



## Language Assistance Program (LAP) and Cultural Diversity

Employee/ Provider Training Guide



**LANGUAGE ASSISTANCE PROGRAM  
WORKFORCE AND PROVIDERS TRAINING GUIDE**

<b>Language Assistance Program (LAP) Law</b>	The California Law Effective 1/1/2009 (SB 853 Language Assistance Program (LAP) Law requires 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)
<b>Limited English Proficient (LEP)</b>	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 <u>interact effectively</u> with health care providers or health plan employees.
<b>Who is eligible?</b>	HMO patients under the Department of Managed Health Care (DMHC) and PPO patients under California Department of Insurance (DOI)
<b>Diversity/Diverse</b>	Differences in the population that includes such things as educational levels, social conditions, economic factors, cultural background, spiritual traditions, age, sex, race, national origin.
<b>Demographics</b>	Identification of an patient's preferred spoken and written language, race and ethnicity.
<b>Interpretation</b>	The act of listening to something spoken or reading something written in one language (source language) and orally expressing it accurately and with appropriate cultural relevance into another language (target language). Verbal translation in practice site for all LEP patients.
<b>Non-Standard Vital Document</b>	A document containing patient-specific information, such as a service authorization or claim denial.
<b>Better Communication, Better Care: Provider Tools to Care for Diverse Populations</b> www.iceforhealth.org or posted on Facey.com	Packet of materials and tools for Health Care Professionals with language identification flash cards, tips with working with diverse populations, and other reference sources.
<b>Point of Contact</b>	An instance in which a patient accesses the services covered under the plan contract, including administrative and clinical services, and telephonic and in-person contacts.
<b>Vital Documents</b>	Health Plan documents that are important to using and accessing benefits such as applications, consent forms, letters, denial notices, free language assistance notices and explanation of benefits.
<b>Standard Vital Document</b>	Health Plan general documents that are not specific to a particular patient.
<b>Threshold Language(s)</b>	The most common language(s) used by patients in a health plan, medical group, or geographic area. All DMHC/ DOI regulated Health Plans contacted with Facey Medical Group have Spanish as a threshold language. Patients can request their Health Plan to translate vital documents into Spanish or any other identified threshold language.

# INTRODUCTION

The purpose of the **Language Assistance Program (LAP) and Diversity Guide** is so that Facey contracted Providers and staff are compliant with California Senate Bill SB 853 when in contact with Limited English Proficient (LEP) enrollees (SB853 became effective January 1, 2009). This is to ensure we are committed culturally and linguistically to providing health care services in a competent manner. The guide will help you to understand the various processes, policies, and guidelines associated with the requirements. This reference will bring awareness to 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. This means all reasonable accommodations are provided to ensure equal access to communication resources for members. Effective communication between patients and their physicians and other health care professionals is the cornerstone to achieving optimal health and wellness. Communication offered in a patients primary language is critical to promoting a strong physician-patients relationship that will result in improved health care outcomes.

## 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). See section IV for HP threshold languages.
- Capture, track and report the language preferences of the membership
- Communicate with 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 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: 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).** \*\* Data Source <http://quickfacts.census.gov/qfd/states/00000.html>

<b>*Quick Facts (as of 2010)</b>	<b>California</b>	<b>USA</b>
<b>White Population</b>	<b>57.6%</b>	<b>72.4%</b>
<b>Black or African American Population</b>	<b>6.2%</b>	<b>12.6%</b>
<b>American Indian/ Alaska Native</b>	<b>1.0%</b>	<b>0.9%</b>
<b>Native Hawaiian and other Pacific Islander</b>	<b>0.4%</b>	<b>0.2%</b>
<b>Hispanic or Latino</b>	<b>37.6%</b>	<b>16.3%</b>
<b>Language other than English</b>	<b>42.2%</b>	<b>19.6%</b>

## IV. Health Plan Threshold Languages: commonly used 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
Cigna	X			X		
Health Net of California	X			X		
United/ Pacific Care	X		X	X		X

### Staff may be in contact with enrollees to provide services such as:

**Non-Clinical :** Customer Service, Claims, Billing, Marketing, Quality Management, Risk Management

**Clinical:** Nursing, Case Managers, Health Educators, Physicians, & allied health professionals

## V. Working Effectively with Limited English Proficient (LEP) members:

Offer the Language Assistance Program to patients who appear to be LEP, even if a member brings a family member or friend to their health care visit to act as an interpreter. The use of a professional interpreter is preferred because relatives and friends are not usually proficient in health care terminology and may not understand the medical concepts well enough to translate.

