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SAPC INFORMATION NOTICE 24-02
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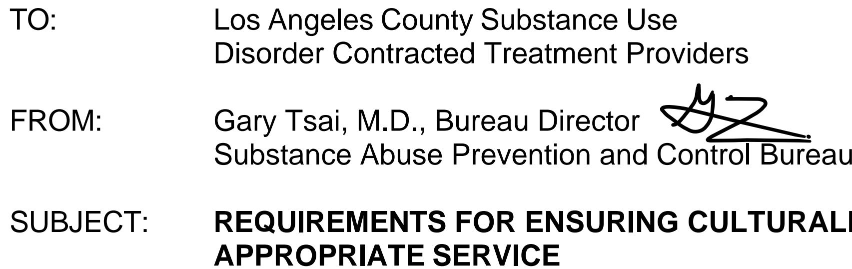

TO: Los Angeles County Substance Use Disorder Contracted Treatment Providers

FROM: Gary Tsai, M.D., Bureau Director
Substance Abuse Prevention and Control Bureau

SUBJECT: **REQUIREMENTS FOR ENSURING CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICE**

The Department of Public Health Substance Abuse Prevention and Control Bureau (SAPC) is issuing an updated notice on requirements for ensuring diversity, equity, and inclusion (DEI) in specialty substance use disorder (SUD) services to ensure compliance under California Advancing and Innovating Medi-Cal (CalAIM) policies.

Consistent with prior requirements, SAPC's provider network must comply with federal, State, and local laws and regulations regarding non-discrimination, language assistance, and ensure that culturally, developmentally, and linguistically appropriate services are provided to patients in the SUD specialty system, as specified in United States Department of Health and Human Services, Americans with Disabilities Act, Title III Regulation, 28 CFR, Part 36, Title 42 of the Code of Federal Regulations, Part 438 (specifically 42 CFR 438.10 and 42 CFR 438.206), including provisions for:

1. Services provided in Los Angeles County's threshold languages or in the individual's preferred language.
2. Effective communication and appropriate services for individuals with disabilities.[i]
3. Written materials provided in the languages of populations served.
4. Culturally relevant and competent services.

SAPC is committed to promoting a service delivery system that treats individuals within the context of their language, culture, ethnicity, gender identity, age, sexual orientation, developmental stage and any physical, psychiatric, or cognitive disabilities.

The below outlines SAPC's requirements for ensuring equitable access to and provision of SUD services that are applicable to all its contracted treatment provider sites.

- Complete/update the Network Adequacy Certification Application to accurately reflect the populations and languages for which you offer direct services.

- Ensure all staff on SAPC contracts participate in a minimum of four (4) hours of cultural competence training annually.

- Develop, implement, and/or review agency equity plan (formerly cultural competency plans) annually.

- Maintain policies and procedures that address culturally, developmentally, and linguistically appropriate and accessible services in day-to-day programmatic and administrative operations as it relates to[ii]:

  - Personnel recruitment/retention, grievances/complaints related to cultural competence and physical disability and ensuring patient input.

  - Annual staff development plan, including board of directors training and development.

  - Informing and monitoring staff compliance around equal access to services for those with physical, psychiatric, or cognitive disabilities, and visual or hearing impairments, including the availability and use of auxiliary aids and services (see "Definitions" below), as required under federal, State, and local law.

  - Language assistance for individuals accessing services whose primary language is not English (including Sign Language).

  - Conducting assessments of accessibility, linguistic, and cultural needs of primary populations served.

- Post the following:

  - Notice of Non-Discrimination that complies with font-size standards (12pt font)

  - Language Assistance Taglines that inform individuals with limited English proficiency (LEP) that no-cost language assistance services are available. Language Assistance Taglines can be found on SAPC Provider Manuals, Bulletins, and Forms webpage.

- Reflect in programming and operations an inherent respect for and inclusion of diverse cultural, ethnic, and linguistic needs of the primary populations (see definition below) served. This includes but is not limited to:

  - Appropriate front desk and/or reception etiquette and sensitivity.

  - Materials (e.g., brochures, literature, posters, etc.) that contain images and languages that are reflective of the primary populations are available or posted in sites.

  - Website that can be used by all patients (e.g., large print, translation, etc.), and contain images and languages that represent primary population served.

  - Use of relevant evidence-based or best practices that address the specific needs of the primary populations served.

- Ensure individuals who identify as lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ+), and who otherwise express diverse gender and sexual identities, receive equal access to services that are supportive, affirming, and that reduce service barriers.

- Ensure individuals who are LEP, or non-English-speaking receive access to language assistance services (see definition below) that does not significantly restrict, delay, or is of inferior quality at no cost to them when they request services.

  - When an interpreter is used during outpatient, intensive outpatient and recovery services, providers may use *language assistance add-on rate* (see definition below and refer to the current rates and payment bulletin on SAPCs provider webpage) to ensure language service availability.

    - As outlined in the DMC-ODS Billing Manual (version 1.5), language assistance add-on rate is only applicable for onsite interpreter and/or individual trained in medical interpretation (i.e., does not include bilingual staff performing the service).

  - If a patient refuses interpretation services, document in the patient's record that free interpretation services were offered and declined.

  - While in certain situations family members, friends, etc. may be used to help communicate, they may not be used as interpreters in the normal course of providing contracted treatment services.

  - Minor children shall not serve as interpreters, except when there is an emergency involving an imminent threat to the safety or welfare of the individual and a qualified interpreter is not available.

