PacificSource
Language Access Plan

PacificSource
Community Solutions

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Introduction

Having accessible, meaningful communications available for people with limited English proficiency (LEP) and people with disabilities is a key component of health equity. PacificSource Community Solutions (PCS) presents this Language Access Plan (LAP) with goals, strategies, and procedures taken by Coordinated Care Organization (CCO) staff, provider networks, and subcontractors to ensure that members who self-identify as having LEP, or who identify as being deaf/Deaf or hard of hearing, have meaningful and universal access to CCO services, programs, and activities.

Members have the right to self-identify as having LEP, or as deaf/Deaf, hard of hearing, and/or blind at any time, as well as the right to indicate their language or communication needs for written and oral communications.

This Plan is consistent with best-practice recommendations of state and federal authorities, including the U.S. Health and Human Services Department and the Office of Minority Health.

> **Policy statement:** To ensure that services are provided in a culturally and linguistically competent manner to all members, including those with LEP or reading skills, or who are deaf/Deaf or hard of hearing, PCS will make available language assistance services at no cost to members.
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> **Goal:** All CCO providers and subcontractors will provide reasonable access to timely, quality language assistance services for members with LEP or other language/communication-related needs, including members who are deaf/Deaf or hard of hearing.

PCS will review and update this Plan on an annual basis to ensure continued responsiveness to community needs, and to maintain compliance with state and federal requirements for healthcare accessibility.

Purpose and authority

The Oregon Health Authority requires contracted CCOs to have a Language Access Plan. This Plan also ensures compliance with federal legislation and regulations, including:

- Title VI of the Civil Rights Act of 1964
- Section 1557 of the Affordable Care Act
- Section 504 and the Section 508 amendment to the Rehabilitation Act of 1973
- Title II and Title III of the Americans with Disabilities Act (1990)

Although this Plan is intended to promote effective communication with individuals with LEP, PCS and our providers/subcontractors can also apply aspects of the Plan to ensure they are communicating effectively with people with disabilities. PCS is responsible for enforcing the non-discrimination requirements under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990 to protect people from being discriminated against on the basis of their disability in the provision of benefits or services, or in the conduct of programs or activities. Section 504 applies to programs or activities that receive federal financial assistance; Title II of the ADA covers all of the services, programs, and activities conducted by public entities (state and local governments, departments, agencies, etc.).

Plan development, implementation, and oversight

PCS will make this Plan available to all providers and subcontractors through a variety of distribution channels (such as our online provider document library). Contract entities need to have an organizational LAP or a policy and procedure. PCS encourages the adoption of LAPs that include:

- Needs assessment
- Description of written and oral language assistance services
- Policies and procedures
- Notification of language assistance services at no cost to CCO members
- Staff training activities
- Access and quality assessment

Current goals:

a. Maintain central oversight and accountability structure to be responsible for implementation of this Plan.

b. Continue to support and lead CCO-wide language access initiatives and collaborations, including those designed to leverage resources and improve both PacificSource and recipient services to people with LEP or who are deaf/Deaf or hard of hearing.

c. Monitor and evaluate progress and effectiveness of Plan implementation, and share resources and effective practices for addressing training, translation, interpretation, and other critical plain language and language access strategies across PCS functional areas, as well as externally, to support the efforts of providers and subcontractors.

d. Research procedures and practices proven to enhance the provision of more efficient language assistance services, and share such practices throughout the organization and CCO network.

Needs assessment

A growing number of people across Oregon struggle with communication. This obstacle to getting effective medical care can be overwhelming, and there are both dangers and costs associated with inadequate or inappropriate language assistance services.

Inequities associated with culturally or linguistically inadequate healthcare services can lead to poor outcomes, adverse medical incidents, and increased costs of care due to excessive testing, medical errors, increased length of stay, emergency room utilization, and avoidable readmissions. Meaningful language access is important in ensuring PCS members are receiving the services and care they need to achieve their optimal health. In addition, efforts to improve language access make up a critical part of the health equity work needed to eliminate health disparities that exist within PCS's CCO membership.

PCS uses member enrollment data received in OHA 834 files, including REAL+D (race, ethnicity, language, and disability) data, to determine the number or proportion of LEP and deaf/Deaf or hard-of-hearing people who are eligible to be served or likely to be encountered by PCS or our network of providers and subcontractors.

Currently, PCS operates four CCOs:

- Central Oregon
- Columbia Gorge
- Lane County
- Marion & Polk County Region

Additionally, PCS is a partner with Legacy as an Integrated Delivery System in the HealthShare CCO.

As of October 2021, these CCOs serve just over 307,000 members, about 11% of whom indicate a preference for oral or written communication in languages other than English. About 10% of CCO members indicated a preference for spoken communication in Spanish, while about 9% indicated a preference for written communication in Spanish.

