

Item #11

Attachment 11.A

Cultural & Linguistics
2017 Annual Evaluation



2017
Cultural and Linguistic Services
Work Plan End of 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.

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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	Language Assistance Services					
* 3	Responsible Staff:	Primary: A. Canetto, L. Witrigo	Secondary: I. Diaz, L. Goodyear-Moya, J. Lopez-Rabin, A. Alvarado, D. Carr, H. Theba			
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.	Completed corrective action plan related to MHN LAP services and obtained approval.
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.	Contract with previous telephone interpreting vendor was terminated effective 8/15/17. Expanded the contract with an existing vendor (Akorbi) to include production of alternate formats to February 28, 2020. Extended SOW with another language vendor (Accommodating Ideas) to March 31, 2018.
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.	Collection of language utilization data for CalViva completed and reported on language assistance program reports.
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.	The taglines were updated and disseminated to be compliant with the new DHCS APL guidelines as of 1/1/2018.
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.	Member newsletter disseminated with an approximate reach of 160,180 CalViva households.

* 8	Operational	Data collection and data analysis for GeoAccess report	Production of Geo Access report	Q3	On track and in progress.	C&L completed and presented the Geo Access report to the QI/UM workgroup. Report was also presented during the QI/UM Committee, RHA Commission, Access Committee and PPC Committee.
* 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	C&L presented the Geo Access report to the Access committee and to the PNM department. PNM reviewed report and were unable to identify providers to fill the gaps. However, there are other activities taking place to contract with additional specialist and work with groups that can provide telehealth and e-consults for members.
* 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.	LAP trend analysis, including year over year trending on track to be completed with the 2017 end of year LAP report.
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.	Conducted oversight meetings and discussed interpreter requests and linguistic grievances.
* 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.	Interpretation Metric Desktop complete.
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.	Monitored interpreter service vendors through complaints.

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.	C&L facilitated two LAP/Health Literacy (HL) quarterly meetings on August 24 and December 7, 2017. LAP topics included interpreter and translation updates inclusive of non-discrimination notice and taglines, alternate formats updates and gender neutral materials. HL topics included: cultural and linguistic (C&L) material review process, availability of health literacy and C&L review trainings, C&L review database, Clear & Simple eNewsletter and health literacy resources available for staff.
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.	Interpreter, translation, bilingual and alternate format P&Ps updated in compliance with Section 1557 and Medi-Cal contract. Updated policies archived from previous policy system and placed in new system.
* 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.	C&L continues to request, receive and review departments' LAP P&P.
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.	LAP training assigned to 669 staff to ensure compliance with regulations. This represents a decrease over previous year due to a reporting issue with transition to a new online training platform. Anticipate training assignment issues to be resolved during Q1 of 2018.
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.	Non Discrimination Notices and taglines posted are fully compliant with all regulations including CA SB223.

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.	LAP oversight report template was updated. MHN report updated to include LAP utilization by CalViva members.
20	Compliance Monitoring					
* 21	Responsible Staff:	Primary: B. Ferris, L. Witrigo, A. Canetto	Secondary: A. Alvarado, D. Carr, J. Lopez-Rabin, H. Theba			
+ 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 were received. One (1) case was coded to 1557-perceived discrimination and five (5) to linguistic issues. 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.	Grievance reports received and reviewed on a regular basis. A total of two linguistic cases were received during this reporting period. On one case, the member felt there was lack of communication from her provider. On the second case, the member felt the providers' office was not understanding of her hearing limitations and need for a sign language interpreter. Investigation and follow up completed. One of the linguistic cases reported during Q2 was against an MHN provider. This case was determined to not be a language issue or barrier therefore no intervention was delivered.
+ 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.	Updated Desk Top procedure for grievance resolution process based on process enhancements.
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.	Completed, presented and obtained approval on the following reports: 1) 2017 Mid Year Work Plan, 2) 2017 Mid Year Language Assistance Program and the 2017 C&L Geo Access report.

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.	Attended the following CalViva meetings / committees: QI/UM Workgroup 9/20 & 9/27 (C&L reports presented/approved on 9/27). QI/UM Committee: 10/19 (C&L reports presented and approved). Regional Health Authority: 10/19 (C&L reports presented and adopted). Access committee: 9/12 and 11/7 (C&L Geo Access report presented on 11/7). Meetings content included discussion on C&L reports due, time frames, etc. C&L no longer required to attend the Monthly Operations Management meeting. Provided support to CalViva on media campaign by coordinating translation review and provided race, ethnicity and language data and graphics for the annual report.
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.	Provided support with coordinating two planning meetings held on 7/25 and 10/24. Attended and provider support including arrangement for interpreter services for the PPC meetings held on September 6 and December 6. Conducted presentations on four CalViva reports during the 9/6 meeting as follows: 2016 EOY WP, 2016 EOY LAP, and 2017 WP and 2017 PD. Developed slides and presented on the following reports during the 12/6 meeting: 2017 Mid Year LAP and 2017 Mid Year WP.
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.	All C&L related P&Ps were updated during 2017.

28	Communication, Training and Education					
* 29	Responsible Staff:	Primary: L. Witrigo, D. Carr	Secondary: A. Alvarado, J. Lopez-Rabin, H. Theba			
+ 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.	Quick Reference Guide and Desk Top procedure revised. A&G and C&L departments in the process of finalizing modified coding system for culture, language and perceived discrimination cases. Modified coding structure and training to staff to be completed / implemented in 2018.
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.	Conducted one training for call center staff on August 18 with 12 staff in attendance.
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.	Developed a Health Literacy, Heritage Day and NDN intranet pages on new platform (SharePoint). The C&L page transition to new platform started in Q4 2017 and is expected to be completed during Q1 2018.

