Language assistance services

Magellan Healthcare* is committed to ensuring access to free language assistance services in accordance with California law for members of our Employee Assistance Programs and behavioral health programs. In support of that commitment we have established a language assistance program. For our language assistance program to succeed, we require your active cooperation.

What you need to know

Our language assistance program consists of (1) member assessment; (2) language assistance services for members; and (3) quality improvement.

Member assessment

We have begun to regularly solicit information from our members on their preferences for being served in languages other than English as well as their ethnicity.

Whenever member is identified as having Limited English Proficiency (LEP) – that is, needing services in a language other than English in order to communicate effectively about health needs and treatment – we will note that language preference in our records and inform you when we call you to make a referral to you and for other cases upon request. Please call the member's toll-free program number if you have reason to believe a member whom you are seeing might require language assistance.

In addition to soliciting individual language needs, we also have analyzed the cultural and ethnic make-up of the populations we serve to ensure we can proactively translate our essential (vital) documents into the dominant non-English language of our members and anticipate cultural issues that can affect service delivery. Based on our analysis, we have identified Spanish as the threshold language into which our vital documents will be translated.

Language assistance services

Interpretation

We believe that especially for behavioral health services, interpretation should be performed by qualified interpreters familiar with health care terminology and that members should never be required to ask family members or friends to act as interpreters, except in exigent circumstances where there are no alternatives. If, however, a member prefers a family member or friend and declines

*In California, Magellan does business as Human Affairs International of California, Inc. and/or Magellan Health Services of California, Inc. – Employer Services.

an offer of a professional interpreter, the member's preference can be honored. This preference should be recorded in the member's treatment record.

In most cases, by the time you see one of our members, we will have already ascertained the member's language preference and referred accordingly and/or made arrangements for an interpreter. If, however, a member self-refers to you and has a preference for a language other than English, please notify us so we can confirm or note this in our files and make arrangements for an interpreter, as necessary.

We will make appropriate interpreter services available at our cost for LEP members who request interpreter services for all telephonic contacts and for your face-to-face communications with those members. We use a professional, credentialed interpretation company with interpreters in various languages. If a member's language is not one of the languages provided by the interpretation company, there may be a slight delay in identifying an appropriate interpreter, but we will make efforts to locate an appropriate interpreter.

When you or your patient request interpretation services for your telephonic or in-person encounters with the patient, we will connect you telephonically to our interpretation vendor. In arranging for interpretation services for ongoing sessions, in order to enhance continuity of care we will request that the same interpreter be assigned.

Translation

In addition to making interpretation services available in any language, as needed, we will provide alternative-language translations to members of documents considered to be "vital documents." Some of these are standard forms that will be automatically available in alternative-languages, for example:

- Excerpts of significant portions of Evidence of Coverage and Disclosure forms (including our grievance procedure)
- EAP Statement of Understanding forms
- Member Rights and Responsibilities Statement.

Other documents will be translated into alternative-languages only on member request, for example:

- Denial letters
- Authorization letters
- Most explanation of benefits documents
- Appeal correspondence.

These documents will be translated within 21 days of a member's request. If there is a timeframe for a response to the document, the timeframe will be tolled while the document is being translated. Once a member requests translation of these kinds of documents, we will furnish translations of any such documents for the member in the future.

Notices on English versions of these and other documents will notify members that they may request a free interpretation of the document in any language and a free translation of the document into an alternative-language.

Quality improvement
Our quality improvement efforts for the language assistance program are multi-faceted, involving the establishment of program standards, policies and procedures, development of best practices, staff training, and compliance monitoring.

The quality of our language assistance program depends in part on your adherence to our language assistance standards. We will evaluate your compliance and also ask you to tell us how effective we were in assisting you with providing effective language assistance to the LEP members you serve.

Department of Managed Health Care
Please be aware that members who need assistance from the California Department of Managed Health Care (DMHC) may obtain assistance in non-English languages by contacting the DMHC Help Center at 1-888-HMO-2219 (TDD: 1-877-688-9891). The Help Center is open 24 hours a day, seven days a week, to answer questions and provides telephone interpreter services in over 100 languages. Members can also get a written translation in Spanish or Chinese of the Independent Medical Review form and complaint form by calling the Help Center, downloading at www.hmohelp.ca.gov, or submitting a written request to Department of Managed Health Care, Attention: HMO Help Notices, 980 9th Street, Suite 500, Sacramento, CA 95814.

What we expect from you, our provider

1. **Cultural sensitivity**: Be sensitive to language needs and cultural backgrounds of our members; treat all members in a manner compatible with their cultural health beliefs and practices and preferred language. [See the Tips on Cultural Sensitivity below].

2. **Notice to members:** Inform LEP members of the availability of our free language assistance services in connection with their behavioral health benefits or EAP services.

