Cultural and Linguistic Services Committee (CLSC) Meeting
October 25, 2023

Committee Member Name	Title	Present
Linda Ayala, MPH	Director, Population Health and Equity	X
Sanjay Bhatt, MD	Medical Director of Quality Improvement	
Farashta Zainal, MBA, PHP	Quality Improvement Manager	X
Tran Loc	Manager, Access to Care	X
Donna Carey, MD	Medical Director of Case Management	X
Darryl Crowder	Director, Provider Services	
Gia DeGrano	Director, Member Services	X
Cecilia Gomez	Manager, Provider Services	
Beverly Juan, MD	Medical Director, Medical Services	X
Jennifer Karmelich	Director, Quality Assurance	X
Michelle Lewis, MPH	Manager, Communications and Outreach	X
Alma Pena	Manager, Grievances and Appeals Manager	X
Julie Anne Miller, LCSW	Senior Director of Health Care Services	X
Steve O'Brien, MD	Chief Medical Officer	X
Grace St. Clair	Director, Compliance & Special Investigations	
Mao Moua, MPA	Manager, Cultural and Linguistic Services	X
Gil Duran, MPH	Manager, Population Health and Equity	X
Lao Vang	Chief Health Equity Officer	
Michelle Stott	Senior Director of Quality	X
Anastacia Swift	Chief Human Resource Officer	

Staff Member Name	Title	Present
Cindy Brazil	Interpreter Services Coordinator	X
Sylvia Guzman	Interpreter Services Coordinator	X
Yemaya Teague	Senior Analyst of Health Equity	X
Carlos Lopez	Sr. Quality Assurance and Reporting Analyst	X
Krystaniece Wong	Regularity Compliance Specialist	X
Mandy Gutierrez	Production and Traffic Manager	X
Rosa Reyes	Disease Management Health Educator	X

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
1. Call to Order/Introductions	Mao M.	Meeting called to order.	
2. Minutes from 7/26/2023	Mao M.	Minutes from last meeting approved by e-vote.	
3. Agenda review	Mao M.	Agenda reviewed with team.	

4. Follow-up item review	Mao M.	Follow up items from last meeting:
		• Loc presented Access and Availability data at the MAC meeting.
		• C&L Grievances and Discrimination-based grievances Q1 & Q2 reports postponed to next meeting.
		• CG-CAHPS: Mao M. (and team) to identify possible root causes for non-favorable responses.
		• Matt provided MAC members with information about the redetermination/enrollment process at the September MAC meeting.
		• Cultural Sensitivity Training was shared with Compliance and is now in flight for staff to complete by December 11th.
		• Provider Satisfaction Survey – shared results with Provider Services team for feedback.
		• Added new Manager for G&A, Alma Pena, to CLS Meeting invites.
		• Shared Quality of Language PQI
		• Q2 Quality of Language PQI Report Follow up:
		  ○ Shared results regarding members requesting mailing in other languages with C&O for review.
		  ○ Mao to provide refresher training to member Services on language access.
		  ○ TVHC language access concerns will be tracked and trended. No QOL PQIs reported in Q3.
			Jennifer K. to present Q1, Q2 and Q3 reports at next CLS meeting.
			
			Mao M. and Linda A. continue working on an action plan to address root causes.
			
			Mao M. to provide refresher PQI training with Member Services.

5. New Business			

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5a. 2023 CLS Workplan Q3Update	Mao M.	• Member Cultural and Linguistic Assessment was completed on 7/26/2023. • Reported 95% fill rate for all modalities of interpreter services. • Cultural Sensitivity Traing finalized and distributed to staff for completion. • Member Advisory Committee held 9/14/2023 and discussed redetermination and renewal outreach, ABA services action plan to ensure members needing services receive them, new MAC member, Cecelia Wynn and new Chair, Melinda Mello, and Vice Chair Tandra Debose. • CLS will meet with Compliance to review DHCS 2024 Contract requirements for MAC and plan for MAC enhancements.	
5b. P&P Updates	Linda A.	Two P&Ps were presented to the Sub-Committee for review. • CLS-002 Community Engagement, which describes role, function and policies for Alliance Community Engagement and the Alliance Member Advisory Committee. P&P was updated to comply with the 2024 MCP Contract including member feedback on health equity, documentation and integration of member feedback, selection of MAC members, role of CHEO, topics MAC members advise on, and reporting structure of the MAC. Updated Subcommittee approval to QIHEC. Name has also been updated to broaden the scope to include Alliance community engagement efforts. • CLS-011 CLS Program – Compliance Monitoring, which describes how the Alliance ensures quality language assistance services through monitoring of staff, providers, and language services vendors. P&P was updated to comply with the 2024 MCP Contract and DMHC statutory compliance with CRR 1300.67.2.2., including soliciting member and provider feedback on interpreter services through surveys. Updated Subcommittee approval to QIHEC.	