+ 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.	LAP Article published.
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.	Reviewed and refreshed material request form. A total of six material requests were fulfilled during 2017. Materials requested included interpreter quick reference, language identification poster and the ICE: Industry Collaboration Effort provider toolkit.
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.	No update.
36	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
37	Health Literacy					
* 38	Responsible Staff:	Primary: A. Alvarado, D. Carr	Secondary: L. Witrago			
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.	A total of 18 materials were reviewed for content and layout. 61% of materials received were at 6th grade or below upon receipt and 33% were at 5th grade or below upon receipt. 94% of all materials were reviewed in 5 day 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.	Updated the following: 1) How to Request Readability Software (RS) 2015 to your PC, 2) Does my Document Require a C&L Review Grid, 3) C&L Content Review checklist 4) C&L Layout Review checklist, 5) How to Request Lotus Notes, and All in One Guide to C&L Reviews and C&L Database RS 2015. Also created new documents on the following: a) Notes and RS for Users without plan PCs, b) C&L Review Request Template for No Lotus Notes Document Owners, c) C&L Review Flow No Lotus Notes, and d) All in One Guide to C&L Reviews No Lotus Notes.
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.	Conducted a total of nine C&L Database and C&L review trainings with a total of 104 staff in attendance. In addition, 107 staff took the online training on Plain Language and another 97 took the online training on how to use the Readability Software.
+ 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.	Developed and posted online a total of four articles for staff promoting NHLM activities.

43	Cultural Competency					
* 44	Responsible Staff:	Primary: D. Carr, H. Theba, L. Witrago	Secondary: A. Canetto, J. Lopez-Rabin, A. Alvarado, L. Goodyear-Moya			
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.	Attended the following ICE C&L Team mtgs: 7/10, 8/14, 9/11, 10/9 & 11/13. December meeting cancelled due to ICE conference. Topics discussed with input / consultation include: non discrimination rule /notices /taglines, cultural competency training modules, interpreter quality standards, threshold languages, plan interpreter services available, and interpreter and bilingual assessment resources for providers, 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.	Co-presented a break out session on the revised Provider Tool Kit during the Industry Collaboration Effort Conference on December 4th in San Francisco. A second C&L staff also presented on the provider training modules on cultural competency being developed by the ICE C&L committee. Additionally, currently supporting the development of a new tool for provider on interpreter and bilingual assessment resources.

47	Provider Training	<p>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</p>	<p>Output number of providers who received cultural competency training by type of training received</p>	Annual	<p>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.</p>	<p>Conducted follow-up with Aria Community Health Clinic and provided technical and coordination support to continue Motivational Interviewing (MI) training for providers, beginning on 7/10. Analyzed Pre and Post Test outcomes from the 4/29/17 to 5/1/2017 training with clinicians and support staff. Findings showed: a) 122% increase in the number of participants who felt very confident in their ability to express empathy and reflect a patient's emotions during an interview; b) 500 % increase in the number of participants who felt very confident in their understanding of the key concepts of Motivational Interviewing; c) 150% increase in the number of participants who felt very confident in their ability to motivate an obese patient with diabetes to exercise; and d) 450% increase in the number of participants who felt very confident in their ability to maintain equanimity in the face of discord in a clinical encounter. Also coordinated the development and implementation of long-term sustainable MI trainings at clinical staff quarterly meetings starting on 9/7, to reinforce MI skills. Conducted training for Deran Koligian Ambulatory Clinics (Children's, Family and Adult, HIV/AIDS, Internal and Women's). A total of 20 provider's staff were in attendance. Training covered C&L programs and services with an emphasis on the language assistance program and the implementation of Section 1557 of the ACA and the new interpreter standards for providers.</p>
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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.	Hosted the annual cultural competency / Heritage Day event on August 17th. A total of 50 staff attended the event. This year's goal was to learn more about the LGBT community. Mr. Brian Pott, Executive Director for The Source LGBT+Center presented on the LGBT+ community, old/new acronyms and terms used, medications and treatment available to LGBT individuals, etc. Staff also took part in "Mindfulness at the Office" a yoga demonstration presented by Corrie Haley, one of our staff who is a certified yoga instructor. A total of nine exhibits were displayed represented the following cultures / traditions: Italian, Punjabi community, Mexican (4), African, Hawaii / Samoa / Guam & Spain. Staff were also treated to cultural foods, drinks, snacks and candies from around the world.
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	Cultural competency training content updated. A total of 4,156 staff completed the training with an 80% score or higher.
* 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.	Coordinated training held on 9/29 on "Unconscious Bias". A total of 51 staff were in attendance. Coordinated training on Gender Identity held on 12/12 with 57 staff were in attendance.