3. **Selection of interpreters and translators:** Use only qualified interpreters or translators when needed for an LEP member. Minimum qualifications include (i) being a native speaker and/or having at least two years' experience of using English and each non-English language in health care settings and (ii) understanding of behavioral health terms and concepts in the non-English language(s). (You cannot be considered a bi-lingual provider unless you meet these standards.) If you are not a bi-lingual provider and do not have access to a qualified interpreter, we will arrange for a qualified interpreter.

4. **Language assistance costs:** Do not charge any member or his/her family or personal representative for interpretation or alternative-language translation services or represent to any member or his/her family or personal representative that there is a cost for such services.

5. **Access to language assistance services:** Call us 24/7/365 for assistance in providing timely interpretation and translation assistance.
   - Contact us to arrange appropriate interpretation services whenever requested by an LEP member, including LEP members who are able to speak or understand limited English. Do not make an independent determination that an LEP member is able to communicate sufficiently in English to not require language assistance. If you are a qualified bi-lingual provider in the LEP member's preferred language or have office staff qualified to serve an interpreter in that language, you or your office staff member, as the case may be, may furnish the interpretation.
   - Contact us to arrange appropriate interpretation services whenever requested by an LEP member who is a minor authorized under applicable state law to consent to treatment, even if the LEP member's parent or guardian volunteers to serve as interpreter. If you are a qualified bi-lingual provider in the LEP member's preferred language or have office staff qualified to serve an interpreter in that language, you or your office staff member, as the case may be, may furnish the interpretation.
   - Contact us to arrange appropriate interpretation services whenever requested by a family member or other personal representative of an LEP member who is a small child or incapacitated adult or adolescent requiring treatment, without regard to the ability of the family member or personal representative to speak limited English. If you are a qualified bi-lingual provider in the LEP member's preferred language or have office staff qualified to serve an interpreter in that language, you or your office staff member, as the case may be, may furnish the interpretation.

6. **Interpretation by family or friends:**
   - Do not require, recommend or encourage an LEP member to use a friend, minor child, or other family member as his/her interpreter.
   - Honor all requests of LEP members for a family member or friend to provide interpretation after being offered professional interpretation services, provided (i) you document the offer of interpretation services and the refusal of services (including the name and relationship of the person communicating on behalf of the LEP member regarding the offered interpretation services) in your treatment record; and (ii) you disregard such requests whenever there are indications of possible child abuse or adult abuse or that the LEP member has not selected the family member or friend out of free will. In such cases, a professional interpreter should be furnished in addition to the family member or friend selected by the LEP member.
   - See also the discussion of family members and friends as interpreters under "Access to language assistance services" above.

7. **Documentation:**
   - Record member language preferences communicated to you by us or by members in your treatment records and notify us of language preferences that are communicated directly to you by members.
   - Record offers of interpretation services and member responses (accepted or declined) in your treatment records

8. **Matching LEP members with appropriate provider or interpreter:**
    - Notify us of the LEP status of members and, as needed, cooperate with us in referring such members to providers who speak their preferred language or in obtaining interpreter services.
    - When an LEP member requires referral for services outside your area of competence, facilitate referral to an appropriate practitioner or facility capable of communicating the LEP member's preferred language whenever possible. Contact us for assistance in locating an appropriate practitioner or facility.

9. **Working with an interpreter:**
    - Have a speaker phone or other arrangement available in the event interpretation over the telephone is necessary.
    - When an interpreter participates in a diagnostic procedure or treatment session with a LEP member, confirm that the LEP member understands important information, such as assessment/diagnosis, as appropriate; treatment plan; EAP "homework;" scheduling of the next session or treatment.
    - When interpretation services are required for your telephonic or in-person encounters with a member, call the member's toll-free program number for a telephonic connection with an interpreter.
    - Coordinate with us to ensure the continued availability of needed interpretation services for sessions after the initial session. You should contact us through the member's toll-free program number prior to each scheduled session so that we can arrange for an appropriate interpreter to be available.

10. **Alternative-language forms:**
    - Use a HIPAA-compliant authorization to disclose protected health information form that has been translated into an alternative-language by a qualified translator.
    - Make available our alternative-language grievance forms to Alternative-language-speaking members who wish to submit a grievance. [See Appendix F for grievance forms.]

11. **Our information needs:**
    - Furnish information to us, upon request, to enable us to evaluate our compliance with the language assistance regulations and cooperate with our quality improvement initiatives.
    - Keep us informed of changes in your language capabilities and the language capabilities of any office staff.

12. **Access to DMHC assistance:** Inform LEP members how they may obtain assistance from the DMHC in connection with grievances and independent medical review in non-English languages through the DMHC website at www.hmohelp.ca.gov and in hard copy from Department of Managed Health Care, Attention: HMO Help Notices, 980 9th Street, Suite 500, Sacramento, CA 95814.