More than 50 languages have been selected as the spoken language among currently enrolled members. Nearly 4% have indicated a need for spoken interpretation, and approximately 0.14% have indicated a need for sign language interpretation.

PCS also has a small population (approximately 1%) of members who indicate that they are blind, deaf/Deaf, or hard of hearing, according to REAL+D data. Interpreter service usage varies from region to region, but overall, 10,823 members used interpreters for a total of 45,634 services between January 1, 2021 and August 26, 2021.

Current goals:

a. Identify gaps where language assistance services are inadequate to meet demand; identify and take specific steps to expand language assistance services.

b. Develop strategies to monitor utilization of language assistance services at the level of organizations, agencies, and clinics.

Policies and procedures

PCS and its network of providers and subcontractors will develop, implement, and annually update written policies and procedures to ensure that people with LEP or who are deaf/Deaf or hard of hearing have meaningful access to CCO programs and activities. To this end, and in accordance with the Oregon Health Authority, the CCO must establish and maintain infrastructure to implement and improve language assistance services in its network.

Current goals:

a. PCS will require that providers submit or attest to, at a minimum, written language access policies and procedures that are updated annually.

b. PCS will require providers to submit or attest to a comprehensive Language Access Plan that is based on the organization's assessment of language access needs for members using their services.

Language assistance services

People with LEP or who are deaf/Deaf or hard of hearing may interact with PCS and our network on a daily, monthly, or annual basis, through a variety of modalities. Services may be provided in person, by phone, online (via telehealth), or through written materials. Additionally, members may need language access services in a variety of settings, including primary care, specialty care, urgent care, hospital care, behavioral/mental health, oral health, and home care/home visiting services. In keeping with its policy on access for LEP and deaf/Deaf of hard of hearing members, PCS will conduct regular reviews of its language access services and those of its providers and subcontractors, and implement improvements through annual updates to this Plan where needs and opportunities are identified.

Written Translation of Vital Documents

Vital documents include, but are not limited to:

- Member handbooks
- Benefit materials
- Nondiscrimination policy
- Information pertaining to member rights, grievances, and appeals notices
- Educational materials
- Websites
- Written correspondence

Current goals:

a. Identify tools and best practices to ensure Spanish translations (and other languages as requested or deemed necessary by PCS) are culturally responsive, in plain language, and meet the 6th grade reading level recommendation for Medicaid materials.

b. Identify and make known to CCO staff materials currently available in non-English languages; revise as needed to ensure quality, cultural responsiveness, and plain language; ensure new translations are accurate; consider offering key materials in audio format.

c. Promote the use of OHA Preferred Language Cards to aid with interpretation services.

d. Develop and implement methods to monitor the quality of translation vendors.

Oral Interpretation – PacificSource Member Services

PCS provides oral language assistance three ways: through the use of competent multilingual staff; by arrangements with local organizations providing interpretation or translation services; or by telephonic interpretation services. In addition, PCS accepts all forms of relay calls, including TTY. Internal telephone calls are routinely reviewed by bilingual staff to evaluate the quality of the interpreter service provided.

Current goals:

a. Devise criteria and methods (e.g., validated tests) for assessing PCS bilingual staff to confirm the ability to provide services in languages other than English, and to provide competent interpreter services (nonmedical interpretation).

b. Maintain a list of qualified bilingual and multilingual PacificSource staff capable of providing competent interpretation in languages other than English. Continue to ensure adequacy and competency of bilingual staff to reflect the diversity of CCO regions served.

Oral Interpretation Health Care Interpretation

Title VI of the Civil Rights Act of 1964 and state regulations (OAR 410-141-3220 (9)) require CCOs to provide free certified or qualified interpretation services to their members. This service applies to all non-English languages as well as American Sign Language interpretation. Health Care Interpretation services will be paid by the CCO, provided they support a covered Medicaid service.

Providers can choose to use PCS-contracted qualified or certified interpreters, or they may bill the CCO for qualified or certified interpreters employed by the clinic or facility, using the HCPC code T1013.

PCS makes information on use of healthcare interpreters available to providers, including an FAQ spelling out qualification and certification requirements as well as directions for accessing PCS vendors and billing for onsite interpretation.

Current goals:

a. Contractually require providers and subcontractors to develop and attest to language access policies and procedures.

b. Develop methods to monitor utilization of qualified and certified healthcare interpreters via PCS vendors or by trained clinic staff, at a clinic level.

c. Establish baseline and benchmark goals for the utilization of interpreter services, based on the ratio of services to LEP patients.

d. Offer education on optimizing healthcare interpretation in provider workshops, newsletters, and site visits.

