.) Note this regulation only applies to Knox-Keene licensed plans, such as Healthy Families & Healthy Kids, and not Medi-Cal or Medicare.

A Limited English Proficient (LEP) enrollee is “an enrollee who has an inability or a limited ability to speak, read, write or understand the English language on a level that permits that individual to interact effectively with health care providers or health plan employees.”

Each health plan’s Language Assistance Program (LAP) must include the following:

- Written policies and procedures
- Assessment to identify enrollees’ spoken and written language needs
- Demographic profile of the health plan’s enrollee population, including enrollee race and ethnicity
- Identification of the health plan’s threshold languages (language(s) other than English spoken by a specific proportion, defined by the law, of the health plan’s enrollees)
- Translating vital documents at no charge to the enrollee (*translation refers to the transfer of the written word to one language to another*)
- Providing interpreter services at no charge to the enrollee at all points of contact, administrative and clinical (*interpreting refers to the transfer of spoken word from one language to another*)
- Informing enrollees of the availability of language assistance services
- Proficiency and quality standards for translation and interpretation services
- Training of health plan staff on the LAP and cultural diversity of the health plan’s enrollee population
- Compliance reporting and quality monitoring

2. What is the individual provider’s role and responsibility regarding the health plan’s Language Assistance Program?

A provider’s responsibility for language assistance will depend upon their contractual arrangement with each health plan. But at a minimum, providers will need to cooperate and comply with the health plan’s LAP services by facilitating a LEP enrollee’s access of a health plan’s LAP services – particularly a health plan’s oral interpreter’s services – in the clinical setting.



3. What is a threshold language and how is it calculated?

A threshold language is a language other than English that is spoken by the proportion of the health plan's enrollees meeting the following thresholds.*

Number of health plan enrollees	Number of threshold languages	Number of additional languages
1,000,000+	Top 2 languages other than English preferred by health plan enrollees as determined by needs assessment.	Any additional languages needed by 0.75 percent or 15,000 of enrollees, whichever is less
300,000 to 999,999	Top 1 language other than English preferred by health plan enrollees as determined by needs assessment.	Any additional languages needed by 1 percent of 6,000 of enrollees, whichever is less.
Less than 300,000	Any language other than English as shown to be preferred by 5% or 3,000 of enrollees, whichever is less.	N/A

* Excluding Medi-Cal enrollees and treating Healthy Families Program enrollees separately.

4. Where can we find out what each health plan's threshold languages are?

You may find a health plan's threshold language(s) on the ICE Website at:

http://www.iceforhealth.org/library/documents/Healthplan_CA_LAP_Contact_Sheet.xls

You may also contact the health plan directly.

5. What is a vital document?

The following documents are vital documents when produced by a health plan (i.e., plan-produced documents), including when the production or distribution of a vital document is delegated by a health plan to a provider group or administrative services provider:

Most likely to apply to Provider Groups:

(A) Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal;¹

(B) A health plan's explanation of benefits or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee;

¹Claims denial letter templates are available at <insert ICE website>; UM denial and pend letter templates are available at <insert ICE website>



Health Plan specific:

(C) Notices advising LEP enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees;²

(D) Applications;

(E) Health plan consent forms, including any form by which an enrollee authorizes or consents to any action by the health plan; (excludes consent forms used by medical providers)

(F) Letters containing important information regarding eligibility and participation criteria; and

(G) The enrollee “Benefit Matrix” disclosures required by Section 1363(a)(1), (2) and (4) of the Knox- Keene Act.

² Plan Specific Language Assistance Notices <insert ICE website>

6. What is a Language Assistance Program (LAP) Notice? With what documents do I include the notice?

Health plans will use a Language Assistance Program Notice to inform their enrollees of the availability of language assistance services (e.g., oral interpretation and written translation services).

Additionally, enrollee-specific vital documents produced in English will include a notice that offers assistance to interpret the document in any language or to translate the document into the health plan’s threshold language(s). Documents automatically sent in threshold languages do not require the LAP notice. Apply the notice to the following enrollee-specific vital documents often produced by Provider Groups as part of their UM and/or Claims delegated administrative activities:

- Examples of Enrollee-specific vital documents include:
 - For UM or Case Management Department: Denial letter, Delay letter, Modification letter and Termination letter.
 - For Appeal & Grievances Department: Appeal Acknowledgement Letter, Appeal Uphold letter, Grievance Acknowledgement letter and Grievance Resolution letter.
 - Claims processing letters or EOBs if a response is needed from the enrollee.

7. How does a provider group-issued vital document get interpreted or translated if requested?

The process depends on whether or not the provider group is delegated for LAP services. When a provider group is not delegated to provide LAP services, the provider group will need to provide a copy of the document to the health plan in a timely manner, upon request.