51	Health Equity					
* 52	Responsible Staff:	Primary: L. Witrigo, A. Canetto	Secondary: 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 were attendees in the workgroup meetings, no advisory group meetings were held in Q1 and Q2 to prevent overlap.	Scheduled and facilitated multiple internal meetings between HE, QI and C&L department to coordinate the disparity work for the key informant interviews / focus groups as well as the literature review and barrier analysis. Attended multiple disparity meetings held by CVH with internal departments. Also participated in bi monthly Health Disparity Collaboration meeting lead by the C&L manager.
* 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: Quarterly	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.	Health Equity Newsletter Vol 1 finalized and disseminated on August 29, 2017. Vol 2 is scheduled to be disseminated on January 2018

* 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.	Identified a postpartum care (PPC) disparity between two United Health Center clinics. Modules 1 & 2 approved by DHCS/HSAG. Aim is to increase the PPC visit rate in the target clinic from 50% to 64%. Developed key informant interview tools for members, providers and community based. Obtained compliance and DHCS approval for member tool. Tool at 6th grade reading level and translated to Spanish. Interviewed a total of 28 key informants (12 providers, 8 members, and 8 community based organization representatives). Identified cultural issues which may be impacting the rates, e.g. cuarentena, depression stigma, immigration status, family support.
* 56	Operational	Explore development and implementation of evaluation for Promotoras model in Fresno County	Production of Promotoras analysis	2017	Currently exploring activity.	Explored feasibility. Unable to launch due to limited resources due to DHCS Disparity PIP.
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.	C&L disparity team continued to provide health disparity support to various departments related to data analysis, selecting population and geographical targets. Partnered on disparity PIP with QI.

* Indicates New

+ Indicates Modified

Item #11

Attachment 11.B

Cultural & Linguistics
2018 Program Description
(redline)

20187
Cultural and Linguistic Services
Program Description



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1.0 EXECUTIVE SUMMARY

The Fresno-Kings-Madera Regional Health Authority (RHA) is a local public agency, created through a joint exercise of powers agreement by the Counties of Fresno, Kings, and Madera in California. Under California's Medi-Cal Managed care program, the RHA dba CalViva Health is designated as the Local Initiative. CalViva Health is contracting with Health Net Community Solutions (HNCS) to provide cultural and linguistic services and programs for the majority of CalViva Health's membership. CalViva Health ("CalViva" or "Plan") may also contract with other entities or health plans to provide or arrange cultural and linguistic services and programs for members enrolled with CalViva Health.

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, provider networks, and CalViva Health and HNCS.

The HNCS Cultural and Linguistic Services Department (C&L Services Department) develops programs and services to facilitate understanding, communication and cultural responsiveness between members, providers and Plan staff.

The C&L Services Department, on behalf of CalViva Health, provides resources, materials, trainings, and in-services on a wide range of C&L topics that impact health and health care. Services offered include, but are not limited to, cultural and language information for providers and their staff, as well as for Plan staff; trainings on language assistance requirements imposed by state and federal regulatory agencies; interpreter support for members and providers; culturally appropriate translation and review of member materials; and cultural responsiveness education.

C&L services are part of a continuing quality improvement endeavor. The C&L program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health Quality Improvement / Utilization Management (QI/UM) committee for review and approval.

2.0 Staff Resources and Accountability

2.1 Staff Roles and Responsibilities

A detailed description of staff roles and responsibilities is included in Appendix 1.

3.0 MISSION, GOALS AND OBJECTIVES

3.1 Mission

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

3.2 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:

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

3.3 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).
 - Develop and implement Policies and Procedures (P&Ps) related to the delivery of culturally and linguistically appropriate services.
 - Utilize and implement the Culturally and Linguistically Appropriate Services (CLAS) Standards developed by the Office of Minority Health, to address Health Care disparities.
 - Collect and analyze C&L information and requirements as identified by DMHC and DHCS and other regulatory or oversight entities.
 - Adhere and implement HHS guidelines for Section 1557 of the ACA for C&L services and requirement for non-discrimination based on race, color, national

origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.

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- Collect, analyze and report membership language, race and ethnicity data.
- Inform members of interpreter services via the member newsletter, the Member Handbook/Evidence of Coverage (EOC), and other communication sources at least once annually.
- Maintain information links with the community through Public Policy Committee (PPC) meetings, Group Needs Assessment (GNA) ~~and annual GNA updates~~, and other methods.
- Inform contracted providers annually of the C&L services available via Provider Updates, online newsletter articles, the Provider Operations Manual, in-services, trainings, conferences, and other communication sources.
- Monitor the use of taglines and Non Discrimination notices in all required communications.

B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.

- Provide C&L information and support for HNCS and CalViva Health staff in their efforts to provide excellent customer relations and services.
- Collaborate with other departments, where appropriate, to further the mutual attainment of culturally and linguistically appropriate healthcare services received by members.
- Support efforts of contracted providers to deliver culturally and linguistically appropriate health care services by providing informative materials, cultural competency workshops, and in-services.
- Promote effective communication by staff and contracted providers with LEP members by providing them with easy access to culturally and linguistically appropriate materials, high quality translations of member-informing materials, high quality interpreter services, and culturally responsive staff and health care providers.
- Deliberately address health equity through collaborating to develop and implement an organizational and member level strategic plan to improve health disparities.
- Sustain efforts to address health literacy in support of CalViva Health members.
- Provide oversight for the assessment of bilingual capabilities of bilingual staff and provide ongoing education and support.

C. To be champions of cultural and linguistic services in the communities CalViva Health serves.

- Continue involvement with local community-based organizations, coalitions, and collaborative efforts in counties where CalViva Health members reside and to be a resource for them on C&L issues.

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- Participate actively and leverage resources from community and government committees including Health Industry Collaboration Effort (ICE), America's Health Insurance Plans (AHIP), and California Association of Health Plans (CAHP).

D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff. This includes:

- Provide C&L services that support member satisfaction, retention, and growth.
- Increase cultural awareness of Plan staff through trainings, newsletter articles, annual "Heritage Month"-day, and other venues.

4.0 C&L SERVICES WORK PLAN

The goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities. The work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements.

