
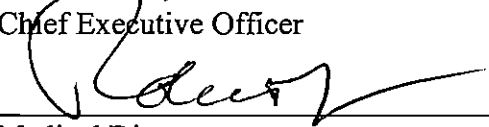
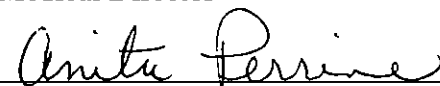
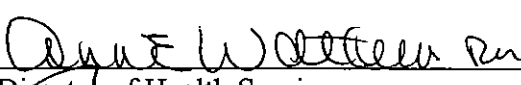
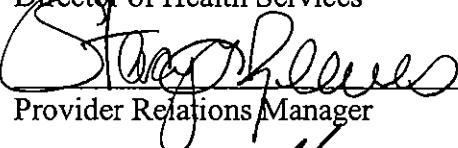

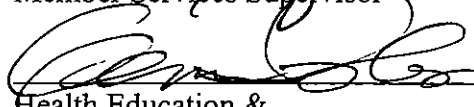


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Linguistic Services		INDEX NUMBER 11.01-E	Page 1 of 4			
SECTION: Cultural and Linguistic Services		ISSUE DATE: January 31, 1996				
Review Date	08/29/97	07/2000	03/2003			
Effective Date			03/01/04			
Revision No.	1997-08	2000-07	2004-02			

Approved		Date	<u>2/23/04</u>
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	<u>11/19/03</u>
	Medical Director		
Approved		Date	<u>11-19-03</u>
	Director of Operations		
Approved		Date	<u>11-19-03</u>
	Director of Health Services		
Approved		Date	<u>11/19/03</u>
	Provider Relations Manager		
Approved		Date	<u>11/19/03</u>
	Member Services Supervisor		
Approved		Date	<u>11/19/03</u>
	Health Education & Cultural/Linguistics Services Supervisor		

POLICY¹:

Kern Health Systems (KHS) will provide equal access to health services for Limited English Proficient (LEP) and hearing impaired members by providing appropriate interpreter services. Linguistic services will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- Title VI of the Civil Rights Act of 1964 (42 USC §2000d, 45 CFR Part 80)
- DHS Contract §§ 6.10 et seq.
- MRMIB Contract §§ III(C) et seq.
- MMCD Policy Letter 99-03
- MMCD Policy Letter 99-04

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- MMCD Policy Letter 02003

PURPOSE:

To provide guidelines for the provision of linguistic services including access to interpretive services for all KHS members .

DEFINITIONS:

Limited English Proficient	A limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with health care providers or social service agencies.
Limited English Proficient Members²	Any member who is limited English proficient, including those who speak a language other than one of the threshold languages identified by the Department of Health Services for Kern County.
Threshold Languages³	Languages spoken by LEP population groups that meet a numeric threshold of 3,000 eligible beneficiaries residing in a county and/or languages spoken by a population of eligible LEP beneficiaries residing in a county, who meet the concentration standard of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes.

PROCEDURE:

1.0 ACCESS

Interpreters must be made available as needed by face to face or telephone encounters with physicians, physician extenders, registered nurses, or other personnel who provide medical or health care advice to members. In addition, interpreter services must be available at all pharmacy sites during pharmacy service hours.

Interpreter services are available to KHS practitioners/providers and members 24 hours a day.⁴ Practitioners/providers may not require, or suggest to LEP members, that they must provide their own interpreters.⁵ Family members and/or friends are discouraged from performing interpretive services for KHS Plan members. The use of family or friends may jeopardize the quality and/or accuracy of information that is relayed to the member and may also present a hardship if the family member or friend must deliver confidential information.

Providers and/or their office staff that have been identified as qualified interpreters should assist KHS Plan members with their language needs. In the event that the member’s language

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needs are not able to be accommodated by the provider or their office staff, interpreter services will be provided by KHS. KHS has a contract with the AT&T Language Line to provide assistance in 140 different languages, 24 hours a day, seven days a week.

1.1 Telephone Service

During regular business hours, practitioners/ providers may contact the Member Services Department for an interpreter that is on staff, or the provider may contact the Member Services Department for assistance in securing services through the AT&T Language Line.

After regular business hours, practitioners/providers may contact the 24 hour Telephone Triage Line and request to be connected to the AT&T Language Line. Use of the Language Line is documented and forwarded to KHS.

1.2 One-on-One Service

Members or providers may also request one-on-one interpreting services . During regular business hours, the member/provider may contact the Member Services Department. The Member Service Representative will send either a qualified KHS or qualified KHS contracted interpreter to the Practitioner's/provider's office. Future appointments, if necessary, should be scheduled to include a KHS staff member or contracted interpreter.

After regular business hours, one-on-one interpreting services are provided by KHS contracted Hospitals/Urgent Care Facilities from a pool of their employees that are interpreters.

