



2017  
Cultural and Linguistic Services  
Work Plan Mid-Year Report

**Submitted by:**

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**Mission:**

CalViva Health's C&L mission is to be an industry leader in ensuring health equity for all members and their communities.

**Goals:**

CalViva Health's C&L goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers. The goals are equally important and reinforce each other to fulfill the mission:

1. To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
2. To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
3. To advance and sustain cultural and linguistic innovations.

**Objectives:**

To meet these goals, the following objectives have been developed:

- A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).
- B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

# Table of Contents

Language Assistance Services	4
Compliance Monitoring	6
Communication, Training and Education	7
Core Areas of Specialization:	
Health Literacy	8
Cultural Competency	9
Health Equity	10

1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/17 - 6/30/17)	Year-End Update (7/1/17 - 12/31/17)
2	<b>Language Assistance Services</b>					
* 3	<b>Responsible Staff:</b>	<b>Primary: A. Canetto, L. Witrigo</b>	<b>Secondary: J. Lopez-Rabin, A. Alvarado, D. Carr, H. Theba, N. Veeravalli, L. Goodyear-Moya</b>			
3	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	Prepared responses and documentation for the CalViva audit of the C&L Services Department in May including completion of the C&L Audit Tool.	
4	Contracted Vendors	Provide oversight and consultation for language and interpreter vendor management	Provide consultation on contract negotiations and response for proposals (RFP's)	Ongoing	Participated in vendor meetings and provided support with contract review for renewing contracts and the establishment of a new interpreter vendor (Voiance) contract. The contract with the existing telephone interpreting vendor is scheduled to be terminated effective 8/15/17.	
5	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual	Collection of language utilization data for CalViva completed.	
6	NOLA	Update and provide Notice of Language Assistance (NOLA) in support of departments and vendors that produce member informing materials	Annual review and update as needed of NOLA, distribute updated NOLA to all necessary departments, maintain NOLA identification flow diagram, answer ad-hoc questions on the use and content of the NOLA, assure most recent NOLA is available on C&L intranet site	Annual	CalViva taglines were created in Q1. The taglines are being updated in Q3 to be compliant with the new DHCS APL guidelines.	
7	Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual	Article completed. Member newsletter expected to be disseminated in the Fall 2017.	
* 8	Operational	Data collection and data analysis for GeoAccess report	Production of Geo Access report	Q3	On track and in progress.	
* 9	Operational	Completion of GeoAccess report and alignment of reports with PNM	Presentation of report to QI/UM and Access committee	Q4	Scheduled for Q4	

* 10	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2	Trend analysis completed and included on the end of year LAP report approved by UM/QI committee.	
11	Operational	Oversight of interpreter and translation operations. Review of metrics for invoicing and interpreter and translation coordination and document process	Conduct oversight meetings to review metrics for operations. Monthly meetings with Centralized Unit and escalate when metrics are not being met. Development of desktop documenting process	Monthly	Completed Monthly Metrics analysis and summary tables. Documented and compared 2014, 2015 and 2016 interpreter requests and linguistic grievances. Also prepared translation metrics and presented data during bimonthly/monthly C&L and CU Standing meetings.	
* 12	Operational	Document process for interpreter and translation issue escalation	Production of desktop	Q2	In progress of creating desktop for how to complete interpreter Monthly Metric analysis report and summary table.	
13	Operational	Request interpreter service complaint logs and conduct trend analysis	Monitor interpreter service vendors through service complaints	Annual (trend)	Monitored interpreter service vendors through complaints. No need to request logs as this responsibility has transitioned to C&L.	
14	Operational	Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	C&L facilitated two LAP/HL quarterly meetings on March 23 and May 25, 2017. Updated invitee list with new staff as requested.	
15	Operational	Develop, update and/or maintain translation, alternate formats, interpreter services and bilingual assessment policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annual	Interpreter, translation, bilingual and alternate format P&Ps are being updated to comply with Section 1557 and Medi-Cal contract.	
* 16	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of NOLA, translation process and interpreter coordination	Develop P&P checklist to ensure departments' compliance with language service requirements. P&Ps will be reviewed and placed in C&L LAP compliance folder	Annual	P&Ps have been collected and are pending C&L review to ensure compliance.	
17	Training	Review, update and/or assign LAP LMS Training in collaboration with LMS team	Training on LMS and number of staff who are assigned training	Annual	On track.	
18	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through projects	Successful implementation of information technology projects		Non Discrimination Notices and taglines have been posted on the website in compliance with implementation of Section 1557 of the ACA.	