The work plan also supports information-gathering through annual GNA updates, data analysis, and participation in the CalViva Health Public Policy Committee (PPC). In addition, the Plan interacts with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The work plan is divided into the following areas:

- Language Assistance Program ActivitiesServices
- Compliance Monitoring
- Communication, Training and Education
- Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity

The work plan activities are evaluated twice a year by CalViva Health's QI/UM committee. The work plan activities are also shared as information to CalViva Health's PPC. The mid-year review monitors the progress of each activity and assesses if it is meeting the established objective. The mid-year review allows for modifications to be taken if necessary, and ensures progress is on course. The end of year evaluation assesses if the activity has met the objective, its successes, identifies the challenges and barriers encountered and how they were addressed, and is also an assessment for the future direction of C&L services. This work plan review process assures that a standard of excellence is maintained in the delivery of cultural and linguistic services. The work plan has more detailed information and activities in these areas.

5.0 SCOPE OF PROGRAMS AND SERVICES

The Plan is committed to ensuring quality care and services that meet the needs of diverse communities within the CalViva Health service area. CalViva Health, in collaboration with the Health Net Community Solutions (HNCS), ensures that all services provided to members are culturally and linguistically appropriate. There are some aspects of language assistance services that are delegated to HNCS with oversight by CalViva Health. The collaboration and coordination between both plans ensure that there is dedicated staff providing overall support and guidance to C&L program and services.

5.1 Language Assistance Program

The Plan established and monitors the Language Assistance Program (LAP) for members and providers. The LAP is a comprehensive program that ensures language assistance services are provided for all members and that there are processes in place for training and education of Plan staff and providers. The LAP ensures equal access to quality health care and services for all members. C&L provides oversight for LAP operational activities and directly provides LAP services related to member and provider communication.

The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. The mandated standards (4, 5, 6, and 7) provide the basics for language support services for CalViva Health members.

The LAP main elements include:

- **Demographic Data Collection for Members Assessment**

The standards for direct collection of members' assessment of race, ethnicity, alternate format, spoken and written language needs consist of informing members of the need to collect information, requesting information from members, capturing the information accurately in the membership data bases and monitoring the information collected. Members are informed of the need to collect this information thru a variety of methods such as the member newsletter. Providers may request the information collected for lawful purposes.

- **Interpreter Services**

Interpreter services range from ensuring contracted vendors are in place, monitoring the provision of services and annual communication with members and providers on how to access these services. Interpreter services are available in over 150 languages supported by the contracted vendors and bilingual staff. Interpreter services are guided by the Interpreter Services and Assessment of Bilingual Staff Associates policies and procedures and meet the national quality standards for interpreter support. Interpreter

services facilitate communication with LEP members to speak with Plan staff and/or its contracted providers. Bilingual staff and contracted telephone interpreter services vendors are used to assist LEP members.

Providers and members may request an interpreter 24 hours a day, 7 days a week at no cost. Interpretation services may be delivered either telephonically, face-to-face or sign language (SL) depending on the nature of the appointment and need. Interpreter services also include oral translation services of print documents upon request from a member, which may be provided by either a bilingual staff or contracted interpreter vendor. Quality standards for contracted interpreter services are incorporated into the vendor scope of work agreements and include demonstrating that the interpreter is versed in health care and medical terminology as demonstrated by a validated test instrument, familiarity with interpreter ethics, and verification process for basic interpreter skills such as sign translation, listening and memory skills, commitment, confidentiality and punctuality. Interpreter quality standards are fully compliant with the new interpreter quality definitions from the federal requirements in Section 1557 of the ACA and with CA SB223, Language Assistance Services.

The Plan also supports provider groups and individual providers' efforts to supply interpreter services for CalViva Health's LEP members. Providers may call the Provider Services toll free number and request interpreter assistance. Updates on C&L services available to contracted providers are sent regularly to all contracted providers.

- **Translation Services**

Translation services are guided by the Translation of Written Member Informing Materials P&P and are based on industry translation standards. Translation services includes quality standards for translators, a style guide to promote consistent translation quality, a glossary of common terms in each threshold language, provision of materials in Alternate Formats, a review process to prepare English documents for translation, and a process to monitor translations for quality, timely delivery, and accuracy. Translation services ensure that member informing documents are provided in the threshold languages of English, Spanish and Hmong and that a notice of language assistance (NOLA) is included in member mailing when required. The translation program includes oversight of the use of the Non Discrimination notices and taglines with English documents as required by federal rules (Section 1557, 45 CFR 155.205).

- **Alternate Formats** – CalViva Health provides alternate formats of member informing documents to members as required by regulation, law, and upon member request. Alternate formats consist of Braille, large print and accessible PDF documents. The quality of the documents and the time to fulfill member requests for these documents are monitored to assure timely access of benefit information to CalViva Health members. The provision of alternate formats is compliant with Section 1557 of the ACA. This consists of informing members of the need to collect information on their preferred alternate format, requesting the information, capturing the information accurately in the membership data bases

and monitoring the information collected. If a member states their preferred alternate format is Braille, CalViva Health will provide all required member information material to this member in this format moving forward.

▪ **Oversight of Contracted Specialty Plans and Health Care Service Vendors**

The C&L Services Department is responsible for monitoring its Language Assistance Program (LAP), including plan partners, specialty plans and delegated health care service vendors, and to make modifications as necessary to ensure full compliance. Monitoring includes assurance that all language assistance regulations are adhered to for members at all points of contact.

