

Regal Medical Group



Language Assistance Program (LAP) and Cultural Diversity

Workforce/Provider Training Module



Key Glossary

<p>Language Assistance Program (LAP) Law</p>	<p>The California Law Effective 1/1/2009 (SB 853) require health plans to establish and support a Language Assistance Program (LAP) for members who are limited in English proficiency (inability/limited ability to speak English)</p>
<p>Limited English Proficient (LEP)</p>	<p>Patients/Members/Enrollees that have an inability, or limited ability, to speak, read, write, or understand the English language at a level that permits that individual to interact effectively with health care providers or health plan employees.</p>
<p>Diversity/Diverse</p>	<p>Differences in the population that includes such things as educational levels, social conditions, economic factors, cultural background, spiritual traditions, age, sex, race, national origin.</p>
<p>Vital Documents</p>	<p>Documents that are important to using the health plan and accessing benefits such as applications, consent forms, letters, denial notices, free language assistance notices and explanation of benefits.</p>
<p>Standard Vital Document</p>	<p>General documents that are not specific to a particular enrollee.</p>
<p>Non-Standard Vital Document</p>	<p>A document containing enrollee-specific information, such as a service authorization or claim denial.</p>
<p>Better Communication, Better Care: Provider Tools to Care for Diverse Populations www.iceforhealth.org or posted on regalmed.com (REA Information and Notices)</p>	<p>Packet of materials and tools for Health Care Professionals with language identification flash cards, tips with working with diverse populations, and other reference sources.</p>
<p>Threshold Language(s)</p>	<p>The most common language(s) used by patients in a health plan, medical group, or geographic area.</p>



WORKFORCE AND PROVIDERS TRAINING MODULE

INTRODUCTION

The purpose of the **Language Assistance Program (LAP) and Diversity Training** is so that the Workforce and Providers are compliant with California Senate Bill SB 853 when in contact with Limited English Proficient (LEP) enrollees. To understand the various processes, policies, and guidelines associated with the requirements. To be aware of differences in individual beliefs and behavior, education, social conditions, cultural backgrounds, languages, spiritual traditions, age, sex, race, national origin, and new legal mandates, while delivering health care to a diverse patient population.

I. Key Components of CA Senate Bill 853, Health Plans Must:

- Translate vital documents (i.e. authorization letters, denial letters) into the top threshold (most common) languages preferred by the health Plan’s membership (i.e. Blue Cross’ threshold languages are Chinese, Korean, Spanish, Tagalog, and Vietnamese)
- Capture, track and report the language preferences of the membership
- Communicate to Limited English Proficient enrollees in their preferred language(s)
- Ensure access to interpreter services free of charge
- Train employees who have routine contact with members regarding the Health Plan’s language assistance program
- Assess, qualify, and train all staff that use their bilingual skills to provide telephone or face-to-face language services
- Ensure that the Health Plans’ contracted providers are compliant with SB 853
- Monitor and regularly report compliance with SB 853

II. Impact of culture, diversity and language preference: To avoid being unintentionally insulting or patronizing, be aware of the following:

Styles of Speech:

People vary greatly in length of time between comment and response and the speed of the speech.

Eye Contact:

The way people interpret various types of eye contact is tied to cultural background and life experience.

Body Language:

80% of communication is non-verbal. The meaning of body language varies greatly by culture, gender, and age.

Patient Conversation:

Speaking English makes it easy to use a direct communication style; however other languages and cultures may differ in communication style.

III. Basic Demographic facts of the United States, California and Health Plan (Ethnic and language).

*Quick Facts (as of 2006)	California	USA
White population	76.9%	80.1%
Black or African American population	6.7%	12.8%
American Indian/Alaska Native	1.2%	1.0%
Native Hawaiian and other Pacific Islander	0.4%	0.2%
Hispanic or Latino	35.9%	14.8%
Language other than English	39.5%	17.9%

*Data Source: www.quickfacts.census.gov

IV. Health Plan Threshold Languages: commonly used languages identified by each plan who's enrollees require assistance in these languages.

Health Plan	Chinese-traditional Characters	Chinese-simplified characters	Korean	Spanish	Tagalog	Vietnamese
Aetna				X		
Anthem/Blue Cross	X		X	X	X	X
Blue Shield	X			X		X
Care First				X		
Central Coast Alliance for Health				X		
Cigna	X			X		
Cal Optima				X		X
Chinese Community Health Plan	X					
Contra Costa Health Plan				X		
Health Net of California	X			X		
Kaiser Permanente	X			X		
San Francisco Health Plan	X			X		
Santa Clara Family Health Plan				X		X
United/Pacific Care	X		X	X		X
Western Health Advantage				X		

Various staff may be in contact with enrollees to provide services such as:

Non-Clinical Staff includes: Customer Service, Claims, Billing, Marketing, Provider Relations

Clinical Staff includes: Nursing, Case Mgr, social Workers, Health Educators, Psychologists, MDs

V. How to address an enrollee's need for language assistance or interpreter service:

- Contact the enrollee's Health Plan to provide interpreter services for the enrollee.
- Inform the enrollee that language assistance services exist at the Health Plan.
- Identify the language preference of the enrollee
- Politely offer language assistance services (interpreter and translations, free of charge)

VI. Scripting Example:

Staff: Do you speak English?

