Cultural and Linguistic Services Subcommittee (CLSS) Meeting
January 24, 2024

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	
Darryl Crowder	Director, Provider Services	
Gia DeGrano	Senior Director, Member Services	X
Cecilia Gomez	Manager, Provider Services	
Beverly Juan, MD	Medical Director, Medical Services	
Jennifer Karmelich	Director, Quality Assurance	X
Michelle Lewis, MPH	Senior Manager, Communications and Outreach	X
Alma Pena	Manager, Grievances and Appeals Manager	X
Julie Anne Miller, LCSW	Senior Director of Health Care Services	
Steve O'Brien, MD	Chief Medical Officer	
Grace St. Clair	Director, Compliance & Special Investigations	X
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
Berenice Sanchez	Lead Interpreter Services Coordinator	X
Yemaya Teague	Senior Analyst of Health Equity	X
Carlos Lopez	Quality Assurance and Regulatory Reporting Manager	X
Vaneesha Krishnan	Regulatory Compliance Specialist	X
Debbie Spray	Supervisor, Health Plan Privacy	X
Krystaniece Wong	Regularity Compliance Specialist	X
Yani Vallejo	Senior Project Manage	X
Allison Lam	Senior Director, Health Care Services	X
Rosa Carrodus	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 10/25/2023	Mao M.	Minutes from the last meeting were reviewed by presenters with no additional changes. Approval via e-vote is no longer needed. Linda A. suggested sending out the meeting minutes to all attendees for review.	Mao M. to share the meeting minutes with all attendees moving forward.
3. Agenda review	Mao M.	Agenda reviewed with team. The meeting time has been extended to an hour and a half to allow discussion and feedback from all attendees. Full report is included in the meeting packet attached to the invite.	
4. Follow-up item review	Mao M.	Provided an update on follow up items from last meeting. • G&A Report for 2023 Q2-Q4. Status: It will be presented today. • Develop strategies targeted for non-favorable responses in CG-CAHPs Report. Status: In-progress • Provider Satisfaction Survey: Follow-up with identified provider site based on discussion with Provider Services department. Status: In progress • Quality of Language PQI: Follow-up with Member Services on guidelines: Status: In-progress • Outreach to members who need an alternative format selection (AFS) that is not listed (and turnaround time is applicable). DHCS Response: The MCPs do not need to contact the members who select, "I need a format that is not listed." When a beneficiary indicates, "I need a format not listed here," they are instructed to call the AFS Helpline for further assistance, then the AFS Helpline and DHCS Office of Civil Rights (OCR) have a process to resolve their requests. 90% of the beneficiaries who chose this option want written communication in a threshold language instead of an alternative format. Status: No further follow up needed.	Mao M. to reach out to Analytics to update report. Mao M. to schedule a meeting with Native American Health Center to address their language access needs. Mao M. to meet internally (with PQI team) to map out current PQI workflow and share with MS.
5. 2023 CLS Workplan Evaluation	Mao M.	Presented updates on the following 2023 CLS workplan activities and initiatives (see attached slides). • Member Cultural and Linguistics Assessment Outcomes: Goal met. A review of the assessment was completed at the CLSS meetings on 1/23/2023, 5/2/2023, 7/26/2023, and 10/25/2023.	

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		• Language Assistance Services: Outcomes: Goal met. A fulfillment rate of 95% or greater was reported for Q1-Q4. • Cultural Sensitivity Training (CST): Participation and Enhancements Outcomes: Goal met. A completion rate of 96% was reported for all Alliance staff. Also, CST enhancements were completed in Q3 2023. • Provider Language Capacity (Member Satisfaction) Outcomes: Goal met. 81% or greater of adults and 92% or greater of child members reported receiving a non-family qualified interpreter through their doctor's office or health plan for Q1-Q4. • Provider Language Capacity (Provider Network) Outcomes: Goal met. The NCQA Net 1A Report was completed and presented at the CLSS on 05/02/2023. • Community Advisory Community (CAC): Formerly known as Member Advisory Committee (MAC) Outcomes: Ongoing. Activities to date include: having submitted an IPD request for assistance as part of the Single Plan Operational Readiness and scheduling weekly meetings with stakeholders to discuss and implement new requirements; making updates to the CAC charter and creating a resolution to form a CAC Selection Subcommittee based on 2024 Medi-Cal Contract, where both were presented and approved by CAC members on 12/28/2023. Next steps: develop CAC Selection Subcommittee strategy and CAC member recruitment plan. Linda A. shared that any feedback from other departments is welcome to ensure that our CLS Workplan complies with new regulations and initiatives. Jennifer K. commented that the only requirement is to have an updated CLS Workplan with a monitoring process in place. Michelle S. shared that collaboration with other departments is crucial to better understand how the Alliance conducts Community Outreach to assess the needs of our members. No other feedback was shared by the CLS Subcommittee regarding CLS 2023 Workplan evaluation.	

