



NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Providing Language Services

Assigned Policy Number: 11300

Mega Regs Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input checked="" type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 3/29/2018

Policy developed by: Mary Harnish

Attach P&P Document For Review In this Section



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: victoria plan Date: 4/6/2018

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 4/10/2018

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 4/11/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit



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|-------------------------------------|---|
| <input checked="" type="checkbox"/> | BHSD County Staff |
| <input checked="" type="checkbox"/> | Contract Providers |
| <input checked="" type="checkbox"/> | Specialty Mental Health |
| <input checked="" type="checkbox"/> | Specialty Substance Use Treatment Services |

Title: PROVIDING LANGUAGE SERVICES

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

<p><u>REFERENCE:</u></p> <ul style="list-style-type: none"> • 42 CFR § 438.10(d)(1-6). Information Requirements. • 42 U.S.C. § 2000d. Prohibition against exclusion from participation in, denial of benefits of, and discrimination under federally assisted programs on ground of race, color, or national origin • Cal. Code Regs. tit. 9, § 1810.410(a)-(e). Cultural and Linguistic Requirements. • Cal. Code Regs. tit. 9, § 1810.110. Applicability of Laws and Regulations. • Title 22, Section 51341.1(g)(1)(A)(ii) Drug Medi-Cal Substance Use Disorder Services. • DHCS Licensing and Certification Standards 4492 • Cal. Welf. & Inst. Code § 14684(h). Public Social Services. • Cal. Welf. & Inst. Code § 5802(a)(4). Community Mental Health Services. • Dymally Alatorre Bilingual Services Act of 1973 (Cal. Gov. Code § 7290 et seq.) • County of Santa Clara Language Access Guidelines and Procedures • Executive Order 13166



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Title: PROVIDING LANGUAGE SERVICES

POLICY:

BHSD makes services available to all beneficiaries who need them in a manner that promotes, facilitates, and provides the opportunity for their use. Services shall be delivered in ways which recognize, are sensitive to, and respectful of individual and cultural differences.

BHSD ensures that all persons are afforded equal access to services including beneficiaries who:

- a) Meet threshold language criteria whose primary language is a language other than English; and/or have
- b) Limited English language proficiency;
- c) Limited reading proficiency; or
- d) Other language or communication barriers.

The MCP and providers will make sign language, oral interpretation in all languages, and written translation available in each prevalent (threshold) non-English language available free of charge to all beneficiaries. This applies to all non-English languages.



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Title: PROVIDING LANGUAGE SERVICES

DEFINITIONS:

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.



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<u>PROCEDURE</u>	
Responsible Party	Action Required
BHSD	<ol style="list-style-type: none"> 1. Develop, maintain, and provide oversight for all contracts with providers responsible for delivering threshold language interpreter and translation services. The contracts specify the requirements for each provider and the oversight specification required for county verification. 2. The county makes oral interpretation available in all languages and written translation available in each threshold non-English language. 3. Includes language access and delivery of culturally sensitive behavioral health services as key components of the Quality Improvement Work Plan. <ol style="list-style-type: none"> a. Compiles annual reports of interpreter service use based on the monthly billing statements from all contracted interpreter and language line services. b. Annually assesses the development of additional threshold language populations-based MEDS data and annual interpreter services usage reports. 4. Develop documents (major written communications) in English and threshold languages and make it available in accordance with the State and Federal requirements. 5. Maintains an audio version of the “<i>Guide to Medical and Mental Health Services</i>” on the BHSD website. Assists visually impaired in accessing the audio version. 6. Obtains translations of written communications from official federal, state, or county government publishers or from a contracted language translation agency. 7. Field tests translated materials produced under the direction of the MCP prior to public release. 8. Employs auxiliary aids such as telecommunications devices (Telecommunications Device for the Deaf or TDD/Teletypewriter or TTY) and American Sign Language (ASL) for hearing impaired beneficiaries.