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5c. Compliance Updates	Krystaniece W.	Updated committee on DHCS APL 22-002 Alternate Format Selection (AFS).
		• Alliance receives from DHCS weekly AFS preferences received through DHCS application system/portal. AAH/County and state can update preferences through the portal.
		• Shared current member requests for AFS, a total of 5066 requests. Options include Large Print, Audio, CD, County Support, I need a format not listed here, Braille, Data CD. Unclear on definition for County Support and have requested clarification from DHCS. For option "I need a format not listed here," members would need to call DHCS to share their preferred format. DHCS is not currently tracking their formats or sharing with the plans.
		• Mao M. –Are we reaching out to members selecting "I need a format not listed here"? Krystaniece W. will take back to Alonzo P. and Marie B. for a response.
		• Linda A. – How will we track member AFS preference for plan mailings?
		  ○ Carlos L. - We are working to integrate into ODS so it can be incorporated
		• Jennifer K. – What is the timeline for required implementation? Will we have a dropdown for entering data?
		  ○ Carlos L. & Gia D. – 12/29/23 is the projected completion date.
		  ○ Yes, there will be a dropdown option for inputting member AFS preferences.
		• Yemaya T. – How long does the Service Request process take?
		  ○ Carlos L. - Once AFS is requested, it takes C&O 21 business days to turn around.
		  ○ Jennifer K. - 21 days is within regulatory requirements.
			Krystaniece W. will provide a response as to whether AAH outreaches to members who need formats not listed.

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		○ Linda A. – Member has the option to call in and receive content, but this would produce a document in the preferred format for the member to have at hand. • Currently manually sharing the information with delegates. • Future goal is to automate the process. Automation would entail storing the member's AFS preferences, and auto generating member material in member's preferred format. The Alliance will also share these preferences with delegates. Lastly, AAH will provide training to AAH staff and delegates re: the process. • Questions can be sent to DeptRegAffairs@alamedaalliance.org.	
6. Standard Reports			
6a. Bilingual Staff Yearly Report	Anastacia S.	Mao M. presented on Anastacia S.'s behalf. Annual review of bilingual staff – as of October 25, 2023, the Alliance has 36 bilingual staff. Spanish accounts for most bilingual staff. All threshold languages are represented. Linda A. – The count includes bilingual staff who are required to speak a language as a part of their job description. There are other bilingual staff who are tested and speak to members in non-English languages.	
6b. Quality of Language PQI Report	Mao M.	Presented the following highlights of the Quality of Language (QOL) Potential Quality Issue (PQI) report. (The full report is included in the CLS Meeting packet.) In Q3 2023: • Working with Analytics to improve how we categorize "Against Type." Expanded types to ensure we covered Mental Health and Vendors as distinct categories. • Most QOL PQIs are against PCPs and Clinics. Saw increase in cases across the last 4 quarters. Almost half of the PQIs are "Provider Language" type. This includes members whose provider doesn't speak their preferred language or were auto assigned a PCP/clinic	