Timeliness standards are necessary to ensure that the requested document is translated within the 21 calendar days as required by the regulations. Therefore, upon the request from a LEP member, a provider group will be required to forward an enrollee-specific vital document (e.g., a service denial letter) produced by the provider group to the health plan within the following time frames:

- Urgent request or service: One business day
- Non-urgent or post-service request: Two business days

For health plan specific information please refer to the ICE Health Plan Resource Guide for Provider Offices

http://www.iceforhealth.org/library/documents/Healthplan_CA_LAP_Contact_Sheet.xls

The guide also lists health plan contacts should you have any questions. For documents sent via e-mail, follow your procedures to ensure the protection and security of patient medical information (Protected Health Information, PHI), by adhering to your organization's security protocols (e.g., sending encrypted files).

8. How do I get an oral interpreter service from a health plan?

The process depends on whether or not your provider group is delegated for LAP services. When a PG is not delegated to provide LAP services, in most cases the health plan will offer telephonic interpreter services.

For health plan specific information please refer to the ICE Health Plan Resource Guide for Provider Offices

http://www.iceforhealth.org/library/documents/Healthplan_CA_LAP_Contact_Sheet.xls

The guide also lists health plan contacts should you have any questions.

9. Can I use my own bilingual staff to interpret?

This is a two-part answer depending upon a provider group's delegation status:

Part 1) If a health plan does not delegate interpreter services, you may access the health plan's qualified interpreter services (see access information in #8). From a health plan's perspective, it is strongly recommend that providers help LEP members make informed decisions about when to use highly skilled, qualified health plan interpreters, a service which is available at no cost to LEP members or providers. The health plan's interpreters are trained in medical and insurance terminology, in addition to being proficient in—and culturally sensitive to—diverse ethnic and linguistic nuances. LEP members may prefer to rely upon the objectivity, accuracy, and confidentiality of professional interpreter services. However, if the LEP member refuses to access the health plan's interpreter services, it is recommended that the provider document that refusal in the member's medical record. The law neither requires a LEP enrollee to access the health plan's interpreter services, nor prevents a LEP enrollee from speaking with bilingual provider staff. However, the law does obligate health plans to provide and monitor the delivery of the health plan's qualified interpreter services to LEP patients at all points of contact (administrative and clinical) in order to ensure meaningful access to health care.



Part 2) If a health plan delegates interpreter services to a specified provider group, then the provider group's bilingual staff members may be used as interpreters, provided that bilingual staff members designated by the provider group for this purpose meet the health plan's language assistance proficiency standards. Health plans who delegate interpreter services may request documentation of interpreter staff training and proficiency.

The health plan's minimum quality standards for delegated interpreters include:

1. Versed in health care and medical terminology as validated by the plan; and
2. Knowledge of concepts relevant to health care delivery systems; and/or
3. Utilization of Provider Group staff in a dual role: as a facilitator to access services and as a "health care delivery services cultural broker" to clarify gaps in knowledge of the health care delivery system.
4. Knowledge of California Healthcare Interpreters Association (CHIA) and the National Council on Interpreting in Healthcare (NCIHC) or other DMHC approved interpreter ethics or standards.
5. Native or near-native interpreting proficiency in both the source (English) and target language (a non-English language). ("Near-native" interpreting skills are developed by growing up in—or functioning in—a particular language community.)

10. Do these regulations prohibit family members from serving as interpreters for enrollees?

No. Family members are not banned from serving as interpreters for enrollees under this legislation; however, health plans must ensure that its LEP members are notified of the availability of health plan free, quality language assistance (interpretation and translation) services. Should a LEP member refuse to access a health plan's language assistance services, then it is recommended that the provider document that refusal in the patient's medical record.

11. Which staff needs training regarding the LAP program?

To ensure compliance with the law, health plans must ensure that its staff -- and any staff the health plan contracts or delegates as part of the provision of its LAP services -- who interact with LEP enrollees be trained on the health plan's Language Assistance Program.



APPLECARE MEDICAL MANAGEMENT POLICY AND PROCEDURE

Title: LANGUAGE ASSISTANCE PROGRAM	Policy & Procedure Number: CL 7
Prepared by: Yvonne Miller Vice President, Clinical Operations	Departments Affected: All AppleCare Medical Management Departments AppleCare Medical Group Providers
	Related Policies: All CLAS P&Ps
Effective Date: 1/1/2009	Last Review/Revision:

I. PURPOSE:

AppleCare Medical Group will cooperate and comply with all contracted health plans in the health plan's obligation to provide language assistance services to Limited English Proficient (LEP) HMO members in accordance with Section 1367.04 of the California Knox-Keene Act, Title 28, California Code of Regulations. See Exhibit A & B

This regulation only applies to Knox-Keene licensed plans including Commercial, Healthy Families and Healthy Kids, and not Medi-Cal or Medicare.