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6. New Business			
6a. 2024 CLS Program Description	Mao M.	Presented updates on the CLS program description. • The program description was updated with minor grammar and formatting. Replaced "Member" with "Community" and "MAC" with "CAC" to align change to Community Advisory Committee. • Replaced HCQC with QIHEC. • Added information to include DEI training based on 2024 Medi-Cal contract. • Added additional duties/responsibilities of CAC. Linda A. commented that the CLS Program Description and all update P&Ps were attached to the meeting invite. The 2024 CLS Workplan will be brought to committee at the next meeting and approved through QIHEC as a component of the QI Workplan. Mao M. clarified that both P&Ps documents, redline and clean, were combined in one file for review. The CLS Committee members had no questions or concerns with the updated CLS Program Description.	
6b. P&P Updates	Linda A.	Presented a summary of minor edits to the following P&Ps. • CLS-001 Cultural and Linguistic Services (CLS) Program Description • CLS-002 Member Advisory Committee. • CLS-003 Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities • CLS-008 Member Assessment of Cultural and Linguistic needs • CLS-009 CLS Program - Contracted Providers. Updates were presented to CLS-010 CLS Program - Staff Training and Assessment to align with the APL 23-025 DEI Training Program Requirements description of training contents. The CLS Committee members had no questions or concerns with the updated policies and procedures.	

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		Next steps: Approval at QIHEC.	
6c. Community Advisory Committee (CAC) Update	Linda A.	Provided updates from last CAC scheduled meeting held on 12/14/23 and CAC special meeting held on 12/28/23. • New DHCS Medi-Cal requirement: Complete a CAC Demographic Survey and Report, annually to determine if our CAC members represents the diversity of our membership. • ABA Services Presentation by Dr. Currie: Questions answered on ABA therapy and barriers for therapists to go into schools. • Presented and voted on CAC Charter updates based on new DHCS Medi-Cal requirements and a CAC Selection Subcommittee Resolution.	
6d. Compliance Updates			

	Krystaniece W.	Presented APL 23-025 Diversity, Equity, and Inclusion Training Program Requirements Overview.
		• DHCS goals: data collection and stratification, workforce diversity and cultural responsiveness, and eliminating health disparities.
		• The DEI training program must incorporate 13 guidelines listed in the APL on pgs. 3-4. MPCs must provide DEI training to new MCP staff and subcontractors within 20 days of the start date. MCPs must develop a system of communication to ensure coordination and dissemination of cultural and linguistic information and activities.
		• Incorporating DEI Training into the Quality Improvement and Health Equity Transformation Program (QIHETP): The purpose of QI is to continuously improve quality of care for populations disadvantaged by the system.
		• Implementation timeline:
		  ○ Phase 1-Training Development by January 1, 2025
		  ○ Phase 2-Training Completion by January 1, 2026	

	Debbie S.	Presented Annual Corporate Compliance Training. • The numbers have slightly changed since last Monday. • There are 454 staff (full-time and temporary employees) eligible for the annual training that includes Cultural Sensitivity Training (CST), HIPAA, and Fraud, Waste and Abuse (FWA).	

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		• As of this day, there are only a total of 5 people pending to complete the CST and 100% of staff have completed the HIPAA and FWA trainings. • Updates to the CST: Looking to incorporate the CST into a platform, where there is no need to fill out a Survey Monkey after completing the training.	
7. Standard Reports			

7a. 2023 C&L Grievances and Discrimination-based Grievances	Alma P.	Presented C&L Grievances for Q4 2023.
		• For Medi-Cal, there were 74 cases during Q4. They were all within the compliance rate. The goal of having less than 1 complaint per 1,000 members was achieved.
		• There were 63 unique grievance cases pertaining to lack of language access and discrimination/sensitivity. Some of these complaints consist of:
		  ○ Members received phone calls/mail in a different language
		  ○ Member dissatisfied PCP does not speak their preferred language
		  ○ Member dissatisfied with staff clinic for not speaking their preferred language when confirming appointments
		• There was a total of 19 grievances related to discrimination that were resolved during the reporting period and were forwarded to the Compliance Department for further investigation.
		
		Yemaya T. inquired about the process on how to resolve a CLS grievance case. Does that mean that for closed cases the member was provided with language access services?
		
		Alma P. clarified that the resolution is not always in favor of the members; for example, when members complain about lack of PCPs that speak a particular language in their area, the plan won't be able to resolve those cases within 30 days. Language access services may be offered instead.
		
		Farashta Z. commented on a few members' feedback regarding gift cards when they did not want to file a grievance, rather they wanted to make sure to receive their gift card.	