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	<p>a. Deaf or Hard of hearing BHSD beneficiaries may contact BHSD through California Relay Service (CRS) service via one of these options</p> <ul style="list-style-type: none"> • Dial 711 • English 800-855-7100 • Spanish 800-855-7200 <p>*These are the only languages available with the CRS at this time.</p>
<p>Providers</p>	<ol style="list-style-type: none"> 1. Comply with the legal requirements to provide equal access. 2. Offers and provides interpretation services at no cost to the beneficiary. 3. Provides services in the preferred language of the beneficiary. 4. Informs beneficiaries, in a language he/she understands of the availability of free interpreter service. 5. Provides interpreter services in all of the following situations: <ol style="list-style-type: none"> a) The beneficiary requests or needs an interpreter. b) An interpreter is requested by a service provider on behalf of the beneficiary or the beneficiary’s family/representative. c) When interpreter services are necessary for the beneficiary to access any services provided by the provider. 6. Uses County-Certified or CBO certified bilingual employees to deliver services within their scope of practice, as resources are available. <ol style="list-style-type: none"> a) In accordance with good clinical practice and judgment if there is no availability of certified bilingual staff based on the following priorities: <ol style="list-style-type: none"> i. Face to face interpretation with contracted interpretation agency. ii. Arrange for phone interpreter services by an interpretation agency. iii. BHSD generally prohibits the use of family members as interpreters except in rare and extenuating circumstances: <ol style="list-style-type: none"> 1. In emergencies where no other means of interpretation or communication are available. 2. When the beneficiary specifically chooses not to use an interpreter and



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	<p>elects to use a family member.</p> <p>3. A Release of Information must be signed by the beneficiary before the family member may be used as an interpreter.</p> <p style="padding-left: 40px;">a. For beneficiaries receiving substance use treatment services a valid consent for release of information must be 42 CFR, Part 2; 45 CFR, Parts 160 and 164; and HIPAA compliant.</p> <p>7. When a beneficiary elects to use a family member or friend to interpret:</p> <p style="padding-left: 40px;">a) Obtain a release of information first.</p> <p style="padding-left: 40px;">b) Use only when the person is competent to provide quality and accurate interpretations.</p> <p style="padding-left: 40px;">c) Make continued offers to provide an independent interpreter.</p> <p style="padding-left: 40px;">d) Use of children for interpretation is prohibited in any circumstances to ensure children are not placed in a position to make this decision.</p> <p>8. Document any services offered in the beneficiary's preferred language at each service and indicate which language in which the services were offered.</p> <p>9. Document when the beneficiary declines preferred language services in the beneficiary's chart in a progress note.</p>
<p>Call Center</p>	<p>1. Operates a 24-hour telephone line with statewide toll-free access with threshold language capability for Santa Clara County beneficiaries.</p> <p>2. Identifies beneficiaries with limited English language proficiency (LEP), limited reading proficiency, and beneficiaries with other language or communication barriers during the initial contact, as follows:</p> <p style="padding-left: 40px;">a) Beneficiaries who speak a language other than English will be asked their preferred language. In a manner consistent with this policy.</p> <p style="padding-left: 40px;">b) May consult beneficiary family members or other services providers with a signed valid release of</p>



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	<p>information in order to determine the beneficiary level of language need.</p> <ol style="list-style-type: none"> 3. Maintains a current list of languages by agency, program and positions to make appropriate referrals. <ol style="list-style-type: none"> a) Refer the beneficiary to services that meet his/her language needs. b) Maintains a phone tree that is used by beneficiaries to initiate the referral process in a threshold language. 4. Documents that interpreter services were offered to a beneficiary and the beneficiary's response and if interpreter services were provided, in which language in the Access Log and progress note.
QIC	<ol style="list-style-type: none"> 1. Monitors providers for compliance with this Policy and Procedure as part of the administrative review process.
Attachments:	