

Kaiser Permanente New Regulation Implementation Notice

New Regulation Takes Effect

“Language Assistance Program” (SB-853)

Under California Senate Bill 853, effective January 1, 2009, Kaiser Foundation Health Plan, Inc. (“KP”) and its contracted providers are required to comply with the Language Assistance Program (“LAP”) regulations for health plan members who are Limited English Proficient (“LEP”).

Compliance What you really need to know

All KP contracted providers will need to and comply with KP’s LAP by assisting LEP members access to KP’s LAP services.

As a KP contracted provider, you must ensure that all KP members treated by you receive effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs, practices, and preferred language.

Training What your staff needs to know

All KP contracted providers need to make sure clinical and office staff are aware of the following:

- ✓ That KP will inform the contracted provider, in writing, if a referred KP member needs language assistance and in which language, together with the authorization
 - ✓ How to access the KP language vendor for interpreter/language assistance services
 - ✓ How to report any problems you have accessing the KP language vendor, including unreasonable delays
 - ✓ How to document in the patient care record when interpreter services are offered, the use of these services, and a member’s refusal to use interpreter services
 - ✓ That only qualified contracted interpreters or office staff meeting interpreter standards should be used to provide interpreter services to KP LEP members
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Monitoring What you need to know about member complaints

Health plans including KP will be monitored for compliance with these regulations.

KP will be required to track and respond to member complaints regarding language assistance issues including:

- ✓ Problems related to use of various interpreter services
 - ✓ Lack of an offering of interpreter services
 - ✓ Delays in care due to language issues
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KAISER PERMANENTE LANGUAGE ASSISTANCE PROGRAM - CONTRACTED PROVIDER FAQs

1. How does the Language Assistance regulation impact contracted providers?

a) Operations:

- i. Contracted providers should become familiar with KP's standards and mechanisms for providing language assistance services at no charge to KP members.
- ii. Contracted providers will need to note the following in the patient care record:
 - a) that language assistance was offered to an LEP member
 - b) if the language assistance was refused by the member
 - c) for those members who accept language assistance, if telephonic or in-person interpreter services were utilized.
- iii. Contracted providers must be able to supply KP with requests for information necessary for KP to assess compliance.

2. What is the contracted provider's role and responsibility regarding KP's LAP?

Contracted providers are required to offer language assistance to KP members who appear to need it even if they do not ask for it or if their language preference was not indicated on the referral or authorization form. It is expected that the primary situation in which language assistance may be required is the delivery of new equipment or supplies for which patient education is required. It is also expected that ongoing delivery of equipment and supplies, after the first delivery, are less likely to require language services. See question 8 for more information.

3. As a contracted provider am I required to translate any related documents?

No. Only written material produced by Kaiser Foundation Health Plan is included within the scope of this regulation.

4. How do I access interpreter services for a KP member in the event that I do not have a qualified bilingual staff at the time of service?

In the event that you do not have qualified bilingual staff at the time services are needed, the following resources are available:

- a) For phone interpretation KP has contracted the services of Language Line, a company with the capability to provide telephonic interpreter services in over 140 different languages. Phone interpreter services are available 24 hours per day, 7 days per week by calling: 1-888-898-1301. This phone number is dedicated to the interpreter needs of KFHP enrollees. While no lead time is needed to engage an interpreter, contracted providers must have the following data elements available before placing the call:

1. The KP Client ID number: **297364 (NCAL) / 297363 (SCAL)**
2. KP referral or authorization number
3. Member's KP Medical Record Number

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b) For American Sign Language support KP has contracted the services of Language People. In-person interpreter services require a minimum of 24 hours lead time and are available by calling: 1-866-927-2039, 24 hours per day, 7 days a week, with in-person interpreters available Monday-Friday, 8:00 a.m. - 5:00 p.m. Contracted providers may arrange in-person interpreter services for multiple dates of service with one call, but must have the following data elements available before scheduling:

1. KP referral or authorization number
2. Member's KP Medical Record Number
3. Date(s) of member's service
4. Time and duration of service
5. Specific address and location of service
6. Any access or security measures the interpreter will need to know and plan for to gain entry to the place of service

***** Cancellation must be made to The Language People at least 24 hours in advance of the scheduled appointment *****

c) KP will directly reimburse the companies above for interpreter services provided to KP members. Neither members nor contracted providers will be billed by these companies for interpreter services.

