

<b>HEALTH PLAN OF SAN JOAQUIN</b>		
<b>Subject: CULTURAL AND LINGUISTIC PROCEDURES</b>		
<b>Department:</b> Health Education		<b>Policy #:</b> C&L 01
<b>Applies to:</b> Medi-Cal, HF, Commercial		<b>Scope:</b> Company-wide
<b>Effective Date:</b> 4/01/01	<b>Revised Date:</b> 05/08	<b>Approved by:</b>  <i>Signature on file</i> (Title of Sr. Exec. responsible)

**PURPOSE**

- A. To provide culturally appropriate services and to meet the linguistic needs of HPSJ members at all medical and non-medical points of contact.
- B. To meet the contractual, regulatory and statutory requirements of providing cultural and linguistic services through HPSJ’s Language Assistance Program.

**DEFINITIONS**

**Culturally and Linguistic Appropriate Services (CLAS):** Health care services that are respectful of and responsive to cultural and linguistic needs.

**Cultural Competency:** The ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet the patients’ social, cultural and linguistic needs.

**Limited English Proficient (LEP):** 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 services agencies.

**Limited English Proficient (LEP) Members:** Any member who is limited English proficient, including those who speak a language other than one of the threshold languages.

**Threshold languages:**

**Department of Health Care Services (DHCS):**

Languages spoken in the county designated as threshold languages by DHCS. These are primary languages spoken by limited English proficient (LEP) population groups meeting a numeric threshold of 3,000 eligible beneficiaries

residing in a county. Additionally, languages spoken by a population of eligible LEP beneficiaries residing in a county, who meet the concentration standard of 1,000 in a single ZIP code or 1,500 in two continuous ZIP codes, are also considered threshold languages. HPSJ's threshold languages for Medi-Cal are English, Spanish and Khmer (Cambodian).

**Managed Risk Medical Insurance Board (MRMIB):**

Spanish, and any language representing the preferred mode of communication for the lesser of five percent (5%) of the Contractor's enrollment or 3,000 subscribers of the Contractor's enrollment in the program, as designated by MRMIB. HPSJ's threshold languages for Healthy Families are English and Spanish.

**Commercial Programs**

HPSJ will not apply the DHCS standards for determining threshold languages for its commercial programs. Each program will be assessed separately in order to determine the linguistic needs of that enrollee population.

**POLICY:**

- A. HPSJ encourages awareness of cultural competency imperatives and issues related to improving access and quality of care for all members; communicates information on cultural and linguistics activities, procedures, services, goals, philosophies and activities of HPSJ to its members, providers and staff through its Language Assistance Program's policies and procedures.

**PROCEDURE:**

**A. Maintain a Written Description of C&L Services Program**

To ensure clarity regarding the importance of cultural competency, HPSJ will incorporate the following components in its C&L policies and procedures and in establishing performance measures and incentives:

- Include cultural competency in HPSJ's mission.
- Encourage community input and advisement on relevant issues.
- Develop a process for evaluating and determining the need for special initiatives regarding cultural competency.

- Include recruitment and retention of staffing that are reflective and/or responsive to community needs.
- Continually assess the cultural competence of HPSJ providers.
- Designate staff for coordinating and facilitating the integration of cultural competency guidelines.
- Establish an array of communication tools for distributing information to staff.
- Participate with government, community, and educational institutions in matters related to best practices in cultural competency.
- Establish an information system capable of identifying and profiling culturally or ethnically specific patient data.
- Evaluate the effectiveness of strategies for improving the health status of culturally diverse populations.

#### **B. Assessment of Member Cultural and Linguistic Needs**

In order to assess the cultural and linguistic appropriateness of its services, HPSJ recognizes that it is necessary to document and analyze member's C&L needs. Accordingly, HPSJ will conduct regular assessments of these needs, including language preferences, reported race and ethnicity, use of interpreters, use of alternative medicines, traditional health beliefs and beliefs and practices regarding health and health care utilization. Specifically, HPSJ will:

- Document in the member's file in HealthTrio the reported ethnicity and preferred language of eligible members provided by DHCS for Medi-Cal members; Maximus for Healthy Families members; the enrollment contractor as designed by the San Joaquin County Public Authority for Healthy Connections/IHSS; and the internal application process for Healthy Kids members in the upload of membership data.
- Document in the member's file in HealthTrio the race, ethnicity, and preferred spoken and written language as directly reported by HPSJ members in response to plan surveys and newsletters requesting such information.
- Instruct providers to offer free interpreter services and document the member's preferred language, in addition to requests for, and refusals of, interpreter services in the patient chart.
- Track and analyze utilization of telephone and face-to-face interpreter services at all points of contact.