  - Referring to another agency **must not** be the only solution to addressing service needs of individuals with LEP, but if appropriate (or requested by the individual), the referral must be warm hand-off with a closed loop to confirm individuals are connected to care.

- Provide appropriate accommodation in services and effective communication for individuals with disabilities, as necessary, to ensure equal opportunity to participate in or enjoy the benefits of treatment services.[iii]

  - Under no circumstances may a person with disability be refused treatment services due solely to their disability, this includes:

    - Refusal of admission for inability to accommodate a service animal.

  - Provide auxiliary aids and services to individuals with impaired sensory, manual, or speaking skills. Aids determined in consultation with the patient.

- Provide "critical informing" written materials translated into patient's primary or preferred languages, when requested. Providers may obtain the following translated critical

informing documents from SAPC, including:

  - Complaint/Grievance/Appeal Notices and Forms (e.g., NOABDs)
  - Bill of Rights Posting
  - Patient Handbook & Patient Handbook Acknowledgement Form
  - Release of Information Forms
  - Privacy Practices
  - Confidentiality Notice

- Participate in community engagement and outreach activities, such as:
  - Written, audio, or online information dissemination approaches.
  - Participation in community meetings (e.g., neighborhood groups, faith-based meetings, etc.).
  - Support non-SUD-specific community activities (e.g., health fairs, walks, use of facility).

The SAPC website provides resources, toolkits, translated documents, and additional information on how to implement services that ensure diversity, equity, and inclusion. If you have any questions or need additional information, please contact EAPU@ph.lacounty.gov.

Definitions

"Primary Population Served" – Cultural, racial/ethnic, linguistic, and other populations that comprise at least 30% of those receiving services.

"Cultural and Linguistic Appropriate Services" – Designed to be respectful of and responsive to the health beliefs, practices, and needs of diverse patients by tailoring services to patients' culture and language preferences as a means to improve health outcomes.

"Limited English Proficiency" – Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.

"Primary or Preferred Language" – The language identified by the individual as being able to communicate most effectively (includes sign language).

"Language Assistance Services" [iv] – Services that ensure meaningful access to services for LEP/non-English speaking patients and/or those who have disabilities affecting communication. Language assistance services may include, but are not limited to:

- Oral language assistance including qualified interpretation provided face-to-face or remotely.
- Translation services of written content in paper or electronic form performed by a qualified translator.

- Provision of auxiliary aids and services.

"Certified Bilingual Staff" – A bilingual staff member who is:

- Proficient in speaking and understanding both English and at least one other language, including any necessary specialized vocabulary, terminology, and phraseology; able to community directly, accurately.
- Able to communicate impartially with patients who are LEP/Non-English speaking in their primary language.
- Determined to have passed a proficiency examination conducted by an authorized process demonstrating proficiency in both English and the required non-English language and possesses a language proficiency certificate.

"Linguistically Proficient" – The ability to communicate effectively with patients by speaking and understanding information in an acquired (or native) language with fluency and accuracy.

"Interpretation Services"[v] – A process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language while taking the cultural and social contexts into account. It enables communication between two or more individuals who do not speak each other's languages.

Types of interpretation include:

- oral (in another spoken language)
- sign language (typically American Sign Language, but could be other forms)
- oral transliterators (persons wo represent or spell in the characters of another alphabet)
- cued language transliterators (persons who represent or spell by using a small number of handshapes).

"*Translation Services*" – A process of converting text from one language to another while maintaining the original message and intent.

"Qualified Interpreter" – A person who listens in one language, grasps what is being said, and then conveys the message without adding, omitting, or distorting the meaning or editorializing the meaning. A qualified interpreter:

- Adheres to generally accepted interpreter ethics principles, including patient confidentiality.
- Has demonstrated proficiency in speaking and understanding spoken English and the language in need of interpretation.
- Can interpret effectively, accurately, and impartially, both receptively and expressively (for those interpreting for patients with a disability, using any necessary specialized vocabulary, terminology, and phraseology).
- Has a current certification in Healthcare/Medical Interpretation.

"Auxiliary Aids and Services" – Equipment such as assistive listening devices, text telephones, videophones, video text displays, and other accessible electronic information technology; notetakers, qualified interpreters and written materials for individuals who are deaf or hard of hearing; taped texts, qualified readers, and Braille translations and large print materials for

individuals who are blind or have low vision.

"Critical Informing" – Documents that are critical to the patient's ability to access and benefit from services provided by the organization or are required by law.

"Service Animal" – Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, or performing other duties. Service animals are working animals, not pets.

"Threshold Language" – For Los Angeles County, these are: Arabic, Armenian, Cantonese, Farsi, Khmer (Cambodian), Korean, Mandarin, Russian, Spanish, Tagalog, and Vietnamese.

"Language Add-On Rate" – Sign language or oral interpretative services that can be claimed when the patient cannot communicate in the same language. Interpretation time cannot exceed the time spent providing the primary service.

GT:am

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[i] 42 U.S.C. 18116

[ii] US Department of Health and Human Services Think Cultural Health. National CLAS Standards Retrieved from website https://thinkculturalhealth.hhs.gov/clas.

[iii] Department of Health Care Services-Behavioral Health Information Notice No. 24-007 Effective Communication, including Alternative Formats, for Individuals with Disabilities.

[iv] Title 45, CFR, Part 92, Non-Discrimination in Health Programs and Activities Regulations. https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-92

[v] California Standards for Healthcare Interpreters – Ethical Principles, Protocols, and Guidance on Roles and Interventions March 2017. https://www.chiaonline.org/resources/Pictures/CHIA_standards_manual_%20March%202017.pdf