II. DEFINITIONS OF LAP TERMS:

CCR1300.67.04

- A. Demographic profile means, at a minimum, identification of an enrollee's preferred spoken and written language, race and ethnicity.
- B. Interpretation: the act of listening to something spoken or reading something written in one language (source language) and orally expressing it accurately and with appropriate cultural relevance into another language (target language).
- C. Limited English Proficient or LEP Enrollee: an enrollee 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.
- D. Point of Contact: an instance in which an enrollee accesses the services covered under the plan contract, including administrative and clinical services, and telephonic and in-person contacts.

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

- E. Threshold Language(s): the language(s) identified by a plan pursuant to Section 1367.04(b)(1)(A) of the Act.
- F. Translation: replacement of a written text from one language (source language) with an equivalent written text in another language (target language).
- G. Vital Documents: the following documents, when produced by the plan (plan-produced documents) including when the production or distribution is delegated by a plan to a contracting health care service provider or administrative services provider:
1. Applications;
 2. Consent forms, including any form by which an enrollee authorizes or consents to any action by the plan;
 3. Letters containing important information regarding eligibility and participation criteria;
 4. Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal;
 5. Notices advising LEP enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees;
 6. A plan's explanation of benefits or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee; and
 7. Subject to subsection (c)(2)(F)(ii), the enrollee disclosures required by Section 1363(a)(1), (2) and (4) of the Act.
(CCR 1300.67.04(c)(2)(F)
(v) A requirement that, with respect to vital documents that are not standardized, but which contain enrollee-specific information, a plan shall provide the English version together with the Department-approved written notice of the availability of interpretation and translation services and, if a translation is requested, the plan shall provide the requested translation in accordance with the requirements of Section 1367.04 of the Act and this section.

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

III. OBJECTIVES:

- A. Upon member request, to assist LEP members access to the contracted health plan interpreter services at AppleCare Medical Group or Health Plan Customer Service as appropriate (either telephonic or in person)
- B. Upon member request, to assist the LEP member's access to the contracted health plan's interpreter services at scheduled or unscheduled visits at provider offices, including physicians, ancillary providers (e.g., PT, OT, speech therapy, nutrition consults, etc.), specialty service providers (e.g., DME, home health visits, alternative medicine providers, etc.), diagnostic testing facilities (e.g., laboratory or radiology offices), and urgent care facilities.
- C. To include the contracted health plan offer of translation services when the following non-standardized vital documents are administered in English to LEP members by AppleCare Medical Group:
 - 1. UM denial, modification or delay in service letters
 - 2. Claims denial letters (e.g. member liability letters or those that require a response from the member)
- D. To forward requests for translation to the contracted health plan in a timely manner.
- E. To forward non-standardized vital documents to the contracted health plan for translation when requested by a LEP member, and in a timely manner.
- F. To make available the contracted health plan Language Assistance Program (LAP) staff education and training materials to all applicable AppleCare Medical Group administrative staff, employed and contracted providers, and associated provider office staff.
- G. To respond to the contracted health plan's request for information related to LAP services or LEP member complaints.

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

IV. POLICY

A. Interpretation Services

1. AppleCare Medical Group is not delegated to provide interpretation services.
 - a. If an LEP member or the member's representative contacts AppleCare Medical Group customer service either in person or via the telephone, the AppleCare Medical Group customer service staff will assist the member by:
 - Transferring the member to a qualified ACMG staff member; Or
 - Transferring the member to the appropriate Health Plan LAP number. See Exhibit A
 - b. If an AppleCare Medical Group contracted physician, ancillary provider, specialty provider or office staff member contacts the AppleCare Customer Services Department for assistance with an LEP member, the staff member will follow the applicable workflow for each contracted health plan. **NOTE:** Workflow matrix is pending receipt from contracted health plans. Until received, Customer Service Staff will follow the steps outlined in section IV. A. 1 above.

B. Notice of LAP Translation Services

1. Although not delegated to provide LAP services, AppleCare Medical Group is delegated to issue certain Utilization Management and Claims documents that fall within the scope of the regulations.
2. The contracted health plans will provide a DMHC approved notice of translation services in the appropriate threshold languages; this notice must accompany the following AppleCare Medical Group produced non-standardized vital documents when issued in English. See Exhibit C:
 - a. UM denial notifications, including denial, modification or delay in service
 - b. UM delay notifications for additional information or expert review

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

- c. Claims denial notifications (e.g. member liability letters or those that require a response from the member)

C. Requests for Translation

1. AppleCare Medical Group is not delegated to provide translations of non-standardized vital documents. However, AppleCare Medical Group will forward requests received from members to the contracted health plan in a timely manner. “
2. AppleCare Medical Group also will provide copies of non-standardized vital documents as described in section II above to the health plan upon request in a timely manner. See timeliness standards as described on page 8 of this P&P.

