



**Cultural and Linguistic
Program Description**

2022

**2022 Cultural and Linguistic Services Program
Description Signature Page**

Date _____

Sanjay Bhatt, M.D.
Medical Director, Quality Improvement
Vice Chair, Health Care Quality Committee

Date _____

Steve O'Brien, M.D.
Chief Medical Officer, Medical Management
Chair, Health Care Quality Committee

Date _____

Scott Coffin
Chief Executive Officer

Date _____

Evan Seevak, M.D.
Board Chair

Alameda Alliance for Health Cultural and Linguistic Services Program Description 2022

Overview

The Alameda Alliance for Health (Alliance) is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible Medi-Cal and Group Care members. The Alliance's Cultural and Linguistic Services Program complies with Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80), the Patient Protection and Affordable Care Act, Section 1557, Senate Bill (SB) 223 (Atkins, Chapter 771, Statutes of 2017), 3 and SB 1423 (Hernandez, Chapter 568, Statutes of 2018) and with the Cultural and Linguistic Services requirements of the Alliance's contracts with the Department of Health Care Services (DHCS), (Exhibit A, Attachment 9. 12), and the Centers for Medicare and Medicaid Services.

The goal of the Cultural and Linguistic Services (C & L) Program is to ensure that all members receive equal access to high quality health care services that are culturally and linguistically appropriate. This includes ensuring culturally appropriate services and access for members regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, creed, health status, or identification with any other persons or groups defined in Penal Code section 422.56.

Program objectives include:

- Comply with state and federal guidelines related to assessment of enrollees to offer its members culturally and linguistically appropriate services.
- Provide no-cost language assistance services at all points of contact for covered benefits.
- Ensure that all staff, providers, and subcontractors are compliant with the cultural and linguistic program through cultural competency training.
- Identify, inform, and assist limited English proficiency (LEP) members in accessing quality interpretation services.
- Ensure that Alliance health care providers follow the Alliance C & L Services Program.
- Integrate community input into the development and implementation of Alliance cultural and linguistic accessibility standards and procedures.
- Monitor and continuously improve Alliance activities aimed at achieving cultural competence and reducing health care disparities.

The Work Plan for the C & L Program in Appendix A includes a timetable for implementation of activities related to meeting the program goal and objectives.

The Organizational Chart in Appendix B displays reporting relationships for the Alliance organization and identifies key staff with overall responsibility for the operation of the Cultural and Linguistic Services Program.

Departmental Roles

The **Quality Improvement Department** is responsible for developing, implementing and evaluating the Alliance's Cultural and Linguistic Services Program in coordination with other Alliance departments including Provider Services, Human Resources, Analytics and Performance, Member Services, Communications and Outreach, Quality Assurance, Vendor Management and Compliance. The Cultural and Linguistic Program is led by the Manager of Health Education. All participating persons/departments report ultimately to the Chief Executive Officer.

Health Education is a part of the Alliance's Quality Improvement Department. The Health Education Manager, in collaboration with the aforementioned departments, develops the Cultural and Linguistic Services Program work plan and integrates information and resources on cultural competency into the Alliance's programs and services. The Health Education Manager also facilitates the Cultural and Linguistic Services Subcommittee (CLSS) of the Health Care Quality Committee, which in turn reports to the Alliance Board of Governors.

Health Education staff also ensure that members have access to qualified interpreters and make health education materials available to members and providers. These materials meet the literacy, cultural, linguistic, clinical, and regulatory standards.

The Health Education Manager and the Communications and Outreach Manager are responsible for supporting the Alliance Member Advisory Committee (see below for description) in accordance with Title 22, CCR, Section 53876 (c). There is administrative support staff, the Health Education Coordinator, as well assigned to the Member Advisory Committee.

Quality Improvement Specialists conduct member and provider surveys, and Quality Nurses conduct medical record and facility site reviews that monitor C&L requirement implementation at the provider office level and issue corrective action plans as needed.

The **Provider Services** department is responsible for ensuring that the Alliance provider network composition continuously meets members' cultural and linguistic needs. Provider Services also trains providers on the Alliance Cultural and Linguistic program requirements. Language capabilities of clinicians and other provider office staff are identified during the credentialing process and providers update language capacity with the Alliance regularly.