5. What do I do if I have trouble accessing the interpreter vendors?

■ Language Line Customer Service:

- 800-752-6096, Option #2 - 6:00AM - 6:00 PM PST Monday - Friday
- After hours and weekends, Option #1, request a Supervisor.
- On-Line support at <http://www.language.com/page/voc/>
You will receive an instant receipt acknowledgement and a follow-up response within 48 hours.

■ Language People Customer Service:

- 1-866-927-2039, 24 hours per day, 7 days a week.

6. Is my own bilingual staff qualified to interpret?

If a contracted provider chooses to use their bilingual staff as interpreters, they must meet the regulatory standards:

- a) Documented and demonstrated proficiency in both English and the other language
- b) Fundamental knowledge in both languages of health care terminology and concepts
- c) Education and training in interpreting ethics, conduct and confidentiality

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7. What do I have to document in the patient care record with regard to interpreter services?

Contracted providers may need to note the following in the patient care record:

- a) that language assistance was offered to a member
- b) if the language assistance was refused by the member
- c) for those members who accept language assistance, if telephonic or in-person interpreter services were utilized.

If the contracted provider does not already have a means to document the above information, a template form has been provided with this notice (see attached).

8. Do these regulations prohibit family members from serving as interpreters for enrollees?

No. Adult family members are not banned from serving as interpreters for enrollees under this legislation; however, this practice is discouraged. Minor children should not be used as interpreters, except in extraordinary situations such as medical emergencies where any delay could result in harm to a member/patient, and only until a qualified interpreter is available. Contracted providers are encouraged to remind KP members that KP provides free, quality language assistance services.

9. Who needs training regarding the LAP program?

To ensure compliance with the law, contracted providers should review these requirements with all staff who interact with KP's LEP members.

10. Where can I obtain complete information regarding this requirement for members?

Contracted providers must be aware that informational notices explaining how members may contact their plan, file a complaint with their plan, obtain assistance from the DMHC and seek an independent medical review are available in non-English languages through the DMHC's web site.

Upon request by members, providers should inform members that the notice and translations can be obtained online at www.hmohelp.ca.gov for downloading and printing. In addition, hard copies may be requested by submitting a written request to: Department of Managed Health Care, Attention: HMO Help Notices, 980 9th Street, Suite 500, Sacramento, CA 95814.

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Interpreter Documentation Form for Contracted Providers

Vendor Name: _____

Vendor Address: _____

In compliance with the Department of Managed Health Care (DMHC) Language Assistance Regulations, this form provides contracted providers a method to document that referred-limited English proficient (LEP) Kaiser Permanente members were offered interpreter services and whether those services were used or refused. Please note -- LEP members may require interpreter services anytime critical information is conveyed.

Documentation Instructions

1. Once interpreter services have been provided, please document the offer, use or refusal of interpreter services either through documentation in the patient care record or by completing **the bottom section** of this form.
2. In the event that it is required, we may request documentation from you regarding the provision of interpreter services for KP members.

Provision of Interpreter Services: *This section is to be completed at the time patient care is initiated.*

****TO BE COMPLETED BY CONTRACTED PROVIDER OR STAFF ONLY AND RETAINED IN PATIENT CARE RECORD****

Member Name: _____

Member Record Number: _____

Interpreter services offered: Yes No

1. If interpreter services were accepted, check the type of interpreter services utilized:
 Qualified bilingual staff Outside contract interpreter service Other: _____
2. Name of interpreter: _____
3. Interpreter's unique identifying number: _____
4. If interpreter services were refused, check the appropriate reason for refusal:
 Patient preferred to use relative/friend (over 18 yrs)
 Patient preferred to use own English skills
 Patient preferred/received in-language care from bilingual provider
 Patient declined to state reason
 Other: _____