D. Training and Education

1. AppleCare Medical Group will receive staff and provider education and training materials from the contracted health plans. These materials will provide information on the following:
 - a. Tips for interacting with LEP members.
 - b. How to effectively communicate with a LEP member via interpreters
 - c. How to access health plan LAP services
 - d. Frequently Asked Questions related to health plan LAP services
 - e. Guidelines on cultural sensitivity and health customs for threshold populations
 - f. Process for documenting LEP member grievances related to LAP services

E. RESPONSIBILITY:

The AppleCare Medical Group Clinical Services and Customer Service Departments are responsible for the facilitation of LAP services.

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

V. PROCEDURE

A. Interpretation Services

1. Administrative Contact with LEP member

- a. If a member contacts AppleCare Medical Group and is not able to effectively communicate in English, the Customer Service Representative should consider doing the following as a best practice:
 - Verify the member's preferred spoken language from the health plan list or, if none is listed, from the member.
 - Transfer the call to a qualified internal interpreter if possible. If not possible, then follow the steps below.
 - Speak slowly, not loudly.
 - Using short, simple sentences, obtain the member's name and ID number.
 - Ask the member to hold briefly.
 - Contact the health plan's customer services department for LAP services.
 - Identify the member's preferred spoken language to the operator.
 - Once the interpreter has joined the call, continue to use short sentences or questions to assist the member.
 - To confirm a LEP member's understanding of the conversation, try to ask questions that are not answered "yes" or "no".
 - Rephrase and summarize often. Do not expect the interpreter to rephrase complex statements or concepts.
 - Prior to ending the call, ask "What other problems can I assist you with today?".
 - Remind the member that they can access similar interpretive services at all points of contact by calling the number provided by the health plan.

2. Clinical Points of Contact

- a. AppleCare Medical Group makes available the contracted health plan LAP services information to all contracted providers and their office staff. If a provider or office staff member contacts AppleCare

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

Medical Group, the AppleCare Medical Group Customer Service staff will refer them to the appropriate health plan Customer Service Department for LAP services.

- All LEP members have the right to access their health plan's LAP services.
- Providers are encouraged to facilitate that member's access to their plan's LAP services
- If offered and refused, providers are encouraged to document the refusal in the member's chart.

B. Offer of Translation Services

1. Notice to Accompany Non-Standard Vital Documents

- a. Contracted health plans will provide AppleCare Medical Group with an approved notice of translation services, which should accompany non-standard vital documents that are produced in English to LEP members by AppleCare Medical Group. To ensure the required information is provided, the person(s) responsible for the creation of member notifications will:
 - Ensure the member's health plan is correctly identified.
 - Ensure that the health plan's approved notice is attached to:
 - Service denial letters, including those which modify services or create a delay in delivery;
 - Delay or pend letters;
 - Claims denial notifications (e.g. member liability letters or those that require a response from the member)
 - Maintain a copy of the notice with the applicable referral or claims file for review by health plan auditors

C. Requests for Translation

1. Member Request for Translation of Non-Standardized Vital Document

- a. When a member request for translation is received by AppleCare Medical Group, the staff member receiving the request will:
 - Access the health plan interpreter services to facilitate communication with the LEP member as outlined previously in this policy.
 - Document the time and date of the request.
 - Confirm the document that needs translation using referral number or other applicable specific identification.

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

- Forward the request and the requested document to the contracted health plan within the timeframes as follows:
 - Timeliness standards are necessary to ensure that the requested document is translated within the 21 calendar days as required by the regulations. AppleCare Medical Group will forward the member request to the Health Plan within the following timeframes:
 - Urgent request or service: One business day
 - Non-urgent or post-service request: Two business days
- b. The member's health plan is solely responsible for the decision to provide written translation.

2. Health Plan Requests Copy of Non-Standardized Vital Document

- a. When AppleCare Medical Group staff receives a request for a copy of document issued by AppleCare Medical Group in accordance with UM or Claims delegation processes, the staff will:
 - Document the date and time of the request.
 - Return the requested documents to the contracted health plan within the timeframes listed C.1.a. above.

3. Member Request for Translation of Health Plan Produced Vital Document

- a. When AppleCare Medical Group receives a request for the translation of a health plan produced vital document, the AppleCare Medical Group staff will forward the request to the contracted health plan within the timeframes listed in section C.1.a. above.

D. Training and Education

1. AppleCare Medical Group LAP Staff Training and Education

- a. As required by the regulations, each contracted health plan will distribute LAP staff training and education materials regarding the health plan's LAP services, cultural competency, cultural sensitivity and effective use of interpreters.
- b. AppleCare Medical Group will ensure that all staff who are in contact with LEP members receive these materials through formal

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

or informal processes. The person responsible for staff education and training will:

- Assemble the materials by health plan.
- Distribute or make available to all applicable staff either by:
 - Staff newsletters
 - Staff meetings
 - Intranet, Internet or e-mail
 - Other
- AppleCare Medical Group will provide evidence of distribution or availability of health plan LAP staff training and education materials to the contracted health plan upon request.