19	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing	LAP oversight report template to be updated and sent by Q3 to be compliant with Section 1557 and Medi-Cal contract.	
20	<b>Compliance Monitoring</b>					
* 21	<b>Responsible Staff:</b>	<b>Primary: L. Witrago, A. Canetto</b>	<b>Secondary: A. Alvarado, D. Carr, J. Lopez-Rabin, H. Theba</b>			
+ 22	Complaints and Grievances	Oversight of complaints and grievances received about the LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure that they are monitoring C&L complaints. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials and develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	Reports requested and collected. A total of 6 cases coded to 1557-perceived discrimination (1) and linguistic issues (5) were received. Investigation and follow up completed. on the five linguistic cases, the members' felt that there was lack of communication or timely communication regarding their medication, prior authorizations and/or appointment needs. On the perceived discrimination case, the member felt discriminated from the provider as due to the difference in race/ethnic groups between provider-member.	
+ 23	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Updated Desk Top procedure for grievance resolution process.	
24	Oversight	Complete all CalViva required C&L reports	Develop C&L CalViva work plan, write/revise and submit C&L CalViva Program Description. Prepare and submit work plan and LAP mid year reports and end of year reports	Ongoing	Completed, presented and obtained approval for the 2016 End of Year Work Plan, 2016 End of Year Language Assistance Program, 2017 Work Plan and 2017 Program Description reports.	

25	Oversight	Participate in all CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings, Regional Health Authority meetings as needed or requested, etc	Ongoing	Attended the following CalViva meetings / committees: Management meeting: 1/10, 3/7, 5/2. QI/UM Workgroup 1/25, 4/5 and 4/12 (C&L reports presented/approved on 4/5 and 4/12). QI/UM Committee: 5/18 C&L reports presented). Regional Health Authority: 5/18 (C&L reports presented and approved). Access committee: 1/9. Meetings content included discussion on C&L reports due, time frames, etc. Provided support to CalViva on online grievance form formatting and readability.
26	Oversight	Establish relationships with local community partners, identify participants for Public Policy Committee participation for Fresno, Kings and Madera Counties	Assist coordinate and attend Public Policy Committee planning meetings, Public Policy Committee meetings and C&L relevant community sponsored events as required	Quarterly	Provided support with coordinating two planning meetings held on 1/24 and 4/25. Attended and provider support including arrangement for interpreter services for the PPC meetings held on March 1 and June 7th. Prepared power point presentation for four CalViva reports to be presented on 6/7 as follows: 2016 EOY WP, 2016 EOY LAP, and 2017 WP and 2017 PD. Unable to attend and present on 6/7. C&L agenda items moved to Q3 meeting.
27	Oversight	Develop, update and/or maintain all C&L related P&Ps	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annually	In progress to update all P&P.
28	<b>Communication, Training and Education</b>				
* 29	<b>Responsible Staff:</b>	<b>Primary: L. Witrigo, D. Carr</b>	<b>Secondary: A. Alvarado, J. Lopez-Rabin, H. Theba</b>		
+ 30	Training and Support	Provide support and training to A&G on coding and resolution of grievances. Provide additional support to grievance coordinators to address perceived discriminations including those related to a members' gender, sexual orientation or gender identity. Explore placing training on line	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and when to send to C&L, etc. Support provided	Ongoing	Updated Quick Reference Guide and Desk Top procedure to support ongoing training efforts. Training pending confirmation on new/modified process for coding of perceived discrimination and culture and language cases. Attended and participated in multiple work group meetings to determine new process.

31	Staff Training	Provide C&L in-services for other departments as requested (e.g., Call Center, Provider Relations, etc). Update training decks with specific date slides at mid and end of year. Update interpreter and translation QRGs with any system updates or process changes	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing	Conducted 2 Call center trainings (3/20 and 5/23) and one training for the Provider Relations Department (2/14). Also provided an in-service to the Provider Network Management Department on 6/22. Created generic training deck including the new interpreter requirements. Updated quick reference guides.
32	Staff Communication	Maintenance and promotion of C&L intranet site	Timely posting of important information on C&L intranet, e.g., vendor attestation forms, threshold languages list, etc.	Ongoing	Maintained intranet site with C&L materials. Placed master list of Non Discrimination Notices (NDN) and taglines on C&L intranet. Also posted guidance document on how to identify documents that need NDN and how to select the correct NDN and tagline.
33	Provider Communication	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural competence/OMH training	Copies of articles and publication dates	Ongoing	On track. Rewrote LAP article for newsletter. Article revised to include updated information on when to schedule an interpreter and the new access and availability requirements for interpreters.
34	Provider Communication and Training	Promote C&L flyer and provider material request form about C&L department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by C&L Department	Ongoing	On track. Request form scheduled for revisions in Q3.
35	Member Communication	Annual PPC promotion article on member newsletter	Write or revise annual PPC article distributed to CalViva members	Annual	Article completed and included / disseminated in the Spring 2017 Member Newsletter.
36	<b>Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity</b>				
37	<b>Health Literacy</b>				
38	<b>Responsible Staff:</b>	<b>Primary: A. Alvarado, D. Carr</b>	<b>Secondary: L. Witrago</b>		
39	English Material Review	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	95% on-time completion of all EMRs as tracked through the C&L database	Ongoing	A total of 37 materials were reviewed for content and layout. 84% of materials reviewed included content originally submitted at 6th grade reading level or below and 27% of these were originally submitted at 5th grade reading level or below. Additionally, 89% of content and layout reviews were reviewed and approved within 5 business days or less.

