



California Language Assistance Program 2024

2024 Compliance Training
Quality Improvement



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California Language Assistance Program (CA LAP) Overview



The CALanguage Assistance Program Law

California law SB853 became effective January 1, 2009 requiring health plans establish and support a **Language Assistance Program (LAP)** for enrollees who are **limited English proficient (LEP)**. This is also in accordance with Title 28, California Code of Regulations, 1300.67.04 and applicable revisions to the Knox Keene Act.



What is the Language Assistance Program?

LAP provides services to help members with limited English proficiency (LEP), limited reading skills, are deaf or hard of hearing, are blind or low vision, or have diverse cultural and ethnic backgrounds.

CA LAP interpretation and translation services can be provided upon request and is free of charge.



Purpose

Ensures all members can obtain language assistance while accessing health care services. This helps eliminate health care disparities and improves the quality of health care.



Who is Eligible

Health plan Enrollees under the jurisdiction of the CA Department of Managed Care (DMHC) and/or California Department of Insurance

Key Definitions

Types of Services that may be requested:	This means:
Interpretation services	Spoken words. Member needs assistance in verbally re-expressing the message from one language into another spoken language.
Translation services	Written words. Member needs assistance in converting a written text to
Oral Translation	Read in one language and spoken into another language

Limited English proficient

A limited English proficient (LEP) person does not speak English as their primary language, and has a limited ability to read, speak, write, or understand English on a level that permits them to interact effectively with health care providers or health plan employees.

Threshold languages

Threshold Languages are language that has been identified as a primary language. Translation services are required and vary by Health Plan. A primary language is identified by a health insurer, based on a demographic assessment of its enrollee population. The member may request to translate a document from one language into a threshold language offered by the health plan;

- Examples of threshold languages include: Spanish, Chinese (Traditional or Simplified), Korean, Tagalog, Vietnamese, Arabic, Armenian, Cambodian and Farsi

Key Definitions

Vital documents are those that must be translated into an identified Threshold Language upon request.

There are two types of “**Vital documents**”:

- “**Standard**” documents are general documents not specific to a particular member such as: blank forms, HIPAA forms
- “**Non-standard vital documents**” are “Member- specific” documents such as: authorizations, denials, Notice of Appeals, consent or release forms, Explanation of Benefits (EOB), claims or similar documents requiring a member response

All Vital documents sent to members must include the Notice of Availability of Language Assistance.

Vital documents must be translated pursuant to California Insurance Code Section 10133.8 and California Code of Regulations Section 1300.37.04

Non-Discrimination Notice

Discrimination is against the law.

Regardless of the changes in federal regulations, state law requires that health plans must not unlawfully discriminate, exclude people, or treat them differently because 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, or sexual orientation.

California-licensed health plans must continue to comply with California's requirements to provide enrollees with notice of the availability of free language assistance services in English and the top 15 languages spoken by LEP individuals in California.2 2 Health and Safety Code section 1367.04. California law also requires health plans to provide translations of vital documents into the top one or two languages, other than English, spoken by the plans' enrollees.

Reference: DMHC All Plan Letter (APL) 20-022 and DHCS APL 20-015

Interpreter Testing

For individuals who interact with a limited English proficiency (LEP), an approved credentialed vendor conducts proficiency testing occurs prior to active work.

The proficiency testing ensures that the interpreter has fundamental knowledge in both languages of health care terminology as well as education and training in interpreting ethics, conduct, and confidentiality.

Internal staff who are bilingual who opts to participate in assisting with translation also undergo a proficiency testing. All Optum employees also have a separate training on code of conduct covering ethics and confidentiality.

Important Team Member Action

A Member May Access LAP Services Through . . .

A member may access CA LAP services through:



Telephone Services



**Administrative or
Clinical services**



Website Services



In-person Contact

Members should not use family as interpreters. Office staff must be certified if using bilingual skills.

All interpreters meet the interpreter quality standards established by the U.S. Department of Health and Human Services 45 CFR 92 and California Senate Bill 223.