2. AppleCare Medical Group Contracted Providers and Office Staff Training and Education

- a. As required by the regulations, each contracted health plan will distribute provider and provider office staff training and education materials regarding the health plan's LAP services, cultural competency, cultural sensitivity and effective use of interpreters.
- b. AppleCare Medical Group will ensure that all contracted or employed providers and their office staffs who are in contact with LEP members receive these materials through formal or informal processes. The person responsible for provider education and training will:
 - Assemble the materials by health plan.
 - Distribute to all providers and applicable office staff either by:
 - Provider newsletters
 - Provider meetings
 - Intranet, Internet or e-mail
 - AppleCare Medical Group will maintain a record of providers and provider office staff who have received the materials.
 - AppleCare Medical Group will provide evidence of distribution to the contracted health plan upon request.

End of policy and procedure

Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3
--	---

EXHIBIT A

MATRIX OF HEALTH PLAN LAP

NOTE: ACMG is not delegated to independently perform LAP by contracted health plans.

Members needing assistance are to be transferred or referred to the following Health Plan LAP numbers.

HEALTH PLAN	LAP
Aetna	1-877-287-0117
Anthem Blue Cross	1-888-254-2721
Blue Shield	1-866-346-7198
Care1st	1-800-544-0088
Cigna	1-800-244-6224
Health Net	1-888-231-9473
PacifiCare – Spanish	1-800-730-7270
PacifiCare – Chinese	1-800-938-2300

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

EXHIBIT B

ICE Health Plan Identified Threshold Languages
for the
Department of Managed Health Care's Language Assistance Regulations

Effective date 2/22/08 health plans will have established their threshold languages for translation requirements per the Department of Managed Health Care's (DMHC) Language Assistance regulations. Every 3 years plans will be required to update the threshold languages established for their plan. The list below is the current list of threshold languages established by health plans. Should the threshold information for health plans change, the grid will be updated prior to 1/1/09. There may be some additional threshold languages that some plans may have identified for specific regions based on consumer need that may not be reflected in the grid below. It is recommended to contact the specific health plan of the enrollee to confirm threshold language requirements and language assistance program requirements.

The following languages were selected by the plans as the plan's threshold languages for their lines of business regulated by the Department of Managed Health Care. The language selection was based on the threshold criteria established in the statute as well as operational considerations of each health plan.

Health Plan	Is ACMG delegated*	Chinese-traditional Characters	Chinese-simplified characters	Korean	Spanish	Tagalog	Vietnamese
Aetna	No				X		
Anthem/Blue Cross	No	X		X	X	X	X
Blue Shield	No	X			X		X
Care First	No				X		
Cigna	No	X			X		
Health Net of California	No	X			X		
United/Pacific Care	No	X			X		

* NOTE: The delegation column above is not part of the original I.C.E. document.

For Information Purposes:

Of those plans that have identified Chinese as a threshold language, the character style has been indicated. The reasons for the selection of character styles are listed below.

Use of simplified characters:

1. Majority of the plans targeted non-U.S. born Chinese speaking populations come from Mainland China who use simplified character.
2. Almost all Chinese can read both characters.
3. More modern terms were introduced via Mainland whose economy growth that include healthcare are at all time high.
4. Plan is already using Simplified Characters so this would allow for internal consistency.

Use of traditional characters:

1. Plan conducted Census research, which illustrated that in California the majority of ethnic Chinese that were foreign born are from areas outside of Mainland China such as

AppleCare Medical Management	
Subject: PROVISION OF INTERPRETER SERVICES	Policy/Procedure Number: CL 3

Taiwan. Those California residents that were born in Mainland China tend to be older, born before 1950. The residents of Taiwan and older mainland Chinese prefer traditional characters.

2. The California Chinese press uses traditional characters.
3. Those educated in mainland China in simplified characters are also more likely to be well educated in English.

ICE C & L Language Assistance Program Training Recommendations



*Summary	**Target Audience	CM E Y/N	\$	***Length of Training	****Ease of Navigation	*****Modalities Available	**** LA Regula
<p>Transcultural Nursing http://www.culturediversity.org/ceu.htm</p> <p><i>We are a non profit organization, dedicated to increasing awareness to the issues of Transcultural Nursing, to promote cultural diversity in nursing, and propose solutions when problems of bias or conflict arise. Information on this web site is based on our twelve years of travel experiences, research, study and analysis of different cultures and subcultures we have worked with.</i></p>	<p>Cultural Competency: The Building Blocks (Free: 1.25 contact hours)</p> <p>This course is courtesy of Culture Advantage. <u>Culture Advantage</u> specializes in cultural competency continuing education. Instructions: Read the lessons, answer the optional practice exam, and then register for the course to complete the course requirements. Evaluation is required upon completion of the exam. Access the course evaluation <u>here</u>.</p> <p>The information we</p>	Yes	Free	One or two hours.	Good	Online course	