40	Operational	Review and update Health Literacy Tool Kit to include: a list of words that can be excluded during the readability check, database guide, checklists, readability assessment guide and other relevant materials	Production and distribution of toolkit	June	Updated Quick Guide "How to Request RS 2015 to Your PC" to reflect new process updates. Updated the C&L EMR Database Process Flow chart to reflect changes to the C&L Review process.
41	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly	Conducted 3 quarterly C&L database and C&L Review trainings with 41 staff in attendance. Developed and distributed 2 Clear and Simple eNewsletters.
+ 42	Training	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October	On track. Planning will begin in Q3.
43	<b>Cultural Competency</b>				
* 44	<b>Responsible Staff:</b>	<b>Primary: D. Carr, H. Theba, L. Witrago</b>	<b>Secondary: A. Canetto, J. Lopez-Rabin, A. Alvarado, N. Veeravalli, L. Goodyear-Moya</b>		
45	Collaboration-External	Representation and collaboration on ICE external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	Attended the following ICE C&L Team mtgs: 1/9, 2/13, 3/13, 4/10 & 5/8. Topics discussed with input / consultation include: ICE provider tool kit revisions / finalization, non discrimination rule/notices/taglines, cultural competency training modules, interpreter quality standards, threshold languages, etc.
+ 46	Collaboration-External	Co-lead the efforts to update and publish the ICE Provider Tool Kit	Publication in collaboration with provider communication of the ICE Provider Tool Kit	Q2	Provided support as the co-lead for the ICE tool kit revisions. These included new / updated content, new logo, layout, images, and color coding per section along with easy quick hyperlink to documents from the index. Tool kit was submitted and approved by the ICE Leadership in March 2017. Worked with provider communication to brand / cobrand this tool kit. Branded copies finalized and available in May 2017.

47	Provider Training	Conduct cultural competency training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE computer based training through provider update and/or provider newsletters and/or medical directors, promote OMH cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual	Provided training coordination support for Motivational Interviewing training for Aria Community Health Clinic (providers serving Fresno, Kings and Tulare Counties). Provided support with securing guest speaker as well as CEU units for staff. A total of 16 staff attended the MI trg on 4/29 (5 hrs) and 4/30 (4 hrs). These included MD, DDS, DO, PA, FNP, RDH, etc. An additional 18 staff attended the MI training on 5/1 (5 hrs). These included LCSW, LVNs, MA, case managers, HE, behavioral health case managers, dental assistant. Also conducted one cultural competency training on Culture and End of Life Care. Attendants were medical directors, case managers, nurses and QI coordinators. Training in Q1 and Q2 has focused on the new interpreter standards. Completed and launched Cultural Competency Basics training on ICE website for providers. Promoted OMH training in LAP Provider update and Provider operations manual.	
48	Staff Training	Conduct annual cultural competence education through Heritage Day events	Sign in sheets of participants for each site, evidence of cultural competency education posters at each site, cultural education information from each site, planning agenda and minutes from each site planning meetings	Q3	Convened Fresno's planning committee consisting of staff from various departments including HE, QI, SHP Ops, Care Management. Hosted planning meetings on May 24 and June 28 to determine date, time, location, theme, speaker, entertainment. Save the date and sign up emails and calendar invites sent to staff for August 17th.	
49	On Line Training	Review LMS content for cultural competency training and update when needed annually. Training will also include content on access to care needs for all members regardless of their gender, sexual orientation or gender identity	Annual LMS training and number of staff trained	Annual	On track. Content review scheduled for Q3	
* 50	Training	Implement quarterly culture specific training series for staff in various departments	Training plan with a minimum of three trainings provided in collaboration with regional experts	Ongoing	One cultural competency training on Culture and End of Life Care was conducted during Q1. Attendants included medical directors, case managers, nurses and QI coordinators. Additional trainings during Q1 and Q2 focused on the new interpreter quality standards.	

51		Health Equity				
* 52		Responsible Staff:	Primary: L. Witrago, N. Veeravalli	Secondary: A. Canetto, H. Theba, L. Goodyear-Moya		
53	Operational	Increase interdepartmental alignment on disparity reduction efforts	Facilitate of health equity advisory group twice a year	Q1 and Q3	Disparity work group level meetings were held on various measures. Since several of the members	
* 54	Operational	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and quarterly newsletter development and distribution	Newsletter: March, June, September, December	Health Disparity newsletter has been developed to facilitate and keep all stake holders informed of health disparity initiatives. The dissemination of the first issues of this newsletter is pending due to finalization of the listserv. Estimated time frame for the first issue release is Q3.	
* 55	Operational	Identify population disparities in prenatal/postpartum HEDIS measures for expansion targets and implement disparity reduction model, if appropriate	Statistical analysis report demonstrating disparities and relationships between groups and providers, if indicated	Q2	Meeting with CalViva Health held in April to discuss measures and potential direction. Internal meeting held to discuss data analysis. Data analyzed and pending determination of targeted area.	
* 56	Operational	Explore development and implementation of evaluation for Promotoras model in Fresno County	Production of Promotoras analysis	2017	Currently exploring activity.	
57	Operational	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation provided	Ongoing	Provided consultation/review of materials from two other areas/units for cultural competency.	

\* Indicates New

+ Indicates Modified