Cultural sensitivity tips

A nationwide team of health care professionals has produced helpful encounter tips for providers (and their staffs) caring for diverse populations. Below are tips that may assist you and your staff in

providing services to culturally diverse members of our member population. We hope you find this information useful.

General tips for successful encounters
To enhance member/provider communication and to avoid being unintentionally insulting or patronizing, be aware of the following:

Styles of speech: People vary greatly in length of time between comment and response, the speed of their speech, and their willingness to interrupt.

- Tolerate gaps between questions and answers. Impatience can be seen as a sign of disrespect.

- Listen to the volume and speed of the member's speech as well as the content. Modify your own speech to more closely match that of the member to make him/her more comfortable.

- Rapid exchanges, and even interruptions, are a part of some conversational styles. Don't be offended if no offense is intended when a member interrupts you.

- Stay aware of your own pattern of interruptions, especially if the member is older than you are.

- The use of voice is perhaps one of the most difficult forms of non-verbal communication to change, as we rarely hear how we sound to others. If you speak too fast, you may be seen as not being interested in the member. If you speak too loud, or too soft for the space involved, you may be perceived as domineering or lacking confidence. Expectations for the use of voice vary greatly between and within cultures, for male and female, and the young and old. The best suggestion is to search for non-verbal cues to determine how your voice is affecting the member.

Eye contact: The way people interpret various types of eye contact is tied to cultural background and life experience.

- Most Euro-Americans expect to look people directly in the eyes and interpret failure to do so as a sign of dishonesty or disrespect.

- For many non-Euro-American cultures, direct gazing is considered rude or disrespectful. Never force a member to make eye contact with you.

- If a member seems uncomfortable with direct gazes, try sitting next to him/her instead of across from them.

Body language: Sociologists say that 80 percent of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.

- Follow the member's lead on physical distance and touching. If the member moves closer to you, you may do the same. However, stay sensitive to those who do not feel comfortable and ask permission before moving closer to them.

- Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. Ask members about unknown gestures or reactions.

- Do not interpret a member's feelings just from facial expressions. The way that fear is expressed is closely tied to a person's cultural and personal background. Languages and cultures differ.

- Initial greetings can set the tone for the visit. Many older people from traditional societies expect to be addressed more formally, no matter how long they have known their provider. If the member's preference is not clear, ask how he/she would like to be addressed.

- Members from other language or cultural backgrounds may be less likely to ask questions and more likely to answer questions through narrative than with direct responses. Facilitate member-centered communication by asking open-ended questions whenever possible.

- Avoid questions that can be answered with "yes" or "no." Research indicates that when members, regardless of cultural background, are asked whether they understand, many will answer, "yes" even when they really do not understand. This tends to be more common in teens and older members.

- Steer the member back to the topic by asking a question that clearly demonstrates that you are listening. Some members can tell you more about their concerns through storytelling than by answering direct questions.

Tips related to behavioral health assessments

Consult the Outline for Cultural Formulation (OCF) in Appendix I of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (known as DSM-V) for suggestions on assessing and caring for patients of other cultures.

Assessments of substance abuse and physical abuse

- When asking questions regarding issues of substance (or physical) abuse, concerns about family honor and privacy may come into play. For example, in Vietnamese and Chinese cultures, family loyalty, hierarchy, and filial piety are of the utmost importance and may therefore have a direct effect on how a member responds to questioning, especially if family members are in the same room. Separating family members, even if there is some resistance to the idea, may be the only way to accurately assess these problems.

- Gender roles are often expressed in the use or avoidance of many substances, especially alcohol and cigarettes. When discussing and treating these issues, the social component of the abuse needs to be considered in the context of the member's culture.

- Alcohol is considered part of the meal in many societies, and should be discussed together with eating and other dietary issues.

- Ideas about acceptable forms of discipline vary from culture to culture. In particular, various forms of corporal punishment are accepted in many places. Emphasis must be placed on what is acceptable *here*, and what may cause physical or emotional harm.
- Women may have been raised with different standards of personal control and autonomy than we expect in the United States. They may accept physical abuse *not* because of feelings of low self-esteem, but because it is socially accepted among their peers, or because they have no one to whom they can go with their concerns. It is important to treat these cases as social rather than psychological problems.

- Immigrants learn quickly that abuse is reported and will lead to intervention by police and social workers. Even victims may not trust providers. It may take time and repeated visits to win the trust of members. Remind members that they do not have to answer questions (silence may tell you more than misleading answers). Using depersonalized conversational methods will increase success in reaching reluctant members.