Member identification and notification

People applying for the Oregon Health Plan can indicate their language needs, as well as a desire for oral or written language assistance, on their enrollment forms. In addition, at the point of first contact, PCS staff make reasonable efforts to determine whether members need language assistance. Indicators can include self-identification by a person with LEP or who is deaf/Deaf or hard of hearing (or their companion); or asking a multilingual staff or qualified interpreter to assist with determining appropriate communication method.

PCS and its network of providers and subcontractors, in accordance with needs and capacity, will proactively inform members with LEP or who are deaf/Deaf or hard of hearing that language assistance is available to them at no cost. This includes methods such as multilingual posters prominently posted in lobbies or other member-accessible areas; signs and brochures; statements on forms and paperwork; and informational media such as agency websites and member newsletters.

Current goals:

a. Distribute, promote, and make available lobby posters and/or Preferred Language Cards to create a way for members to specify their language needs.
Examples: OHA's Preferred Language Cards and poster.

b. Consider utilizing nontraditional channels, including public service announcements, non-English media and community- and faith-based resources, to ensure that CCO audiences are aware that language assistance services are provided at no cost to them.

c. Assess language taglines on vital documents for validity; include taglines on web pages available in both Spanish and English.

d. Evaluate making key materials and important documents available in languages used by less than 5% of the LEP population. This would expand on our current practice of translating all materials into languages used by 5% or more of our CCO population.

Staff training and capacity

PCS values the bilingual and multilingual skills of its employees, and actively recruits a diverse workforce to ensure the language and cultural needs of our members are met. PCS staff who communicate with LEP members or those who are deaf/Deaf or hard of hearing on a regular basis are informed of how and when to access language assistance services.

For policies and procedures to be effective, managers should take reasonable steps to ensure that new and existing staff who interact with LEP members or those who are deaf/Deaf or hard of hearing, and staff who develop member-facing materials, periodically receive training on:

- The content of the Language Access Plan and related policies and procedures
- Identifying language access needs
- Providing language assistance services to LEP members and those who are deaf/Deaf or hard of hearing

In addition, PCS will develop strategies to disseminate information and resources within its network of providers and subcontractors.

Current goals:

a. Consider training bilingual and multilingual PCS employees who have frequent interaction with LEP members, and whose job descriptions include the provision of language assistance services. Training should cover topics such as when to defer to professional interpreter services (e.g., grievances or clinical interpretation needs).

b. Devise criteria and methods (e.g., validated tests) for assessing PCS bilingual staff to determine their ability to provide services in languages other than English and to provide competent interpreter services (nonmedical interpretation); ensure each department maintains a list of trained and tested bilingual or multilingual staff.

c. Make available a basic language access procedure manual for staff, providers, and subcontractors who regularly interact or communicate with LEP members, or whose job it is to arrange for language support services. Topics may include: identifying the language needs of an LEP member; working with an interpreter in person or virtually; requesting documents for translation; providing effective assistance to members with LEP; optimizing the use of certified or qualified medical interpreters.

d. Support Health Care Interpreter training to build interpreter workforce in alignment with the Annual Training Plan and the Workforce Development Plan.

Access and quality assessment

PCS and its network of providers and subcontractors will regularly assess the accessibility and quality of language assistance activities for LEP members and those who are deaf/Deaf or hard of hearing maintain an accurate record of language assistance services; and implement or improve LEP and deaf/Deaf/hard of hearing outreach programs and activities in accordance with member needs and organizational capacity.

To increase availability and quality of language assistance services, PCS will establish an infrastructure to assess and evaluate language assistance services on an ongoing basis. In addition, PCS will monitor the efficacy of services provided to members with LEP or who are deaf/Deaf or hard of hearing. Areas of evaluation should include customer satisfaction with language assistance services as well as the accessibility of language assistance services.

Current goals:

a. Analyze data from annual or biannual surveys of members who receive outside interpreter services to determine the quality of the service provided and guide follow-up action(s).

b. Review and address in a timely manner complaints received from people with LEP or who are deaf/Deaf or hard of hearing with respect to language assistance services and products or other services provided by the CCO or its network of providers and subcontractors.

c. Task Health Equity and Transformation Steering Committee with identifying best practices for continuous quality improvement regarding language assistance activities of PCS and its network of providers and subcontractors.

d. Consult with stakeholder communities, including organizations that represent LEP members and those who are deaf/Deaf or hard of hearing, to identify and monitor trends (e.g., immigration and population demographics) that may impact language assistance needs. Implement strategies to ensure PCS and its networks have the resources and capacity to meet those needs.

e. Align language access initiatives that advance and build capacity of our Traditional Health Worker workforce.

f. Build infrastructure to implement Quality Incentive Metric (QIM) for Medicaid members in Oregon.