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

<i>Website</i>	<i>*Summary</i>	<i>**Target Audience</i>	<i>CM E Y/N</i>	<i>\$</i>	<i>***Length of Training</i>	<i>****Ease of Navigation</i>	<i>*****Modalities Available</i>	<i>*** LA Regula</i>
	Website has Trans-Cultural Nursing Assessment tool. http://www.culturediversity.org/assntform.htm	present for each cultural group is no more than an overview, the amount of relevant knowledge could fill many books. The issues raised here are those that, we think, have special meaning to the practice of nursing, and health care delivery. Nurses must always be aware of what people may be thinking that may differ from our own thoughts, and that other sources outside the traditional medical community, exist to help patients.						

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

Website	*Summary	**Target Audience	CM E Y/N	\$	***Length of Training	****Ease of Navigation	*****Modalities Available	**** LA Regula
Fanlight.com	<p>Worlds Apart</p> <p>A video library:</p> <p>These unique trigger films follow patients and families faced with critical medical decisions, as they navigate their way through the health care system. Filmed in patients' homes, neighborhoods and places of worship, as well as hospital wards and community clinics, <i>Worlds Apart</i> provides a balanced yet penetrating look at both the patients' cultures and the culture of medicine. This series is an invaluable tool for raising awareness about the role sociocultural barriers play in patient-provider communication and in the provision of healthcare services for culturally and ethnically diverse patients.</p>	Health Plan or Provider Staff	No	\$369 for VHS & 399 for DVD	1 to 2 hours	Very good	Video Virtual Ed.	

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

<i>Website</i>	<i>*Summary</i>	<i>**Target Audience</i>	<i>CM E Y/N</i>	<i>\$</i>	<i>***Length of Training</i>	<i>***Ease of Navigation</i>	<i>*****Modalities Available</i>	<i>**** LA Regula</i>
www.inter-facinter.com/tools.htm	<p>Website offers multiple training tools for health care organizations, and provider offices. Tools focus on building awareness and knowledge of healthcare concerns, practices, and beliefs of major US ethnic groups.</p> <p>Programs available include:</p> <p>Board Game</p> <ul style="list-style-type: none"> Boardgame (200 cards) 4-6 people \$199.00 Boardgame Deck #2 (350 cards) Up to 16 player in each group \$99.00 Conference Healthcare Multiplay (for large groups) Unlimited groups of 4-6 \$175.00 <p>DVD Training Packet: What Language Does Your Patient Hurt in?</p> <p>Further, it providers a free</p>	<p>Gameboard: Physicians, nurses, non-medical front-line staff and administrators</p> <p>DVD: Nurses</p>	<p>DVD: CEU</p>	<p>Varies</p> <p>DVD: \$299.00 Includes handout s</p> <p>Q.A: free</p>	<p>75-90 minutes and up to 5-6 hours of play the same group without repetition</p> <p>DVD: 1 ½ training curriculum</p>	<p>Yes</p>	<p>GameBoard-must be ordered.</p> <p>DVD training tool</p>	****

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

Website	*Summary	**Target Audience	CM E Y/N	\$	***Length of Training	****Ease of Navigation	*****Modalities Available	***** LA Regula
	on-line submission for Q.A.							
www.aafp.org/online/en/home/cme/selfstudy/qualitycarevideo.html	<p>Web-base training program developed by the AAFP to assist physicians and other health care professionals in becoming more culturally proficient in the provision of care to their patients.</p> <p>The program includes five video vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse health care environment.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> Understand how to work collaboratively with medical interpreters; Recognize why and when cultural factors related to obesity may be a barrier to doctor- 	Providers and health care professional	Yes 2.5	Free	Varies Each Video is approximately 8-10 minutes in length in addition hardcopy training manual	Very easy	Web-base training program	

* include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN,admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

<i>Website</i>	<i>*Summary</i>	<i>**Target Audience</i>	<i>CM E Y/N</i>	<i>\$</i>	<i>***Length of Training</i>	<i>***Ease of Navigation</i>	<i>*****Modalities Available</i>	<i>**** LA Regula</i>
	<p>patient communication and patient compliance;</p> <ul style="list-style-type: none"> Identify specific health-based information concerning gay, lesbian, bisexual and transgender (GLBT) populations, including health risks, health disparities and strategies for improvement; Identify major stressors related to the process of immigration and common problems that may be encountered during the medical exam; and Understand the importance of honoring traditional Native American cultural 							