- Conduct Cultural and Linguistic Group Needs Assessments as required by DHCS for Medi-Cal members, MRMIB for Healthy Families members, and/or as required by California laws and regulations. (*C&L 08 – Enrollee Assessment*)
- Elicit and document input from the Community Advisory Committee regarding member's C&L needs (*Marketing 07 – Community Advisory Committee*)

**C. Assessment of Linguistic Capabilities of HPSJ employees, providers and subcontractors**

HPSJ regularly assesses its employees, provider network and subcontractors to ensure its ability to meet ethnic, cultural and linguistic needs of HPSJ members. (*C&L 04 – Proficiency of Interpreters*) HPSJ makes every effort to ensure that members are assigned to providers who have the ability to meet the members; C&L needs. HPSJ will:

- Test HPSJ staff who are required by their position to be bilingual for language proficiency through a qualified contracted service. HPSJ places a high priority on recruiting staff with cultural competence and linguistic skills specific to their job.
- Assess the language proficiency of bilingual providers and provider office staff through a standardized tool for self assessment.
- Report on provider and provider office staff language capabilities in the provider directory.

**D. Access to Interpreter Services**

HPSJ ensures access to interpreter services for all LEP members. HPSJ provides 24-hour access to telephonic interpreter services for all medical and non-medical points of contact. With advance notice, HPSJ can provide face-to-face interpreter services, including sign language interpretation. All interpreter services are provided at no cost to HPSJ members. (*C&L 03 – Access to Interpreter Services for LEP Members*)

**E. Availability of Translated Materials**

HPSJ translates member materials into the threshold languages as determined by DHCS for Medi-Cal members. HPSJ translates member materials for its non-Medi-Cal lines of business pursuant to its assessment of the linguistic needs for these members. (*C&L 05 – Translated Written Materials*)

**F. Staff and Provider Education and Training**

HPSJ promotes to staff and providers an enhanced awareness of cultural competency needs and issues related to improving access and quality of care for its members. HPSJ ensures that employees and providers are informed and aware of HPSJ's policies and procedures regarding the provisions of CLAS. (*C&L07 – Cultural Awareness and Sensitivity Training*)

HPSJ educates providers and provider staff about the cultural and linguistic needs of its members through newsletters, provider alerts, new provider orientation and scheduled training sessions. The education and training program may include, but is not limited to, the following components:

- Skills and practices regarding culture-related health care issues of primary member populations not limited to threshold populations.
- Concepts of cultural competency, its effects on quality care and access to care.
- Translation of written informing documents.
- Provision of appropriate qualified interpreters.
- Referrals to culturally and linguistically appropriate community services.
- One-on-one provider and provider office staff training on C&L issues when a need is identified to improve provider effectiveness in meeting members' C&L needs.

**G. Ongoing Evaluation and Feedback for Cultural Competency Education and Training**

To ensure that staff and providers adhere to HPSJ's C&L policies and procedures, and that these policies and procedures lead to serves that are effective in providing CLAS, HPSJ will conduct regular monitoring and enforcement activities regarding staff, provider and interpreter performance.

Ongoing evaluations of cultural competency education and training programs will consist of the following strategies:

- Identify opportunities for education and training based on analysis of health outcomes impacted by cultural and linguistic issues.

- Specifically address deficiencies found in cultural competency of health care delivery with educational solutions.
- Institute methods to utilize and network with community-based organizations for appraisal of educational efforts.
- Involve community leadership and decision-makers in the design and development of education evaluation programs.

Sources from these ongoing evaluations may include:

- Encounter data analyses
- Member satisfaction surveys
- Review of member grievances
- Provider assessments and provider site reviews
- Feedback from the Community Advisory Committee, Provider Advisory Council, QIUM Committee, Health Education Committee, members, staff and providers and community based organizations.

**H. Quality Improvement Program (QI)**

HPSJ will incorporate into its Quality Improvement (QI) program projects pertaining to cultural needs of HPSJ’s membership. The project will assist HPSJ in refining its health care services to achieve the optimum quality of care for its culturally diverse membership.

By incorporating components of cultural competency into the QI Program consumers can determine whether a health plan meets their cultural and linguistic needs, and provides HPSJ with indicators to assist the plan in developing and implementing strategies to further refine health plan operations and quality of care.

**REFERENCE**

- A. DHS Contract, Exhibit A, Attachment 9, #12. Cultural and Linguistic Program
- B. MRMIB Contract, 00MHF010, Section III. C.

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