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		that didn't have their preferred language available. Second most frequent was "Interpreter for Apt – Provider" where there was an issue with the provision of interpreter services.
		• Most common languages for QOL PQIs are Chinese, followed by Spanish, then English. The English PQIs are when office staff do not have English as their primary language, and the member requests to change their PCP to improve communication. CLS confirms that the member was able to change to a preferred PCP.
		• Jennifer K. – If closing because of PCP change, why is it a PQI?
		  ○ Mao M. – We are reviewing this as well. We are talking with folks involved to discuss and see if there is a need for a process change.
		  ○ Jennifer K. – Please include me in the discussions.
		• Michelle S. – what are "Ancillary Providers"?
		  ○ Mao M. – These are mostly physical therapy (PT) appointments. PQIs occur when no interpreter was scheduled or provided, or members who call to schedule cannot communicate with staff. PT offices are also some of our highest utilizers of services. These are mostly face-to-face. The set up of the offices does not lend itself to telephonic interpretation.
		• Mao M. – Providers who had 2 or more closed QOL PQIs in 2 consecutive quarters include:
		  ▪ AAH – PQIs include mailing in non-preferred language (4), all were forwarded to C&O and/or G&A for follow up; No Mandarin option in the phone Tree (2); limited Cantonese speaking staff (1), resolved by member services team; and member did not receive interpreting services. In addition, there were single PQIs regarding the Alliance network including lack of Spanish-speaking behavioral health providers in Hayward, Cantonese
			Mao M. to include Jennifer K. in conversations regarding whether change of PCP due to language preference would be considered a QOL PQI.
			
			Mao M. to follow up with additional trending and details re: ancillary providers PQIs at the next meeting.

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		speaking urgent care providers in San Lorenzo, and Cantonese or mandarin speaking AAH providers in the Fremont area. Last AAH PQI was regarding AAH scheduling an interpreter for an appointment. This was resolved and interpretation provided. ▪ Michelle S. – If no providers are available for a particular language, is there an opportunity to educate providers in accessing interpreting services? ▪ Mao M. – Yes, we provide follow-up education on accessing interpreters to both providers and members for these PQIs. ○ Hayward Wellness Center PQIs included lack of Asian-speaking providers (5), no Spanish speaking providers (1). Members preferred a provider who spoke their language rather than using an interpreter. Members' needs were met through PCP change. ▪ CLS will review provider language capacity for Spanish and Asian Languages. ▪ Loc T. – See movement of Asian speaking members from Oakland to San Lorenzo and San Leandro. The Alliance does not have many providers who speak those languages in that area. It would be good to educate these providers on providing the interpreter services. ▪ Linda A. – There are two concerns, make sure members and providers understand how to access interpreters, but we should also consider cultural needs of members and what our network should look like to meet cultural needs.	

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6c. Membership Reports	Mao M.	Presented the following highlights of the Membership Report (full report is included in the Meeting Packet).
		• Member distribution among Threshold Languages remained stable for Q3 for both Medi-Cal and Group Care plans.
		  ○ Jennifer K. –Arabic is not yet an official threshold language for our plan.
		  ○ Linda A. – Every three years we must relook at what is a threshold language. The State data indicates that Arabic already meets the criteria, but we are not yet held accountable.
		• There is a downward trend in % fulfillment of interpreter services. We just met the 95% goal. AAH is working with vendors to understand the trend and act as needed.
			Mao M. to update report to show that Arabic is not yet an official threshold language.

6d. Utilization of Language Services	Mao M.	• Most common languages requested were Spanish, Cantonese, Vietnamese, and Mandarin.	
Translation Services	Mandy T.	• Mandy T. - Translated documents in Threshold languages and Arabic were shared in CLS Committee slides. Communications and Outreach (C&O) is starting to translate documents into Arabic in anticipation of future threshold language requirements. Also translated upon members' request health education documents into Russian and Punjabi. The C&O Intranet page has a link to a more detailed report.	
6e. Member Services Reps Bilingual Staff Monitoring	Carlos L.	• There are 37 qualified bilingual member services staff members. One call per month was assessed for Spanish, Vietnamese, Cantonese, and Tagalog, with no concerns to report. Open positions include Bilingual Spanish, Cantonese, and Vietnamese Member Services Representatives. Member Services will be recruiting for Arabic speakers in the new year as well.	
6f. Provider Access by Language	Mao M.		

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		• Provider Access by Language report is postponed to the next meeting due to limited time.	Mao M. to include Q3 Provider Access by Language report in CLS next meeting.
Adjournment	Mao M.	Next meeting on 1/24/2024 at 1:00 PM.	

Meeting Minutes Submitted by: Mao Moua, Manager, Cultural Linguistic Services Date: 11/3/2023

Approved By: Linda Ayala, Director, Population Health and Equity Date: 11/15/2023

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