### Why use a Professional Interpreter?

- A professional interpreter:
  - Is able to effectively communicate health care terminology, has taken ethics and HIPAA courses.
  - Will not offer independent information, mistranslate or edit the information to and from the member.
  - if member doesn't understand or wants more information, will let you know and allow you to explain
- Using professional interpreters will result in improved communication between doctor and patient to:
  - Better understand their medical conditions
  - Better understand their treatment options
  - Better understand their care instructions
  - Improve the informed consent & decisions making process
- **Smart tip:** Offer telephonic interpreter in addition to family member to ensure accuracy of translation.

### How to identify an LEP patient

- Uses your bilingual staff or family member to assist on phone or in person.
- Patient is quiet or does not respond to questions
- Patient simply says yes or no, or gives inappropriate or inconsistent answers to your questions.
- Patient may have trouble communicating in English or you may have difficulty understanding what they are trying to say.
- Patient self-identifies by requested assistance.

## VI. How to Contact Health Plan Translators

- See table below for **Health Plan verbal interpreter service phone numbers**.

Health Plan	Verbal Interpreter Services
	These Health Plans listed offer telephonic interpreter services as part of the CA Language Assistance Program (LAP) under SB 853 for Limited English Proficiency (LEP) HMO and PPO patients at no charge to LEP members or providers.
Aetna Commercial & PPO	Call <a href="tel:8005253148">(800) 525-3148</a>
Anthem Blue Cross Commercial & PPO	Interpreters in all languages within 10 minutes. Providers: Call Provider Services at <a href="tel:8882542721">(888) 254-2721</a> and request to speak to an interpreter.
Blue Shield Commercial & PPO & Senior Plans	Call Provider Customer Service for Language Line Services at <a href="tel:8005416652">(800) 541-6652</a> Dial "0" and speak to Provider Services Agent to arrange for an interpreter
Blue Shield Behavioral Health (HMO/PPO)	For Behavioral Health translation call <a href="tel:8772638827">(877) 263-8827</a> .
CIGNA Commercial & PPO	Call <a href="tel:8008062059">(800) 806-2059</a> Will need: CIGNA ID#, DOB, Facey Tax ID # to confirm eligibility & access interpreter services
Health Net Commercial & PPO & Senior Plans	HMO: (800) 641-7761 Healthy Families: (888) 231-9473 After Hours & weekends: <a href="tel:8005464570">(800) 546-4570</a> Interpreter Support: <a href="tel:18009299224">1800-929-9224</a>
United Commercial & PPO	<i>United Call Center is a central resource for both physicians &amp; members: Spanish: <a href="tel:8007307270">(800)-730-7270</a> Chinese: <a href="tel:8009382300">(800) 938-2300</a> English and All other languages <a href="tel:8006248822">(800) 624-8822</a></i>
United Behavioral Health (UBH))	For Behavioral Health translation call <a href="tel:8663746060">(866) 374-6060</a>
SCAN/ Senior Plans	For SCAN Medicare Advantage + Seniors: Call Customer Service at <a href="tel:8005593500">(800) 559- 3500</a> Need: member name, DOB, Scan member #ID, language requesting
SecureHorizons	Call Provider Customer Service Language Line Services at <a href="tel:8005775623">(800) 577-5623</a>
United Health Plan	Call <a href="tel:8006248822">(800) 624-8822</a>
ADA- Hearing Impaired Patients	For American Sign Language Interpreters: Call: Accommodating Ideas at <a href="tel:8183866348">(818) 386-6348</a> or The Sign Language Company at <a href="tel:8187631215">(818) 763-1215</a>
Member requests for Written Translation of Vital Documents	Contact the Facey UM department <a href="tel:8188375661">(818) 837-5661</a> or <a href="tel:8188375733">(818) 837-5733</a> the same business date as the member requests and provide information on the specific document to be translated by the Health Plan

- Each providers office staff is responsible to:**

- Identify patients who need translation services during visit
- Identify patient's health plan
- Call the number on the CA LAP Health Plan Interpreter Services Grid- Specific for each health plan vendor phone number to set up translator services
- May use internal staff to translate. See section VII. *Best practices for Providers: Employee Language Skills Set Assessment Tool.*

## Tips to Optimize Communications with Your Patients

**Here are a few tips when working with telephonic interpreters to optimize communication.**

- If possible, speak to the interpreter privately prior to the contact, providing relevant information regarding the member and the important information to convey. Describe type of information you are planning to convey
- Interpreters are not allowed to rephrase or clarify. Encourage the interpreter to request clarification or to redirect explanations as needed.
- Direct the conversation to the member, not the interpreter.
- Use short sentences limited to a single concept if possible.
- Allow adequate time for the interpreter to convey the information in the member's language.
- Avoid excessive medical terminology or technical explanations unless the member requests them.
- Avoid interrupting the interpreter.
- If the member's nonverbal cues indicate confusion, ask the member to summarize or restate what you have communicated.
- For more information click [here](#) "**Tips for Working with Interpreters**" (official ICE version).