▪ **Training on LAP**

All Plan staff who have direct routine contact with LEP members and whose duties may include elements of CalViva Health's language services must be trained on the LAP and on the P&Ps specific to their duties. Training is conducted annually and is done either in person and/or on-line.

▪ **Monitoring for LAP Quality**

The quality of the LAP is assured through quarterly monitoring of the utilization of language services such as interpreter requests by language, telephone interpreter utilization by language, and the number of member requested translations. Quality of translations and interpreters is monitored through quarterly review of linguistic grievances and member complaints that are related to language.

The C&L Services Department also oversees and monitors the delegation of LAP services with our specialty plans and ancillary vendors. The C&L Services Department in collaboration with other departments ensures LAP services are available to all members at all points of contact and that the specialty plans and ancillary vendors have processes in place to adhere to the regulations. To assure that all language assistance regulations are adhered to for members at all points of contact, C&L requests/obtains a semi-annual report from each specialty plan or health care service vendor. The C&L Services Department provides consultation services to these plans and vendors as necessary.

▪ **Communication for LAP**

The Plan has implemented processes to assure routine member and provider communication promoting the LAP. The Plan advises members annually of no-cost language services (inclusive of interpreter and translation support) that are available to them. Methods of member communication are inclusive of PPCs, community-based organizations, member service representatives and/or other Plan staff, member newsletters, and call center scripts.

Providers receive an annual reminder of the language assistance services that are available to them in support of CalViva Health members which includes how to access the LAP at no cost to members. Methods for communication are inclusive of the online Provider Operations Manual, Provider Updates, Operational Toolkits (including the new Rainbow Guide), mailings, in-person visits, and/or trainings/in-services.

5.2 Cultural Competency

CalViva Health integrates culturally competent best practices through provider and Plan staff in-services, training, education, and consultation. The training program offers topic specific education and consultation as needed by Plan staff and contracted providers. The cultural competency training program covers non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.

▪ Cultural Competency Training for staff

Support for staff includes workshops, training, in-service, and cultural awareness events. Training and education on C&L services and/or cultural competency is provided on ongoing bases to Member Services, Provider Relations, Health Education, Quality Improvement department staff, etc. The goal of these is to provide information to staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP, C&L resources, and member diversity.

Annually, the Plan hosts a Heritage ~~event~~ Day Exhibit for Plan staff as the main cultural competency training activity. Staff engage in training, interactive learning and events related to cultural competency. ~~shares their heritage and cultural background through colorful information displays that are open for all Plan staff to view. The event is presented as a celebration of heritage and the cultural variation that is contained within our Plan staff. Learning objectives for the event are on display. In addition, displays include content on the cultural practices that impact health care as well as~~ †The cultural issues that impact seniors and persons with disabilities are topics covered during the Heritage event. Following the event, staff takes a training course to reinforce the main concepts and assure that the learning objectives are met. Cultural competency † ~~training course will also include content on access to care needs for all members regardless of their gender, sexual orientation or gender identity. The event demonstrates CalViva Health's commitment to being a culturally competent organization by providing a forum for Plan staff to learn about diverse cultures, which increases their understanding of the diverse cultures represented in CalViva Health's membership. This understanding also serves to build sensitivities that promote a non-discrimination environment.~~

▪ Cultural and Linguistic Consulting Services

Each C&L staff member has a cultural subject matter area of expertise that includes: cultural issues that impact seniors and persons with disabilities, cultural issues that impede health care access for Lesbian, Gay, Bisexual & Transgender (LGBT) populations, cultural disconnects that may result in perceived discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability, and the cultural issues that impede accessing health care services for recent arrivals. C&L staff also offer specialized consultation on many other areas including:

- Case managers to assist in building trust with patients who are recently arrived immigrants
- Quality improvement coordinators to help identify cultural issues and strategies to help improve preventative access to care
- Grievance coordinators and provider relations representatives to address perceived discriminations including but not limited to those due to members' gender, gender preference or gender identity
- Care coordinators trying to obtain medical information for patients hospitalized outside of the U.S.

- **Cultural Competency Education for Providers**

The Plan supports contracted providers in their efforts to provide culturally responsive and linguistically appropriate care to members. The services that are offered to contracted providers are intended to:

- Encourage cultural responsiveness and awareness
- Provide strategies that can easily be implemented into a clinical practice
- Foster improved communication and health outcome for patients from diverse cultural and ethnic backgrounds, with limited English proficiency, disabilities, regardless of their gender, gender preference or gender identity
- Foster non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.

To identify the cultural needs of providers, the Plan collects information from providers using a variety of methods, including the annual provider survey that is conducted by the Quality Improvement Department.

Cultural competency services are also promoted to providers through the provider website, the ICE provider toolkit, "Better Communication - Better Care" and tailored cultural competency workshops. Many topic areas for presentations on cultural aspects of health care, and provider group in-services on interpreter services, cultural and linguistic requirements and working with SPD population are available to providers upon request.

Additionally, the Plan has developed materials for use in provider offices that specifically address cultural background and clinical issues. CalViva Health recognizes that diverse backgrounds include culture, ethnicity, religion, age, residential area, disability, gender,

gender preference and gender identity. Because diversity is complex and an important component for individuals as they access and utilize services, emphasis is placed on developing materials that are researched and field-tested to assure quality and cultural appropriateness. Providers may access the materials by calling the Cultural and Linguistic Services Department toll free number during business hours at (800) 977-6750.