The **Member Services** department assesses member cultural and linguistic needs at each contact by identifying and verifying language preferences, reported ethnicity and preference for use of interpreter services. Members are informed that they can access no cost oral interpretation in their preferred language and written materials translated into Alliance threshold languages or provided in alternative formats. Member Services also monitors call quality for Member Services Representatives ability to follow cultural and linguistic protocols.

The **Communications and Outreach** department is responsible for ensuring that marketing practices for eligible beneficiaries or potential enrollees do not discriminate due to race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. In addition, they take into consideration results from member surveys and assessments, community feedback and other C&L monitoring activities when producing member materials. The department is also responsible for quality translations of member written materials and communications and assists all departments in sending the appropriate non-discrimination and language assistance service notices to members.

Human Resources department is responsible for bilingual assessment of new staff

who will use their bilingual skills with members. They maintain a listing of Alliance bilingual staff and ensure quality monitoring of bilingual staff not monitored through the Member Services quality assurance program.

The **Quality Assurance** department supports the C&L program through monitoring and reporting of grievances related to C&L services.

Compliance is responsible for conducting audits of the Alliance Cultural and Linguistic Services program, monitoring delegated C&L responsibilities, and ensuring that all state and federal regulations are followed.

Vendor Management supports compliance oversight of language services vendors and implements corrective action plans as needed.

Community Advisory Committee

The **Community Advisory Committee** at the Alliance is known as the Member Advisory Committee (MAC). The MAC is supported by the Communications and Outreach Manager and Health Education Manager and their respective departments. The purpose of the Member Advisory Committee (MAC) is to provide a link between the Alliance and the community. The MAC advises the Alliance on the development and implementation of its cultural and linguistic accessibility standards and procedures. The committee's responsibilities include advising on cultural competency issues, and educational and operational issues affecting members, including seniors, people who speak a primary language other than English, and persons with disabilities. The MAC is comprised of Alliance members, community advocates, safety net providers, and at least one traditional provider.

The MAC provides input about members' cultural and linguistic needs and the Alliance cultural and linguistic access standards (CLAS) and procedures. The MAC enables the Alliance to maintain community partnerships with consumers, community advocates and traditional and safety net providers regarding CLAS. Alliance procedures ensure MAC involvement in policy decisions related to educational, operational, and cultural competency decisions affecting groups that speak a primary language other than English.

Standards and Performance Requirements

The Alliance's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services. The Alliance has systems and processes to:

- Provide members access to no cost language assistance services at all points of contact, 24 hours a day, 7 days a week. Educate members and providers about the availability of language services and how to access them.
- Identify, assess, and track linguistic capability of interpreters, bilingual employees and contracted staff in medical and non-medical settings.
- Conduct a Population Needs Assessment (PNA) according to the DHCS timeline to:
 - Identify member health needs and health disparities;

- Evaluate health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns; and
 - Implement targeted strategies for health education, C&L, and QI programs and services.
- Provide cultural sensitivity and diversity training for staff, providers, and subcontractors at key points of contact. Training will cover accessing language services, the Alliance cultural and linguistic program, importance of culturally sensitive care as well as working with identified cultural groups within the Alliance service areas including:
 - Members with limited English proficiency;
 - Diverse cultural and ethnic backgrounds;
 - Seniors and persons with disabilities;
 - Gender, sexual orientation and gender identities.
 - Monitor and evaluate the Cultural and Linguistic Services Program and the performance of individuals providing linguistics services.

The program meets the standards detailed in the following Alliance Policies and Procedures:

- CLS-001 Cultural and Linguistic Services Program Description
- CLS-002 Cultural and Linguistic Services Program - Member Advisory Committee
- CLS-003 Cultural and Linguistic Services Program – Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities
- CLS-008 Cultural and Linguistic Services Program - Member Assessment of Cultural and Linguistic Needs
- CLS-009 Cultural and Linguistic Services Program – Contracted Providers
- CLS-010 Cultural and Linguistic Services Program - Staff Training and Assessment
- CLS-011 Cultural and Linguistic Services Program – Compliance Monitoring