2.0 COVERED SERVICES

Covered services include the following⁶:

- A. Interpreters
- B. Translated signage
- C. Translated written materials, including the Member Handbook, enrollee information, welcome packets, and marketing information
- D. Referrals to culturally and linguistically appropriate community services programs

3.0 DOCUMENTATION

All practitioners/providers are required to document the member's language in the medical record. Requests or refusals for interpreter services by members must also be indicated in the member's medical record.

4.0 REIMBURSEMENT

Practitioners/providers are not reimbursed for providing interpreter services.

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5.0 PROVIDER REQUIREMENTS

During the credentialing and recredentialing process, practitioners/providers are required to report their language capabilities as well as the languages spoken by their staff. (See *KHS Policy and Procedure #4.01 – Credentialing*). This information is included in the *Provider Directory* to assist members in selecting the best practitioner for their needs.

5.1 Interpreter Qualifications

The Provider Language Capability Survey captures the ability of practitioners and their staff to speak, read and write non-English languages. (Attachment A) Survey respondents must rate their capabilities as, elementary, basic, conversational, fluent, or proficient. In addition, staff members used as interpreters must be identified as interpreting in non-medical or medical capacities.

Participants rated as elementary or basic are discouraged from interpreting until they can demonstrate successful completion of either a written/oral assessment of bilingual skills or an interpreter training program.

Interpreters rated as conversational, fluent, or proficient are requested to document one of the following:

- A. The number of years of employment as an interpreter or translator and references from former employers
- B. Successful completion of a specific type of interpreter training program (medical, legal, court, semi-technical, etc.)
- C. Formal education in a language other than English
- D. Graduation from a high school or better of a foreign country whose native language is not English.

ATTACHMENTS:

Attachment A: Provider & Staff Language Capability Survey

¹ **Revision 2004-02:** Major revision. Simple relocation of text is not marked as a change. **Formerly:** #5.12 – Interpreters for Non-English Speaking Members.

² MMCD Letter 02003

³ MMCD Letter 99-03

⁴ Title VI Civil Rights Act of 1964; DHS Contract §6.10.1

⁵ May not require, or suggest to LEP members, that they must provide their own interpreters. (Title VI Civil Rights Act 1964)

⁶ DHS Contract §6.10.2

Provider & Staff Language Capability Survey

Physician: _____

Office or Clinic Name: _____

Address: _____ Telephone: _____

Please score the following sections based on the measures indicated below.

1 = Elementary	Able to understand and respond to 2-3 word entry level questions. May require slow speech and repetition.
2= Basic	Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary when having formal and informal conversations on common health care topics.
3=Conversational	Able to speak the language with sufficient accuracy and vocabulary. Is able to carry-on formal and informal conversations on common health care topics.
4= Fluent	Able to use the language fluently and accurately on all levels related to 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=Proficient	Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language 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.

Section 1

For yourself, please list each language that you speak other than English. Score your skill at speaking reading and writing each language based on the scoring indicated above.

If English is the only language you speak please check the box below and skip to Section 2.

English Only

Provider Medi-Cal ID #	Language	Speak	Read	Write
12345678901234567890	Spanish	5	5	5

Section 2

For your staff, please list the name of your staff member and the language they are capable of speaking other than English. Score their skill based on the above measures. Finally, in the last two columns indicate if the staff member is used as an interpreter for non-medical or medical interpretation services.

Non-Medical Interpreters	Provide interpretation for appointment services. Non-medical interpreters must have conversational fluency in both the target language and English. Adequate vocabulary. Be able to assist member to complete forms in English and be able to precisely explain non-clinical consent forms.
Medical Interpreters	Provide interpretation for medical or health care advice to members. Medical interpreters must have all of the skills of a non-medical interpreter as well as proficiency related to clinical settings. They should be fluent in medical terminology in both languages. Posses the appropriate training to take or assist with gathering information for an accurate medical history. In addition, they should be able to assist providers by interpreting clinically related consent forms.

If English is the only language spoken by your staff please check the box below and skip to section three.

English Only

Staff Name/Title	Language	Speak	Read	Write	Interpret Non-Medical	Interpret Medical
Leticia Hernandez Case Manager	Spanish	5	5	5	Yes	Yes
	Arabic	1	1	1	No	No
	Vietnamese	2	1	1	No	No
1.						
2.						
3.						
4.						
5.						

* If you need additional pages, please photocopy this form.

Section 3

When you have completed this survey, please sign and date it. Return the survey by either FAX at (661) 664-5190, or mail to Kern Family Health Care, 9700 Stockdale HWY, Bakersfield, CA 93311. If you have any questions or need assistance please call Veva Islas-Hooker, MPH at (661) 664-5106. Thank you for your cooperation.

Signature: _____

Date: _____