## More Communication Tips

**Here are a few more communication tips for your use when working with LEP patients:**

- When speaking with your patient, speak slowly, *not loudly*.
- Organize information into short, simple sentences. Place important topics at the beginning and end of the conversation.
- Use open-ended questions to assess for understanding.
- If the member initially refused interpreter services and is not demonstrating full understanding, offer interpreter services again.
- If in-person, monitor non-verbal cues, such as facial expressions, positioning and body language. These may indicate understanding or confusion.
- For more information click [here](#) "**Tips for Working with Limited English Proficient (LEP) members**".

## VII. Best Practices for Providers

Hospitals, physicians and other health care professionals should:

- Complete a self-assessment which is kept on file for any providers and staff that act as interpreters
  - A sample employee language skills self-assessment tool is available by clicking the following link, [Employee Language Skills Set Assessment Tool](#) and is provided in this guide.
- Please review the “Better Communication, Better Care: Provider tool to Care for Diverse Populations” toolkit click [here](#).
- Keep a list of staff who are qualified bilingual translators and the languages they speak for reference.
- Document the member’s preferred spoken and written language in their office chart or medical record.
- Document the communication aid used for the visit, for example the person who provided interpretation services; any use or refusal of a professional interpreter; or the use of family, friend, office staff or the provider as the interpreter.
- For More information click [here](#) “Tips for Documenting the refusal of Interpretive Services” (official ICE version)

## VIII. Clinical Staff: Providing Culturally Responsive Health Care

- 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 patient.
- Patients 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 patient free of charge by contacting the patient’s Health Plan for interpreter services.
- The interpreter should be professionally trained
- When a patient 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 patient’s health plan or obtain assistance from the Department of Managed Health Care (DMHC) at [www.hmoHELP.ca.gov](http://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:

<b>TELEPHONE</b>	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 patient’s language is connected.
<b>ROUTINE APPOINTMENT</b>	To provide in-person interpretation services, the appointment must be scheduled <u>at least 5 business days</u> in advance. Providers must allow at least 15 minutes for the interpreter to attend the appointment. Contact the Health Plan.
<b>URGENT/EMERGENT APPOINTMENT</b>	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 patient’s language is connected.

## **X. Requests for written translation of vital documents:**

### **Patient may request written translation:**

- For documents issued by Facey containing patient-specific information such as a service authorization/claim denial or MD termination letter:
  - Includes a Notice of Translation informing patient of availability of free language assistance provided by the health plan.
  - If patient's preferred language is one of the Health Plan threshold languages, they may request a written translation of that document. (See *chart for threshold languages Section IV.*)
  - Timeliness standards for response to Health Plan (send document to Health Plan):
    - Urgent Requests: Forward request and copy of the document to Health Plan within one business day.
    - Non-Urgent Requests: Within two business days
    - Plan produced documents: Within one business day
    - Health Plans have 21 days to provide written translation to the member

***If you need assistance, it is vital that you contact Facey the same day requests are received in your office.***

### **Who to contact at Facey:**

- For Patient requests for written translation of authorization denials, pend or termination letters:
  - For assistance call the UM department

<b>Name</b>	<b>Phone Number</b>
<b>Ana Lopez</b>	<b>(818) 837-5661</b>
<b>Hugo Duran</b>	<b>(818) 837-5733</b>

- For patient requests of claim denial letters:
  - For assistance call the Claims Department

<b>Name</b>	<b>Phone Number</b>
<b>Neil Junno</b>	<b>(818) 837-2757</b>

## Test Yourself: LAP Review

Circle the correct 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 patients.  
True or False?
3. A minimum fee of \$15.00 may be charged to the patient 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. Centers for Disease Control (CDC)
  - b. Health and Human Services
  - 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. Spanish
  - d. All of the above
6. If the patient 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 patients.  
True or False?
9. When patient refuse interpreter services there is no need to document anything since the services were not provided.  
True or False?
10. It is ok if the patient prefers a friend or family member to interpret but it is extremely important to document this in the medical record.  
True or False?
11. Health Plans in California have identified their threshold languages.  
True or False?





## EMPLOYEE LANGUAGE SKILLS SELF-ASSESSMENT TOOL

Dear Physician:

The attached self-assessment tool is provided as a resource to assist you in identifying language skills and resources existing in your health care setting. This voluntary tool will provide a basic and subjective idea of the bilingual capabilities of your staff. This screening tool is not meant to meet the CA Language Assistance Program law requirements.