- Families may have members with conflicting values and rules for acceptable behavior that may result in conflicting reports about suspected abuse. This does not necessarily mean that anyone is being deceptive; instead, they may just see things differently. This may cause special difficulties for teens who have adopted new Western cultural values, but must live in families that have different standards and behaviors.

- Behavioral indicators of abuse are different in different cultures. Many people are not very emotionally or physically expressive of physical or mental pain. Learn about the cultural norms of your member populations to avoid overlooking or misinterpreting unknown signs of trauma.

- Do not confuse physical evidence of traditional treatments with physical abuse. Acceptable traditional treatments, such as coin rubbing or cupping, may leave marks on the skin that look like physical abuse. Always consider this possibility if you know the family uses traditional home remedies.

Sexual issues

- Members may not tell you about their preferences and customs surrounding the discussion of sexual issues. You must watch their body language for signals or discomfort, or ask directly how they would like to proceed.

- A member may be required to bring family members to appointments as companions or guardians. Be attentive to a member's body language or comments that may indicate that he/she is uncomfortable discussing sexual issues, especially with a companion or guardian in the room.

- It may help to apologize for the need to ask sexual or personal questions. Apologize and explain the necessity.

Tips for office staff

- Address members by their last name with an honorific (e.g., “Mr.”, “Ms.,” etc.). If the member’s preference is not clear, ask “How would you like to be addressed?”

- Focus your attention on members when addressing them.

- Learn basic words in your LEP client’s primary language, like “hello” or “thank you”.

- Recognize that members from diverse backgrounds may have different communication needs.

- Determine if the member needs an interpreter for the visit. Magellan is available to assist you and the member if this need has not already been addressed.

Working with interpreters

- Hold a brief introductory discussion with the interpreter. If it is your first time working with a professional interpreter, briefly meet with the interpreter first to agree on basic interpretation protocols. Let the interpreter brief the member on the interpreter’s role.

- Allow enough time for the interpreted sessions. Remember that an interpreted conversation requires more time. What can be said in a few words in one language may require a lengthy paraphrase in another.

- Speak in a normal voice, clearly, and not too fast or too loudly. It is usually easier for an interpreter to understand speech produced at normal speed and with normal rhythms than artificially slow speech.

- Minimize the use of acronyms, jargon, and technical terms.

- Avoid idioms, technical words, or cultural references that might be difficult to translate. Some concepts may be easy for the interpreter to understand but extremely difficult to translate.

- Face the member and talk to the member directly. Be brief, explicit and basic. Remember that you are communicating with the member through an interpreter. Pause after a full thought to enable the interpretation to be accurate and complete. If you speak too long, the interpreter may not remember and miss what was said.

- Do not ask or say anything that you do not want the member to hear. Expect everything you say to be interpreted.

- Avoid interrupting during interpretation.

- Allow the interpreter as much time as necessary to ask questions, for repeats, and for clarification.

- Be prepared to repeat yourself in different words if your message is not understood. Professional interpreters do not translate word-for-word but rather concept-by-concept. Also remember that English may need to be relayed into complex grammar and a different communication pattern.

- Be sensitive to appropriate communication standards. Different cultures have different protocols to discuss sensitive topics and to address health care providers. Many ideas taken for granted in America do not exist in the member's culture and may need detailed explanation in another language. Take advantage of your interpreter's insight and let the interpreter be your cultural broker.

- Read body language in the cultural context. Watch the member's eyes, facial expression, or body language when you speak and when the interpreter speaks. Look for signs of comprehension, confusion, agreement, or disagreement.

Additional resources

- Cultural Competency resource materials at www.MagellanProvider.com

- The Outline for Cultural Formulation (OCF) in Appendix I of DSM-V can be obtained from the American Psychiatric Association in Arlington, VA (www.appi.org).

- "Cultural Competence Resources for Health Care Providers" on the Human Resources and Services Administration (HHS) website at http://www.hrsa.gov/culturalcompetence/curriculumguide/chapter5.htm.

- "Strategies for Cross-Cultural Communication" on the Duke University website at http://www.duke.edu/web/equity/cross_cult_comm_health_care.pdf.

- Initiative for Decreasing Disparities in Depression CME: Provider Self-Assessment CME Model Incorporating Cultural and Linguistic Competence in the Diagnosis and Treatment of Depression on the National Center for Cultural Competence website at http://www.gucchdgeorgetown.net/I3D/.

- A Physician's Practical Guide to Culturally Competent Care (Cultural Competency Curriculum Modules) on the HHS Office of Minority Health website at https://cccm.thinkculturalhealth.org/GUIs/GUI_AboutthisSite.asp.

- "Ethnic Community Profiles" (community profiles of a selection of underserved ethnic groups that can facilitate understanding of their cultural needs) on the Duke University website at http://www.duke.edu/web/equity/ethnic_community_profiles.pdf .