- **Collaborations**

Representatives of the Plan have been an active participant and co-chair/lead on the Industry Collaboration Efforts (ICE). Participation on this collaboration has provided the Plan with suggestions to implement new cultural or linguistic legislation. It has also provided a forum to discuss language assistance program challenges faced by providers and other health plans that result in a more consistent experience for LEP members.

5.3 Health Literacy

The Plan continues to make strides in the promotion of health literacy through the implementation of the health literacy initiative *Clear and Simple*. The Initiative offers: a) Plain Language on-line training b) Plain Language tip sheets, c) Support in development of documents at appropriate grade level, d) Access to plain language readability software, e) Readability software training, f) Cultural Competency and Plain Language checklists for materials production, g) A database that streamlines the English Material Review process, h) Participation in National Health Literacy Month, and i) Provider training on motivational interviewing/reflective listening and plain language resources.–

- **Plain Language 101 Training ~~and Resources~~**

The available training resources provides Plan staff with a basic understanding of health literacy and its impact on health care access. For example, trainings cover useful tips on how to write in plain language such as avoiding jargon, using simple words, and giving examples to explain difficult concepts. This ensures that communications available to members are clear and easy to understand.

- **Readability Software and Training**

In an effort to sustain the Clear and Simple initiative, the Readability software was made available to all staff developing member informing materials. The software supports staff in editing written materials so that they are easily understandable for members. All staff that produces written materials for members are required to utilize readability studio, edit their documents and provide the grade level analysis to C&L prior to a request for English Material Review.

The C&L Department has developed and implemented Readability Studio training so that staff have the support to affectively navigate the software and produce effective member materials. The training is delivered utilizing adult learning theory and provides hands-on experiential learning in operating the software and editing written materials to a 6th grade reading level.

- **Clear and Simple Guide**

The C&L Services Department produces a Plain Language Guide that provides 15 tips for staff to follow when preparing member materials and as well as a document checklist to confirm plain language standards were applied. The guide is provided during training and is also available online.

- **English Materials Review (EMRs)**

The C&L Services Department conducts English material reviews through the EMR database. EMRs are conducted on all member informing materials to ensure that the information received by members is culturally and linguistically appropriate. Readability levels are assessed on the original document and revised accordingly to ensure they comply with required readability levels mandated by regulatory agencies. The review process ensures that document layouts are clean, easy-to-read, well organized, and that images are appropriate and culturally relevant and prepares documents to be ready to be translated, when indicated. Cultural competency and plain language checklists are required to be submitted with all EMR requests.

- **National Health Literacy Month**

National Health Literacy Month is promoted internally by Plan staff every October and offers an opportunity for staff to participate in various contests to exemplify how they are using the Clear and Simple principles in their everyday work.

5.4 Health Equity

CalViva Health is committed to supporting the health of our members and promoting the reduction of health disparities across our membership. In order to accomplish this, Plan staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.

- **Health Equity Interventions**

Health Equity Project: This intervention involves the development and implementation of an action plan to reduce health disparities. Plan staff look systematically and

deliberately at the alignment of resources and development of strategies to reduce targeted health disparities. Disparity reduction efforts are implemented through a model that integrates collaboration across departments, e.g., Quality Improvement, Provider Relations, Cultural and Linguistics, Health Education and Public Programs. The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and system level initiatives. The following highlights the core components of the disparity reduction model:

- Planning inclusive of key informant interviews, literature reviews, data analysis (spatial and descriptive), development of community and internal advisory groups and budget development
- Implementation of efforts are targeted at 3 core levels 1.) Member/Community where partnerships are formed to identify existing initiatives and leverage support of community feedback to design and implement interventions, 2.) Provider interventions targeting high volume low performing groups and providers who have disparate outcomes, and 3.) Internal programs to improve disparities in identification, engagement and outcomes in Case Management and Disease Management
- Evaluation and improvement of health disparity efforts is conducted using PDSA cycles.

Consultation: Plan staff collaborates across departments to provide consultative services for cultural competency and linguistic perspectives in order to improve health disparities. Examples of consultations include partnership on QI intervention development and support of care transition programs.

▪ **Collaborations**

CBO's: To support the reduction of health disparities, Plan staff interact with community-based organizations (CBOs) to identify C&L related concerns, obtain feedback on C&L service needs of the community and promote C&L services to community members.

5.5 Public Policy Committee

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan. "Public policy" means acts performed by the Plan or its employees and staff to assure the comfort, dignity and convenience of members who rely on the Plan's facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. Committee responsibilities include obtaining feedback and guidance in delivery of culturally and linguistically appropriate health care services inclusive of the group needs assessment, and establishing and maintaining the community linkages. The Committee includes CalViva Health members, member advocates (supporters), a Commissioner of CalViva Health's

governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

6.0 OVERSIGHT AND MONITORING

CalViva Health and HNCS collaborate to ensure that CalViva Health members receive consistent, high quality C&L services. The collaboration also forms a unity among the plans that permits a uniform message to be delivered to contracted providers and members. This collaboration is an avenue that increases services for the community and increases the impact that C&L programs can make. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.

6.1 CalViva Health Monitoring and Evaluation

CalViva Health receives, reviews, and if necessary approves numerous key reports in a calendar year. CalViva Health ensures C&L services, programs, and activities are meeting the required regulatory and compliance requirements through the following methods:

- **Member and Provider Communications Review**

CalViva Health reviews and approves all member materials before distribution to CalViva Health Members. The review process includes but is not limited to ensuring member materials have been approved by HNCS as culturally appropriate and the appropriate reading level. In addition, CalViva Health reviews and approves C&L provider communications prior to release to contracted providers.

