



Policy & Procedure Number Origination Date: Revision Date: Review Date: Approved By:	ACN
	CD-01.014
	8/14/2017
	ACN P&P

TITLE: Cultural and Linguistic Procedures

DIVISION: Ambulatory Care Network

SERVICE AREA/ UNIT: Department responsible for execution of the P&P

1.0 PURPOSE:

- A. To provide culturally appropriate services and to meet the linguistic needs of the patients at all clinics within the Ambulatory Care Network (ACN).
- B. To meet the contractual, regulatory, and statutory requirements of providing cultural and linguistic services.

2.0 POLICY:

The Department of Health services encourages awareness of cultural competency imperatives and issues related to improving access and quality of care for all members; communicates information on cultural and linguistic activities, procedures, services, goals, philosophies and activities of its members, providers and staff through its Cultural and Linguistics (C & L) program's policies and procedures.

3.0 DEFINITIONS:

- 3.1 Medical Points of Contact:** Face-to-Face or telephone encounters with providers.
- 3.2 Non-Medical Points of Contact:** Includes member services, appointment services, member orientation sessions, and other non-clinical staff that interface in any aspects of the patients' medical care.
- 3.3 Culturally and Linguistic Appropriate Services (CLAS):** Health care services that are respectful of and responsive to cultural and linguistic needs.
- 3.4 Cultural Competency:** The ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet the patients' social, cultural and linguistic needs.
- 3.5 Limited English Proficient (LEP):** 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.
- 3.6 Threshold Language:** Current Medi-Cal regulations require services and information provided in the person's primary/preferred language in a mandatory

Medi-Cal population of 3,000 residing in a county; or 1,000 in a single Zip code or 1,500 in two contiguous Zip codes. State Department of Health Services identified threshold languages for Los Angeles County are: Spanish, Vietnamese, Cantonese, Mandarin, Armenian, Russian, Cambodian, Tagalog, Korean, Farsi.

- 3.7 Qualified Translator:** One who is able to read, write, and understand both the target language(s) and English; has had training and/or certification for translation; has knowledge of medical terminology where applicable; and has knowledge and experience with the culture (s) of the intended audience.

4.0 PROCEDURE:

4.1 Health Plan Access

- 4.1.1 LA Care Translation Services - <http://www.lacare.org/members/member-services/interpretation> 1-888-839-9909(TIY 711)
- 4.1.2 Health Net Interpreter Services -1-800-675-6110
- 4.1.3 May be used for either language or hearing impaired patients.

4.2 No cost services through the ACN Clinics

- 4.2.1 Employees certified as fluent in a foreign language may be used to translate for any visit.
- 4.2.2 Pacific Interpreters is the language services utilized for translation services.
- 4.2.3 Accommodating Ideas is utilized for translation for the hearing impaired.
- 4.2.4 A patient is not to use friends or family members as interpreters. The use of such individuals may result in break of confidentiality and reluctance from the patient to reveal personal information critical to the services to be provided. It is the responsibility of the health center to provide this service. A friend or family member may be used only in an emergency when no other option is available.

4.3 Medical Record Documentation

- 4.3.1 When an interpreter is used, the patient care provider should document in the patient's medical record the following:
 - Name of interpreter
 - His/her title and department
 - When appropriate, his/her relation to the patient

5.0 SOURCES AND REFERENCE:

- 5.1** Managed Care Services Policy No. MCS-QM-HE-0001; Annual Staff Cultural Competency, 2015.
- 5.2** Department of Health Services Policy No. 405; Translation of Written Materials, 2007
- 5.3** Department of Health Services Policy No. 318; Non-English and Limited English Proficiency

Approvals:

_____ Date: _____
Nina J. Park, MD
Chief Executive Officer

Signature(s) on File.

P&P History

Date	Department	Policy & Procedure #	Comments	Next Annual Review Due
8/14/2017	ACN	N/A	Draft	
8/22/2017	ACN	CD-01.014	Approved	8/22/2018