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

<i>Website</i>	<i>*Summary</i>	<i>**Target Audience</i>	<i>CM E Y/N</i>	<i>\$</i>	<i>***Length of Training</i>	<i>****Ease of Navigation</i>	<i>*****Modalities Available</i>	<i>***** LA Regula</i>
	communication patterns.							
www.culture-advantage.com/culturalcompetencycourse.php	Offers a series of courses on Cultural Competency focus on awareness, skill building for health care in efforts to enhance communications, patient safety, and quality of care.	For licensed Health Care Professionals/Nurses	4-6 Contact Hours per course for RN, LPN, or LMH T relce nsure by Kansas State Board of Nursing	Intro Course: Free Varies 0-\$5.00 dollars \$20.00 on all courses (over 20 hours) Paypal Onsite training: Requires minimum attendee s. Cost \$60.00-\$80.00 per person.	Not Specified Approximate 1-2 hours.	Yes	Must Register for Additional Course Information	

* include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN,admin

***should be hours, days,weeks etc.

****,please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

Website	*Summary	**Target Audience	CM E Y/N	\$	***Length of Training	****Ease of Navigation	*****Modalities Available	**** LA Regula
http://www.ama-assn.org/ama/pub/category/9913.html	Health Literacy and Patient Safety; Helps patients understand is an educational toolkit which is AMA Foundation's primary tool for informing physicians, health care professionals and patient advocates about health literacy.	Clinicians and Physicians	Yes	Kits are \$35	Instructional DVD- 23 min. Manual for Clinicians- 60 pgs.	Instructional DVD- 23 min. Manual for Clinicians - 60 pgs.	DVD and manual	
http://jamardaresources.com/	Cultural, Ethnic and Religious Reference Manual for Health Care Providers This book comes packed with thirty-two diversity assessment multiple choice or true/false tests with answer keys included. These tests will assess your knowledge of many topics such as dietary considerations,	Administrators and managers in health care facilities will want this manual on all nursing units and in all patient service departments as a resource for caregivers. It may also be used as a part of orientation for new employees.	No Yes provides continuing, diversity training workshop	\$75.00 per manual \$52.00 for assessment tools \$115	Chapters	Easy- Small Chapters	Easy- Small Chapters	4. Sn chapter differ cultu grou

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

<i>Website</i>	<i>*Summary</i>	<i>**Target Audience</i>	<i>CM E Y/N</i>	<i>\$</i>	<i>**Length of Training</i>	<i>****Ease of Navigation</i>	<i>*****Modalities Available</i>	<i>**** LAI Regula</i>
	<p>death and dying, religious and cultural beliefs, and holiday celebrations for various cultures and religions.</p> <p>Subject-related definitions.</p> <ul style="list-style-type: none"> •Basic communication strategies. •Cultural, ethnic and religious information related to health beliefs, interpersonal relationships, birth, children, death, dietary considerations, common medical procedures, etc. •A comprehensive bibliography for further reading. 		and continuing education, which support the public and private health care sector. Workshops, seminars, and	for manual assessment book				

* include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

<i>Website</i>	<i>*Summary</i>	<i>**Target Audience</i>	<i>CM E Y/N</i>	<i>\$</i>	<i>**Length of Training</i>	<i>****Ease of Navigation</i>	<i>*****Modalities Available</i>	<i>**** LAP Regula</i>
			lectu res can be tailo red to fit the need s of your orga nizat ion in 4 or 8 hour incre men ts. Also, CEU credi ts can be issu ed for					

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

Website	*Summary	**Target Audience	CM E Y/N	\$	***Length of Training	****Ease of Navigation	*****Modalities Available	****: LA Regul
www.thinkculturalhealth.org www.thinkculturalhealth.org/languageaccessservices.asp	Good for all healthcare workers. Very easy to understand, presented in case management format. Reviews many different types of issues, encompasses many different cultures and cultural issues.	Currently MD, PA, NPP, RN, Pharmacists and Social Workers. Is expanding to be useful for all healthcare workers.	work shops presented in your facility. Y	Free	9 hours	Easy	DVD and/or Interactive Website	
http://futurehealth.ucsf.edu/network/resources/curricula/diversity.html	Teaches skills and knowledge to help health professionals provide culturally	Physicians, nurses, pharmacists, dentists, residents and students. Designed for use by	?	\$75	Eleven 1 hour sessions, or 1 day long seminar		Paper or Disk	

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

Website	*Summary	**Target Audience	CM E Y/N	\$	***Length of Training	****Ease of Navigation	*****Modalities Available	*****LAI Regular
	competent care. Clinicians also learn how to work with medical interpreters and acquire new approaches to addressing cultural differences.	facilitators who are experienced in teaching clinicians, but who may be new to some areas of cross-cultural care. “Train the Trainer” ?						
http://www.nynj-phhc.org/cc2/default.cfm	Works case studies and involves the reader as a member of the staff. Very informative yet entertaining. Allows the reader to actively participate and think critically.	Not defined, however CEU's for nursing and from AMA. Also “general” CE's.	Yes	Free	3 modules, each at 1.5 hours.	Easy 3 modules, each at 1.5 hours.	On line	
Exploring Cross Cultural Communication (HRSA Grantee Web Site) http://www.nynj-phhc.org/cc/home/cc-login.cfm (Regulations 2 & 4)	Web-Based course that invites learners to spend time thinking about and developing their own responses to a variety of idea and situation about culture, communication, and public health. Explores meanings of culture, methods of communication, and	Physicians, Nurses & Health Education professionals	Y (2.5 Category 1 CECH in Health Ed; 3 contact		2.5 hrs.	Great design very easy to navigate	Video exchanges examples	2. Work effectively with 1 enroll. Work agree this can be applied to all