- **Reports**

CalViva Health reviews and approves key C&L reports produced by HNCS including, but not limited to the LAP utilization report, annual work plan and program description, GNA, Geo Access Report, and mid-year/annual evaluations. The reports are reviewed, discussed, and if necessary approved by CalViva Health's Quality Improvement (QI) workgroup, QI/UM Committee, Access workgroup and the RHA Commission. In addition, reports are also shared as information to CalViva Health's Public Policy Committee.

- **Audits**

CalViva Health conducts an oversight audit of C&L activities delegated to HNCS. The main elements covered in the audit include but is not limited to: C&L/language assistance policies and procedures, assessing the member population, language

assistance services, staff training, provider contracts, training and language assistance program, and evaluation and monitoring. The results of the audit are shared with HNCS, the QI/UM Committee, and the RHA Commission.

6.2 HNCS C&L Services Department Internal Monitoring and Evaluation

The C&L Services Department produces numerous key reports in a calendar year. The reports are an integral part of the regulatory and compliance requirements and are used to help identify areas where modifications and corrective measures may be needed. The key reports include but are not limited to the following:

- **Language Assistance Program Utilization Report**

The C&L Services Department summarizes the Language Assistance Program (LAP) utilization data on a monthly and quarterly basis. The monthly LAP utilization report summarizes the non-English call volume to the member service call center, interpreter vendor (telephone, face-to-face, ASL) call volume per language, and requests for oral and written translations from member service representatives. Language call volume and identified language preferences are tracked to identify developing trends and possible future member language needs. C&L Services Department produces a LAP report biannually that summarizes LAP data and assesses utilization and usage trends. The end of the year LAP Utilization report compares current usage by language and type of request to previous year's data to allow the Plan to project future language trends. Any notable trends will be reported to the Plans' QI/UM Committee.

- **Group Needs Assessment**

The Health Education and C&L Services Departments conduct Group Needs Assessment (GNA) every five years ~~with annual updates~~ to determine the health education, cultural, linguistic, and health care access needs of members. The GNA is conducted through an analysis of data from reports, as well as external data from national, state, and local health agencies and community-based organizations. The GNA includes a socioeconomic demographic profile of each community served by CalViva Health. Community agencies provide input to the GNA through the C&L Services Department contact with Public Policy Committee members and agency representatives, community-based organizations, and other community service organizations.

GNA results and community feedback are used to develop the objectives and activities on the annual C&L work plan. It's a foundation for the C&L work plan and directs the development of C&L programs, services, and materials.

- **C&L Geo Access Report**

The C&L Services Department prepares a report to identify the need for linguistic services using the Geo Access demographic analysis software program. The Geo Access program uses member zip code data and correlates it with member language preference. A similar mapping of provider network language capabilities is generated for each identified member language. The geographic distribution of provider languages is based on the zip code of the office location.

A set of maps is generated that reports the geographic distribution of member language preferences, primary care provider language capabilities and specialist language capabilities by zip code. A map is generated for each language that is preferred by 3 percent or more of membership. The geographic distribution of member language preferences is then overlaid with the language capacity of primary care providers and specialists. The language capabilities of the provider network are compared to the language needs of CalViva Health members. The availability of linguistic services by contracted providers for LEP members is analyzed and recommendations made for provider network development. The report is produced by HNCS every two years for review and comment.

- **Data Collection**

The C&L Services Department monitors the demographic composition of members for each CalViva Health county. Demographic information is used to assess the language needs of members; to identify possible cultural and socio-economic background barriers to accessing health care; and to understand the range of diversity within the communities that CalViva Health serves. Collected and analyzed on a regular basis, data is based on existing member language needs, race and ethnicity. The C&L Services Department holds the list of all race, ethnicity and language codes and categories used by all data systems. C&L collaborates with IT to assure that all new databases and modified databases can share member race, ethnicity and language information.

The C&L Services Department also maintains a log of all cultural or linguistic related grievances received. The logs for culture or language-related grievances and complaints are analyzed to determine if members' cultural and communication needs are being met and/or addressed by contracted providers. Information from the Appeals and Grievances Department, in conjunction with information from the community demographic profile, help to identify cultural and/or linguistic issues that may act as barriers to accessing health care. Should a communication need be identified, the C&L Services Department develops a provider or member education intervention or program to meet that need.

7.0 SUMMARY

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, diverse provider networks, and CalViva Health and HNCS. CalViva Health's goals and objectives are based on providing support, maintaining compliance, and creating cultural awareness through education, consultation, and support. In addition, the programs and services encompass how we communicate to our members and contracted providers about the C&L program and services available.

<h2>STAFF RESOURCES AND ACCOUNTABILITY</h2>

1. CalViva Health Committees

A. Governing Body/RHA Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The C&L program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee

The Public Policy Committee includes CalViva Health members, member advocates (supporters), a RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, and establishing and maintaining community linkages. The C&L program description, work plan, language assistance utilization report and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

B. Medical Management Team

CalViva Health's Medical Management team includes the Chief Medical Officer, Director of Medical Management Services, who is a Registered Nurse, and a Medical Management Specialist to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.

C. Chief Operating Officer

CalViva Health's Chief Operating Officer's responsibilities include assuring that services and needs covered under the Administrative Services Agreement with the Plan's administrator are operating in accordance with CalViva Health's program requirements.

D. Operations Team

CalViva Health's Operations team includes the Chief Operating Officer and an Operations Coordinator who is responsible for providing operational support.

