



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Linguistic Services				POLICY #: 11.22-P	
DEPARTMENT: Health Education					
Effective Date: 08/1997	Review/Revised Date: 1/9/2023	DMHC	X	PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
Emily Duran
Chief Executive Officer

_____ Date _____
Chief Medical Officer

_____ Date _____
Chief Operating Officer

_____ Date _____
Chief Health Services Officer

_____ Date _____
Senior Director of Provider Network

_____ Date _____
Director of Member Services

_____ Date _____
Director of Health Education, Cultural &
Linguistic Services

POLICY:

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)
- DHCS Contract §6.10 et seq.
- MMCD Policy Letter 02003
- All Plan Letter 21-004

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 Members¹	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 Care Services for Kern County.
Threshold Language	A population group of eligible beneficiaries residing in KHS’ service area who indicate the primary language as a language other than English, and that meet a numeric threshold of 3,000 or 5% of the eligible beneficiary population, whichever is lower
Concentration Standard Language	A population group of eligible beneficiaries residing in the MCP’s service area who indicate their primary language as a language other than English and who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes (Concentration Standard Language).

PROCEDURES:

1.0 ACCESS

Language Assistance Services (LAS) must be provided free of charge, be accurate and timely and protect the privacy and independence of LEP members. There are two primary types of LAS: oral and written. LEP members are not required to accept LAS, although a qualified interpreter may be used to assist in communicating with an LEP member who has refused LAS. LAS 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, LAS must be available at all pharmacy sites during pharmacy service hours.

Oral interpretation services from qualified interpreters are available to KHS providers and members 24 hours a day free of charge. Providers may not require, or suggest to LEP members, that they must provide their own interpreters. Family members and/or friends are discouraged from performing interpretive services for KHS 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 members with their language needs. In the event that the member's language needs are not able to be accommodated by the provider or their office staff identified as qualified interpreters, interpreter services will be provided by KHS. KHS has a contract with the Language Line Solutions to provide telephonic and video remote interpreter assistance in 240 different languages, 24 hours a day, seven days a week. For in-person interpreter assistance, KHS has contracts with CommGap and LifeSigns and employs staff identified as qualified interpreters.

1.1 Telephone Service

During regular business hours, providers may contact the Member Services Department for assistance in securing services through a qualified interpreter that is on staff at KHS or through one of KHS' contracted interpreting vendors.

After regular business hours, between 5P.M. and 8A.M. Monday through Friday and 24 hours on weekends and holidays providers may contact the KHS advice nurse line and request to be connected to KHS' telephone interpreting service, Language Line Solutions. Use of Language Line Solutions is documented and forwarded to KHS.

1.2 In-person Interpreting Service

Members or providers may also request in-person interpreting services during regular business hours. The Member Service Representative will send either a qualified interpreter employed by KHS or through its contracted vendors, CommGap or LifeSigns, to the provider's office. Future appointments, if necessary, should be scheduled to include a qualified interpreter. Requests for in-person interpreting services should be submitted at least 5-7 days in advance of the scheduled appointment.

After regular business hours, KHS contracted Hospitals/Urgent Care Facilities access in-person interpreting services from a pool of their employees that are identified as qualified interpreters.

1.3 Video Remote Interpreting (VRI)

During regular business hours, providers may contact the Member Services Department to request assistance in securing VRI services through Language Line Solutions. Providers with office devices that are compatible with KHS' VRI services will be provided an access code and KHS' VRI training document (Attachment B) to connect with Language Line Solutions through KHS. Providers without office devices that are compatible with KHS' VRI services will be scheduled in advance of the member appointment to deliver the VRI compatible device, test the service to validate real-time audio without lags or irregular pauses in communication, and provided training on how to use the service. Requests to access VRI services must be submitted 5-7 days in advance of the scheduled appointment to allow for successful setup of the software and/or VRI equipment at the provider appointment site.

2.0 COVERED SERVICES

Covered services include the following:

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

3.0 DOCUMENTATION

All 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

Providers are not reimbursed for providing interpreter services.

5.0 PROVIDER REQUIREMENTS

During the credentialing and recredentialing process, 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 provider for their needs.

5.1 Communication with LEP Members

The Provider and Staff Language Form captures the ability of providers and their staff to speak non-English languages. (Attachment A) Providers must rate their capabilities as Fluent, Good, Fair or Poor. Providers are encouraged to follow the procedures for accessing KHS' interpreting services as stated in this policy.

In addition, staff members used as interpreters must meet the definition of a qualified interpreter. KHS defines a qualified interpreter as a person who:

- Has demonstrated proficiency in speaking and understanding both English and the language spoken by the LEP member or member with a disability;
- Is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from the language spoken by the LEP member or member with a disability and English, using any necessary specialized vocabulary, terminology, and phraseology; and
- Adheres to generally accepted interpreter ethics principles, including client confidentiality.

ATTACHMENTS:

- ❖ Attachment A: Provider and Staff Language Form
- ❖ Attachment B: Video Remote Interpreting Provider Training Document

Revision 2021-09: Policy updated by Director of Health Edu Cultural and Linguistics Services to align with APL 21-004 Standards for Determining Threshold Language. Policy revision approved by DHCS on 11/2/2021 per APL 21-004.

Policy filed with the DMHC in 11/2022. **Revision 2021-03:** Policy renumbered to fit in Health Education series. Formerly 3.71-P. **Revision 2015-08:** Policy moved under Health Education's responsibility. Re-numbered from 11.01-P(E). **Revision 2004-02:** Major revision. Simple relocation of text is not marked as a change. **Formerly:** #5.12 – Interpreters for Non-English Speaking Members.
¹ APL17-011