Team Members are required to:

- 1** Identify who is eligible for CALAP services
Members who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English, may be considered limited English proficient (LEP).

- 2** Assist CALAP eligible members who identify a language preference for spoken or written communication by:
 1. Documenting member's preference of language spoken and/or written in health record.
 2. Facilitate a member's request for vital documents to be translated by health plan.
 3. Request interpretation services or transfer a call to a certified bilingual staff for interpretation as appropriate

Team Members are required to:

- 3 Ensure Translation Timeliness standards are adhered to.
 - Same day for **URGENT** requests
 - One calendar day for **ROUTINE** requests
- 4 Document the interpreter or translator's name *or* identification number in the member's record, **each time** an interpreter or translator service is used.
- 5 ALWAYS DOCUMENT your actions with language services in the health record when offering language assistance, even if the patient declines services.
- 6 Take steps necessary to document, track, and trend complaints about CA LAP.
- 7 Make every effort to refer to providers who are proficient in the member's preferred language whenever possible.

Knowledge Check

Question 1

Mr. Acosta has a clinic Appointment today. Before his appointment, you check his Health Record. Even though he speaks English proficiently, his primary language is listed as Spanish. He arrives for his appointment; you ask Mr. Acosta: "Would you like the assistance of an interpreter? Mr. Acosta responds;" No thank you, I am all set."

What should you do?

- Document that he is declining an interpreter in his health record and proceed with his appointment.
- Ask if he is sure and provide him with available language assistance services.
- Proceed with his appointment with no further actions.

Answer Question 1

The Correct Answer is –

- Document that he is declining an interpreter in his health record and proceed with his appointment.

ALWAYS DOCUMENT your actions with language services in the patient's health record when offering language assistance, even if the patient declines services.

Question 2

As you begin rooming procedures with your patient, Mrs. Tran, you discover that she has limited English proficiency. You ask her:” Would like language assistance?” Mrs. Tran responds: “Yes my English is poor, I speak Vietnamese.”

You ask her for her health insurance card and see that she is covered by Cigna.

What should you do?

- Send Mrs. Tran home and tell her it takes 5-7 business days to schedule a face-to-face interpreter.
- Check to see if there is a team member at your site who is qualified to interpret.
- Call the Health Plan (Cigna) and have Mrs. Tran’s member ID# ready. Inform Mrs. Tran that it could take 10-20 minutes to reach a telephone interpreter.

Answer Question 2

The Correct Answer is –

- Call Plan (Cigna) and have Mrs. Tran's member ID# ready. Inform Mrs. Tran that it could take 10-20 minutes to reach a telephone interpreter.

Since Mrs. Tan's Health Plan offers language assistance and she is already in the office. It is best to contact her Health Plan and arrange for telephonic interpretation services.

References and Resources:

- Senate Bill (SB) 223 (Chapter 771, Statutes of 2017) and SB 1423 (Chapter 568, Statutes of 2018)
- Department of Managed Health Care (DMHC)
<https://www.dmhc.ca.gov/healthcareincalifornia/yourhealthcarerights/languageassistance.aspx> and APL 20-022
- Department of Health Care Services (DHCS)
https://www.dhcs.ca.gov/Pages/Language_Access.aspx and APL 17-011, APL 20-015
- Optum Language Assistance Program (LAP) Policy and Procedures
- Threshold Language: [Health Industry Collaborative Effort \(HICE\) Threshold Languages 12.22 .xlsx \(live.com\)](#)
- LAP Training by Health Net California, Inc. and Cigna

Health Plan Language Assistance Contacts for your organization

For this resource, please reference this PDF at the end of the training: **Interpreter Services for Health Plans of California by CDO**

Reminder: For the most current contact information, call the number provided on the back of the members insurance card.



Thank you for completing the 2024 California Language Assistance Program Overview Training.

For Questions: OptumCAQIMO@optum.mhealth.com

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