* include pro's and con's, recommendation and any other information you consider useful

** can be MD, PA, NP, MA, LVN, RN, admin

*** should be hours, days, weeks etc.

**** please denote as hard, moderate, easy

***** electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

Website	*Summary	**Target Audience	CM E Y/N	\$	**Length of Training	****Ease of Navigation	*****Modalities Available	**** LA Regula
	communication strategies.		t hours in Nursin g: 2.5 hours Categ ory 1 (CME)					plans provi and s 4. Unde ding cultu diver plan' popu and cultu sensit Worl p agr this c appli to all plans provi and s
The Manager's Electronic Resource Center: Providers Guide to Culture and Language. This web site is designed to assist health care organizations throughout the US in providing high quality, culturally competent services to multi-ethnic populations. http://erc.msh.org/mainpage.cfm?file=2.0.htm&module=provider&language=English&gggroup=&mgroup=	Assist health care organizations throughout the US in providing high quality, culturally competent services to multi-ethnic populations.	Physicians & Health Care Organizations	N		2 hrs	Great design very easy to navigate	Video exchanges examples	3. Work effect with interf s (in perso thro video, other media Work p agri

(Regulations 3 & 4)

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

<i>Website</i>	<i>*Summary</i>	<i>**Target Audience</i>	<i>CM E Y/N</i>	<i>\$</i>	<i>***Length of Training</i>	<i>****Ease of Navigation</i>	<i>*****Modalities Available</i>	<i>**** LA Regula</i>
								this c appli to all plans provi and s 4. Unde ding cultu diver plan' popu and cultu sensi Worl p agr this c appli to all plans provi and s

*include pro's and con's, recommendation and any other information you consider useful

**can be MD, PA, NP, MA, LVN, RN, admin

***should be hours, days, weeks etc.

****please denote as hard, moderate, easy

*****electronic, paper, in-person

***** LAP regulation categories: 1. Knowledge of plan's P & Ps 2. Working with LEP enrollees 3. Working effectively with interpreters 4. Understanding cultural diversity

Employee Language Skills Self-Assessment

Thank you for participating in this survey process. **This survey is for staff who currently use their skills in languages other than English to communicate with our patients.** Be assured that this survey will not affect your performance evaluation. This is a way for us to identify our linguistic strengths, determine training opportunities, improve our customer service and include you in our diversity efforts.

Employee Name: _____

Department: _____

Work hours:

☐ 8am -5pm
☐ 9am -6 pm
☐ other _____

Directions:

- (1) Write any/all language(s) or dialects you know.
- (2) Indicate how fluently you speak, read and/or write in that language. (see attached key)
- (3) Specify if you currently use this language regularly in your job.

***EXAMPLE**

Language	Dialect, region?	Speaking	Reading	Writing	do you speak...	do you read	do you write
* Spanish	Mexico	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No

Language	Dialect, region, or country	Fluency: see attached key (circle)			As part of your job, do you use this language to speak with patients? (Circle)	As part of your job, do you read this language? (Circle)	As part of your job, do you write this language? (Circle)
		Speaking	Reading	Writing			
1.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
2.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
3.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
4.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No

Are you willing to take language skills assessment tests and quality training?

☐ Yes ☐ No



Employee Language Skills Self Assessment Key

Key	Spoken Language
(1)	Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition.
(2)	Meets basic conversational needs. Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary and grammar.
(3)	Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health care.
(4)	Able to use the language fluently and accurately on all levels related to work needs. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech.
(5)	Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language.

Key	Reading
(1)	No functional ability to read. Able to understand and read only a few key words.
(2)	Limited to simple vocabulary and sentence structure.
(3)	Understands conventional topics, non-technical terms and health care terms.
(4)	Understands materials that contain idioms and specialized terminology; understands a broad range of literature.
(5)	Understands sophisticated materials, including those related to academic, medical and technical vocabulary.

Key	Writing
(1)	No functional ability to write the language and is only able to write single elementary words.
(2)	Able to write simple sentences. Requires major editing.
(3)	Writes on conventional and simple health care topics with few errors in spelling and structure. Requires minor editing.
(4)	Writes on academic, technical, and most health care and medical topics with few errors in structure and spelling.
(5)	Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for the style of language. Proficient in medical, healthcare, academic and technical vocabulary.