**Alameda Alliance for Health
Cultural and Linguistic Services Program Work Plan 2022
Appendix A**

Program	Member Cultural and Linguistic Assessment		
Goal	Assess the cultural and linguistic needs of plan enrollees.		
Rationale	Alliance Membership Report: From 2020 - 2021 there were no significant changes in demographics in the Alliance population; however, the total membership increased by 8% from December 2020 – December 2021, and the largest increases were in “Other” ethnicity, a decrease in the “Under 19” and increase in “19 – 44” age ranges.		
Lead Responsibility	Health Education Manager		
Performance Measure	Objective		
Complete quarterly CLSS reports	Create and review reports on Cultural and Linguistic needs of members at quarterly Cultural and Linguistic Subcommittee (CLSS).		
Major Activities		Timeline	Responsible Party
Collect member demographic information and track over time. Report on trends, discuss at the CLSS and Health Care Quality Committee (HCQC) of the Alliance Board of Governors and take action as needed.		By end of January, April, July, October 2022	Health Education Manager

Program	Language Assistance Services		
Goal	Inform and assist Limited English Proficiency members in accessing quality interpretation services and translated written informing materials.		
Rationale	Alliance Membership Report, January 2022: 37% of members prefer to communicate with the plan in a non-English language. Of those, 87% speak threshold languages. For 2021, the fill rate for interpreter services was 98.6% Interpreter services delivery mode in 2021 was 50% pre-scheduled phone or video, 38% telephonic, and 11% in-person.		
Lead Responsibility	Health Education Manager		
Performance Measure	Objective		
Fulfillment rate in Quarterly Cultural and linguistic Reports.	Reach an average fulfillment rate of ninety-five percent (95%) or more for in-person, video and telephonic interpreter services.		
Major Activities		Timeline	Responsible Party(s)
Make available to Alliance providers an online option for pre-scheduling in-person and 3-way video interpreter services.		By June 30, 2022.	Health Education Manager

Supporting Activities	Timeline	Responsible Party(s)
Inform members at all points of contact of availability of no cost Language Assistance Services (LAS) through newsletters, Evidence of Coverage (EOC), website, non-discrimination statements, significant communications/ publications, letters, and flyers.	Ongoing	Health Education Manager; Director, Provider Relations

Program	Provider Language Capacity	
Goal	Ensure that Alliance health care providers follow the Alliance C & L Services Program and ensure interpreter access.	
Rationale	<p>Q4 2021 Provider Language Capacity report: All ratios were stayed within the expected range. Highest ratio was Vietnamese (1:451) compared to 1:228 for English for Medi-Cal and Chinese (1:19) compared to 1:6 for English for Group Care.</p> <p>Q1-Q3 2021 CG CAHPS Survey: Adult responses to the question “Were you able to communicate with your doctor and clinic staff in your preferred language?” were 81.1% favorable for receiving a qualified interpreter through their doctor’s office or health plan, child responses were 92.4% favorable.</p>	
Lead Responsibility	Health Education Manager	
Performance Measure	Objective	
CG-CAHPS Survey	81% of adult members and 88% of child members who need interpreter services will report receiving a non-family qualified interpreter through their doctor’s office or health plan.	
Provider Language Capacity Report	Note: Per Cultural and Linguistics Services Subcommittee we do not have a specific objective but will monitor trends.	
Major Activities	Timeline	Responsible Party(s)
See Language Access activities for ensuring access to language services during telehealth visits.		
Supporting Activities	Timeline	Responsible Party(s)
Maintain language assistance program information in Provider Manual, New Provider Orientation, Member Handbook and member and provider webpages.	Ongoing	Health Education Manager; Communications and Outreach Manager
Monitor availability of providers who speak members’ preferred languages at the Cultural and Linguistic Service Subcommittee.	By end of Jan, April, July, Oct 2022	Health Education Manager

Make available to providers up-to-date information on language needs of members through PCP member roster available on the Provider Portal.	Monthly update	Senior Business Analyst, IT
Maintain up-to-date information on provider language capacity in the on-line and printed provider directories.	Continual updates	Senior Business Analyst, IT