Enrollee: No (or shakes head no)

Staff: What language do you prefer? (or point to a language card: example **¿Que idioma prefiere? (Spanish)**)

VII. Health Disparities and Health Literacy

- **Health disparities** and causes can be identified in groups such as low income populations, racial and ethnic groups, women, children and the elderly, and persons with disabilities who may experience worse health and safety outcomes in illnesses, injuries and treatments. A health disparity is can be the difference in the environment, access to, utilization of, and quality of care, health status, or a particular health outcome.
- **Health literacy** is defined by the National Health Education Standards as “***the capacity of an individual to obtain, interpret, and understand basic health information and services in ways which are health-enhancing.***” Communication can break down if the level of health literacy is low.

VIII. Clinical Staff: Providing Culturally Responsive Health Care:

(Nursing, Case Mgr, social Workers, Health Educators, Psychologists, MDs)

- The clinical staff should recognize the impact of health beliefs and practices on patient interaction, adherence to treatment plans and outcomes and take those into consideration while treating the enrollee.
- Enrollees can be referred to culturally and linguistically appropriate community resources such as the Centers for Disease Control (CDC), National Institutes of Health (NIH), Disease specific web sites, Department of Justice, Department of Health Services Civil Rights, Health and Human Services, Administration on Aging and many others.

IX. Policies and Procedures

- Interpreter and translation services are available to the enrollee free of charge by contacting the enrollee’s Health Plan for interpreter services.
- The interpreter should be professionally trained
- When an enrollee refuses interpreter services this should be documented in the medical record which not only protects you and the provider practice it also ensures consistency when medical records are monitored through audits.
- Information should comply with confidentiality and HIPAA regulations
- Complaints and grievances or independent medical review should be referred to the enrollee’s health plan or obtain assistance from the Department of Managed Health Care (DMHC) at www.hmohelp.ca.gov
- Although using a family member or friend to interpret should be discouraged, it is extremely important to document this in the medical record if the patient insists, especially if the family member or friend is a minor.
- Access Standards for Interpreter Services include:

TELEPHONE	Immediate, no more that 10 minutes from initial contact. Timeframe begins at initial contact for interpretation services and ends when the interpreter who speaks the LEP enrollee’s language is connected.
ROUTINE APPOINTMENT	To provide in-person interpretation services, the appointment must be scheduled at least 5 business days in advance. Providers must allow at least 15 minutes for the interpreter to attend the appointment.
URGENT/EMERGENT APPOINTMENT	For same day appointments, use phone interpretation as defined: Immediate, no more that 10 minutes from initial contact. Timeframe begins at initial contact for interpretation services and ends when the interpreter who speaks the LEP enrollee’s language is connected.

X. Tips for working with Interpreters

- Inform the interpreter of the patient’s age, sex, and background to best match the background of the enrollee
- Hold a brief introductory discussion with the interpreter.
- Allow enough time for the interpreted sessions.
- Speak in a normal voice, clearly and not too fast or too loudly.
- Avoid acronyms (i.e. RMG, UM), jargon (slang), and technical terms.

Regal Medical Group

- Face the patient and talk directly, be brief, explicit and basic.
- Don't ask or say anything that you don't want the patient to hear.
- Be patient and avoid interrupting during interpretation
- Be sensitive to appropriate communication standards
- Read body language in the cultural context
- When working with interpreters, reassure the patient that the information will be kept confidential.



FINAL EXAM

Check the right answer

1. The Language Assistance Program Law requires assistance to patients who do not understand, speak, read, or write English.
True or False?
2. Vital Documents, that are important such as health plan benefits are interpreted by the staff for non-English speaking enrollees.
True or False?
3. A minimum fee of \$5.00 may be charged to the enrollee for Interpreter Services to cover the costs.
True or False?
4. Information for language and ethnicity, and cultural preferences for populations can be obtained from:
 - a. Census data
 - b. Health Plan data
 - c. Department of Justice
 - d. All of the above
5. The top non-English language(s) spoken in California are:
 - a. Chinese and Vietnamese
 - b. Korean
 - c. Tagalog
 - d. All of the above
6. If the enrollee doesn't speak English, he/she is responsible for bringing an Interpreter or someone who does speak English to the appointment with the doctor.
True or False?
7. Women and children do not fall in groups identified with health disparities.
True or False?
8. All healthcare staff, both clinical and non-clinical, must be aware of the regulations regarding Language Assistance for limited English proficient enrollees.
True or False?
9. Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services in ways which are health-enhancing.
True or False?
10. When enrollees refuse interpreter services there is no need to document anything since the services were not provided.
True or False?
11. It is ok if the enrollee prefers a friend or family member to interpret but it is extremely important to document this in the medical record.
True or False?
12. Telephone Access Standards for Interpreter Services is no more than 30 minutes from initial contact for interpretation services and ends when the interpreter who speaks the language is connected.
True or False?
13. To provide in-person interpretation services, the appointment standard states the appointment must be scheduled at least 5 days in advance.
True or False?
14. An important Tip when working with Interpreters is to avoid acronyms, jargon and technical terms
True or False?
15. Health Plans in California have identified their threshold languages.
True or False?