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		Alma P. explained that regulations established that the plan should file a grievance under the minimum sign of members' dissatisfaction.
		
		• For IHSS, the volume is very low as there were only 3 cases during Q4. They were all within the compliance rate. The goal of having less than 1 complaint per 1,000 members was achieved.
		• There were 2 exempt grievances pertaining to lack of language access:
		  ○ Member dissatisfied that there was no Cantonese greeting or prompt when calling NorCal Imaging
		  ○ Member dissatisfied with PCP who does not speak their preferred language.
		• There was a total of 1 grievance related to discrimination, and it was reviewed by our Compliance Department.	

7b. Quality of Language PQI Report	Mao M.	Presented the following highlights of the Quality of Language (QOL) Potential Quality Issue (PQI) report.
		In Q4 2023:
		• There was a total of 64 QOL PQIs.
		• Three (3) providers/entities met the threshold of 2 or more cases in 2 consecutive quarters and were reviewed in detail.
		  ○ AAH: the following cases were deferred to G&A for follow-up and investigation:
		  ▪ Mailing in non-preferred language (4)
		  ▪ Voicemail left in non-preferred language by the Alliance (1)
		  ▪ Member dissatisfied with interpreter service request (1)
		
		  Linda A. commented that cases deferred to G&A are first assigned to them, and QI may defer any action until G&A department addresses the member's concerns and closes the case.
		
		  ○ Hayward Wellness Center: No CAP issued. QI management to meet with Alameda Health System on 2/7/24 to address PQIs reported in the past three (3) quarters.
		  ○ East Bay Cardiovascular (Dr. Aditya Jain): No CAP issued. Interpreter services were available, the issue was regarding doctor	

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		not speaking member's preferred language. CLS team will track and trend.	
7c. Membership Reports	Mao M.	Presented the following highlights of the Membership Report. • For both lines of business, threshold languages distribution remained stable for Q4 2023 with the exception of Spanish language for MCAL. • For Medi-Cal, Spanish language had the largest increase (5%) for January 2024. Linda A. shared that the increase on Spanish language and ethnicity has been the most significant demographic change in many years which is probably because as of January 1st adults ages 26 – 49 qualify for Medi-Cal regardless of immigration status.	
7d. Utilization of Language Services	Mao M.	Reported that the average Interpreter Services fulfillment rate for all modalities in Q4 2023 was 95% which meets our objective of (95%). As for top languages requested in Q4: Cantonese (26%), Spanish (24%), Vietnamese (17%), Mandarin (8%), Mam (3%), and Arabic (3%). This ratio remains stable for Q4.	
7c. Translation Services	Michelle L.	Presented the following highlights of the Translation Report in Q4 (full report is included in the Meeting Packet attached to the invite). • Languages reported are Spanish, Chinese, Vietnamese, Tagalog, Arabic, and Other. • A total of 242 C&O translated documents • A total of 688 G&A translated letters • A total of 35 HRA back-translations (member communications) • A total of 22 HIF MIT back-translations (for assessment tools) • A total of 137 NOA documents • A total of 50 Enhanced Care Management (ECM) documents • A total of 16 Community Support (CS) documents Shared that there is also a Translation Fulfillment Report posted on the C&O intranet every month. For more details go to: http://allianceconnect/Intranet/main.aspx?tid=248&mtid=224	
7e. Member Services Reps Bilingual Staff Monitoring	Carlos L.	Presented the Member Services Reps Bilingual Staff. • There are many multilingual staff in Member Services department.	Carlos L. to update report as Multilingual Staff Report for next meeting.

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7f. Provider Access by Language	Mao M.	• There is a total of thirty-six (36) qualified bilingual staff that have completed a non-medical bilingual assessment. • There is a total of 11 open positions, including one (1) for Arabic speaking. • No linguistic issues reported in Q4. Linda A. inquired about the possibility of adding Mandarin to the phone tree. Presented Provider Language Capacity Report. For MCAL: • The number of unique in 2023 Q4 is 725. • There is an improvement in the ratio in Q4 due to a decrease in membership. • Vietnamese and Chinese languages are in the highest quartile (352). For IHSS (Group Care): • The number of unique providers in 2023 Q4 is 591 • There is an improvement in the ratio in Q4 due to a decrease in membership. • Vietnamese and Chinese languages are in the highest quartile (13).	Carlos L. to follow up on adding Mandarin language to the phone tree.
Adjournment	Mao M.	Next meeting on 4/24/2024 at 1:00 PM.	

Meeting Minutes Submitted by: Berenice Sanchez, Lead Interpreter Services Coordinator Date: 1/31/2024

Approved By: Mao Moua, Manager, Cultural Linguistic Services Date: 02/06/2024

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