Program	Staff and Provider Cultural Sensitivity Training	
Goal	Ensure that all staff, providers, and subcontractors are compliant with the cultural and linguistic program through cultural sensitivity training.	
Rationale	<p>Alliance Membership Report, January 2022: 37% of members prefer to communicate with the plan in a non-English language. Of those, 87% speak threshold languages.</p> <p>Annual Cultural Sensitivity Training AAH Staff participation rate was 96% for 2020 (with 4% of staff out on leave) and new hire participation rate was 100%. 2021 Cultural Sensitivity Training was rolled out with staff December 2021-January 2022.</p>	
Lead Responsibility	Health Education Manager	
Performance Measure	Objective	
Compliance tracking of AAH staff participation in Cultural Sensitivity Training.	96% of Alliance staff (by March 31, 2022) and 100% of new staff (within 90 days of hire) will participate in the Cultural Sensitivity training.	
Provider Relations tracking of new provider orientation completion.	90% of new Providers will complete the New Provider Orientation, including the Cultural Sensitivity training and C&L processes within 90 days of becoming an Alliance provider.	
Major Activities	Timeline	Responsible Party(s)
Offer the Cultural Sensitivity training via webinar to Alliance Staff within 90 days of hire and yearly thereafter. - Update training to enhance content on working with African American members	By 6/1/2020 (yearly renewal)	Health Education Manager; Compliance Coordinator
Supporting Activities	Timeline	Responsible Party(s)
Post a provider version of the training online and promote with providers.	By 12/31/2022	Health Education Manager

Program	Member Advisory Committee	
Goal	Integrate community input into the development and implementation of Alliance cultural and linguistic accessibility standards and procedures.	
Rationale	Member Advisory Meeting – Member feedback requested more time to reflect on complex issues presented at the meeting and offer input.	
Rationale Category(s)	✓ Contractual Topic <input type="checkbox"/> GNA <input type="checkbox"/> NCQA ✓ Quality Improvement	
Lead Responsibility	Health Education Manager	
Target Population	All Alliance staff	
Performance Measure	Objective	
MAC meeting minutes	Hold quarterly Member Advisory Committee meetings and provide opportunities for member input into C&L programs.	
Major Activities	Timeline	Responsible Party(s)
Recruit 3 new members (male, 19 – 44, Asian, Latinx, and African American are priorities) for the Member Advisory Committee.	By September 31, 2022.	Health Education Manager
Supporting Activities	Timeline	Responsible Party(s)
Hold quarterly meetings of the MAC to participate in the public policy of the health plan and provide input on the Alliance cultural and linguistic services	March, June, September and December 2022.	Health Education Manager & Communications and Outreach Manager

Program	Monitoring of Cultural and Linguistic Services		
Goal	Monitor and continuously improve Alliance activities aimed at achieving cultural competence and reducing health care disparities.		
Rationale	AAH Grievances Related C&L and Discrimination/Sensitivity Report Q1-Q3 2021: Lack of Language Accessibility grievances averaged 86 per quarter with a range of 80-92.		
Rationale Category(s)	✓ Contractual Topic <input type="checkbox"/> GNA <input type="checkbox"/> NCQA ✓ Quality Improvement		
Lead Responsibility	Health Education Manager		
Performance Measure	Objective		
CLSS Meeting Minutes	Meet regulatory compliance for monitoring quality of language assistance services.		
	Supporting Activities	Timeline	Responsible Party(s)
	Monitor grievances, exempt grievances and Potential Quality Issues to identify concerns and areas of improvement in Cultural and Linguistic Services for investigation and resolution. Forward data or concern to appropriate department, provider, vendor or Joint Operations Meeting.	By end of January, April, July and October, 2022.	Manager, Grievances and Appeals; Health Education Manager
	Maintain listing of assessed bilingual employees and linguistic, their capacity as medical or non-medical interpreter and perform at minimum yearly review of bilingual capacity.	October 31, 2022 – yearly renewal.	Executive Director, Human Resources; Health Education Manager; Director, Member Services
	Conduct facility site reviews re: C & L services including: 24-hour interpreter services, coverage of threshold services, documented capacity and training of bilingual medical and interpreter staff.	Complete review once every three years for Alliance PCPs.	Senior Facility Site Review Nurse
	Monitor contracts with interpreter services. Establish CAPs when necessary	Quarterly JOM meetings	Manager, Vendor Management; Health Education Manager
	Monitor vendors delegated for language services for quality of language services provided using the C&L Audit Tool.	Yearly review according to Compliance schedule.	Compliance Director and Health Education Manager

Alameda Alliance for Health Organizational Chart Cultural and Linguistic Services

APPENDIX B