C.E. Chief Compliance Officer

CalViva Health's Chief Compliance Officer's responsibilities include assuring that CalViva Health's programs are in compliance with the DHCS contract, regulatory standards and reporting requirements. A compliance team is under the direction of the Chief Compliance Officer.

D.F. Compliance Team

CalViva Health's Compliance team includes the Chief Compliance Officer, a Director, ~~who is a Certified Health Education Specialist, a project manager, and a provider relations representative compliance staff~~ who focuses on compliance activities ~~with the provider network.~~

3. HNCS C&L Services Department Staff Roles and Responsibilities

The C&L Services Department is unique in its cross-functional support structure. The Department's function is to fulfill all cultural and linguistic contractual and regulatory requirements and serve as a resource and support for all C&L services. The C&L Services Department is staffed by the Director of Health Education and Cultural and Linguistic Services, a Manager of Cultural and Linguistic Services Department, eight Senior C&L ~~Specialists~~ Consultants, one C&L ~~Specialist~~ Consultants, two supplemental staff, ~~two~~ one ~~d~~ Data ~~a~~ Analysts and a Project Coordinator. ~~n administrative assistant.~~

A. HNCS Leadership Team

HNCS is a subsidiary of Health Net Inc. Through a dedicated and qualified staff, important cultural and linguistic services are developed and coordinated within the

CalViva Health service area by HNCS. HNCS, as a subsidiary of Health Net Inc., continues to maintain their internal reporting responsibilities (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health's staff and respective committees.

A. Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Program Description

David Hodge, MD

Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer

Chair, CalViva Health QI/UM Committee

Date

Item #11

Attachment 11.C

Cultural & Linguistics
2018 Work Plan



2018 Cultural and Linguistic Services Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

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.

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1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/18 - 6/30/18)	Year-End Update (7/1/18 - 12/31/18)
2	Language Assistance Program Activities					
3	Responsible Staff:	Primary: A. Canetto, L. Witrago	Secondary: I. Diaz, D. Carr, D. Fang, L. Goodyear-Moya, A. Alvarado, H. Theba			
4	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		
5	Contracted Vendors	Provide oversight and consultation for language and interpreter vendor management	Provide consultation on contract negotiations and response for proposals (RFP's)	Ongoing		
6	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		
7	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		
8	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		
9	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		
10	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. <u>Development of desktop documenting process</u>	Monthly		
11	Operational	Document process for interpreter and translation issue escalation	Production of desktop	Q2		
12	Operational	Review interpreter service complaint logs and conduct trend analysis by vendor	Monitor interpreter service vendors through service complaints	Annual (trend)		

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13	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		
14	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		
15	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of NOLA, translation process and interpreter coordination	<u>Develop P&P checklist to ensure departments' compliance with language service requirements.</u> P&Ps will be reviewed and placed in C&L LAP compliance folder	Annual		
16	Training	Review, update and/or assign LAP online Training in collaboration with online team	Training online and number of staff who are assigned training	Annual		
17	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			
18	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		
19	Compliance Monitoring					
20	Responsible Staff:	Primary: L. Witrigo, B. Ferris, A. Canetto	Secondary: I. Diaz, D. Carr			
21	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		
* 22	Complaints and Grievances	<u>Conduct a trend analysis of C&L grievances and complaints by providers</u>	Production of trend analysis report	June		

23	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December		
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		
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		
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		
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		
28	Communication, Training and Education					
29	Responsible Staff:	Primary: L. Witrigo, B. Ferris	Secondary: D. Carr, I. Diaz, H. Theba			
30	Training and Support	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	<u>Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and when to send to C&L, etc. Explore opportunity to place developed tools / training online. Support provided</u>	Ongoing		
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		
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		
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		

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		
35	Member Communication	Annual PPC promotion article on member newsletter	Write or revise annual PPC article distributed to CalViva members	Annual		
36	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
37	Health Literacy					
38	Responsible Staff:	Primary: A. Alvarado, D. Carr	Secondary: B. Ferris, L. Witrago			
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		
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		
41	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly		
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		
43	Cultural Competency					
44	Responsible Staff:	Primary: D. Carr, H. Theba, L. Witrago	Secondary: A. Canetto, L. Goodyear-Moya, A. Alvarado			
45	Collaboration-External	Representation and collaboration on ICE external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing		

	46	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		
+	47	Staff Training	Conduct annual cultural competence education through Heritage events and transition event to an online platform. Heritage to include informational articles / webinars that educate staff on culture, linguistics and the needs of special populations.	Online tracking. Written summary of Heritage activities	Q3		
+	48	On Line Training	Review online content for cultural competency training and update when needed annually. Training will also include content on access to care needs for all members per 1557 non-discrimination rule	Annual online training and number of staff trained	Annual		
	49	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		
	50	Health Equity					
	51	Responsible Staff:	Primary: L. Witrigo, A. Canetto	Secondary: H. Theba, L. Goodyear-Moya			
	52	Operational	Increase interdepartmental alignment on disparity reduction efforts	Facilitate of health equity advisory group twice a year	Q1 and Q3		
+	53	Operational	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and newsletter development and distribution. Coordinate Health Disparity training / retreat for staff.	Ongoing Q1: Training		
*	54	Operational	Co-lead DHCS Disparity PIP on prenatal/postpartum HEDIS measures and implement disparity reduction model, if appropriate	Support development of modules; meet PIP disparity reduction targets	Ongoing		

* 55	Operational	Identify health disparity and develop interventions	Intervention delivered	Ongoing		
56	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		

* Indicates New

+ Indicates Modified