You may distribute the tool to **all your clinical and non-clinical employees using their non-English language skills in the workplace**. The information collected may be used as a first step to improve communication with your diverse patient base.

You may wish to write an introductory note along the following lines:

“We are committed to maintaining our readiness to serve the needs of our patients. Many of our employees could use their skills in languages other than English.

We are compiling information about resources available within our work force. Please complete and return this survey to <department/contact> no later than <date>.

This survey will not affect your performance evaluation. It is just a way for us to improve our customer service, and to make you part of such efforts.

***Thank you for your assistance.”***

Once bilingual staff have been identified, **they should be referred to professional language assessment agencies** to evaluate the level of proficiency. There are many sources that will help you assess the bilingual capacity of staff.

Depending on their level of confirmed fluency, your practice would be able to make use of this added value to help your practice better communicate with your patients in the client’s language of preference.

## Employee Language Skills Self Assessment Key

Key	Spoken Language
(1)	Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition.
(2)	Meets basic conversational needs. Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary and grammar.
(3)	Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health care.
(4)	Able to use the language fluently and accurately on all levels related to health care work needs. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech.
(5)	Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language, including health care topics, such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language.

Key	Reading
(1)	No functional ability to read. Able to understand and read only a few key words.
(2)	Limited to simple vocabulary and sentence structure.
(3)	Understands conventional topics, non-technical terms and health care terms.
(4)	Understands materials that contain idioms and specialized health care terminology; understands a broad range of literature.
(5)	Understands sophisticated materials, including those related to academic, medical and technical vocabulary.

Key	Writing
(1)	No functional ability to write the language and is only able to write single elementary words.
(2)	Able to write simple sentences. Requires major editing.
(3)	Writes on conventional and simple health care topics with few errors in spelling and structure. Requires minor editing.
(4)	Writes on academic, technical, and most health care and medical topics with few errors in structure and spelling.
(5)	Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for the style of language. Proficient in medical, healthcare, academic and technical vocabulary.

<b>Interpretation vs. Translation</b>	<p><b>Interpretation:</b> Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor.</p> <p><b>Translation:</b> Involves very different skills from interpretation. A translator takes a written document in one language and changes it into a document in another language, preserving the tone and meaning of the original.</p> <p><i>Source: University of Washington Medical Center</i></p>
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**EMPLOYEE LANGUAGE SKILLS SELF-ASSESSMENT TOOL  
(For Clinical and Non-Clinical Employees)**

This self assessment is intended for clinical and non-clinical employees who are bilingual and communicate with a patient in a language other than English.

Employee's Name: \_\_\_\_\_ Department/Job Title: \_\_\_\_\_

Work Days: Mon / Tues/ Wed/ Thurs/ Fri/ Sat/ Sun    Work Hours (Please Specify): \_\_\_\_\_

- Directions:** (1) Write any/all language(s) or dialects you know.  
 (2) Indicate how fluently you speak, read and/or write each language (See attached key).  
 (3) Specify if you currently use the language regularly as a part of your job responsibilities.

Language	Dialect, region, or country	Fluency: see attached key (Circle)			As part of your job, do you use this language to speak with patients? (Circle)	As part of your job, do you read this language? (Circle)	As part of your job, do you write this language? (Circle)
		Speaking 1 2 3 4 5	Reading 1 2 3 4 5	Writing 1 2 3 4 5	Yes No	Yes No	Yes No
1.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
2.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
3.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No
4.		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	Yes No	Yes No	Yes No

**Please check off additional qualifications/credentials that support language proficiency level, and attach them to this form.**

Note: Per state guideline, bilingual providers and staff who communicate with patients in a language other than English must identify and maintain qualifications of their bilingual capabilities on file.

- Formal language assessment by qualified agency
- Documentation of successful completion of a specific type of interpreter training
- Other (Please specify): \_\_\_\_\_
- Native speaker with a higher education in language, which demonstrates sufficient accuracy and vocabulary in health care setting.
- Documentation of years employed as an interpreter and/or translator

Individuals who rate themselves with speaking, reading, or writing capabilities below level 3 as defined on the Employee Skills Self Assessment Key, attached to this document, should **not use their bilingual skills or serve** as interpreters and/or translators. For assistance, please contact the patient's contracted health plan for immediate telephonic interpreter assistance.

**TO BE SIGNED BY THE PERSON COMPLETING THIS FORM**

I, \_\_\_\_\_, attest that the information provided above is accurate. Date: \_\_\_\_\_