

Medi-Cal Language Access Services Taskforce

Lupe Alonzo-Diaz, Chair
Executive Director, Latino Coalition for a Healthy California

Medical Leadership Council
November 28, 2007

Medi-Cal Language Access Services Taskforce

- Agenda
 - Overview
 - CMS Reimbursement to States
 - MCLAS Recommendations
 - Feedback

Medi-Cal Language Access Services Taskforce

- Charged with exploring and developing recommendations on the delivery and reimbursement of language services in Medi-Cal
 - fee for service
 - managed care
- Will develop a report with recommendations to Department of Health Care Services by December 31, 2007
- Next Meeting
 - December 10

Medi-Cal Language Access Services Taskforce

**DHCS
Co-Chair**

**Latino Coalition for a
Healthy California
Co-Chair**

Governmental Agencies

- California State Association of Counties
- Department of Health Services (2)
- Department of Health Services Office of Multicultural Health
- Department of Mental Health
- California Health and Human Services Agency
- Los Angeles County Department of Health Services – Diversity Program

Providers

- California Hospitals Association
- California Dental Association
- California Family Physicians Association
- California Healthcare Interpreting Association
- California Medical Association
- California Primary Care Association
- Community Health Group

Consumers

- Asian Americans for Civil Rights & Equality
- Asian Pacific Islander American Health Forum
- California Black Health Network
- California Pan-Ethnic Health Network
- California Rural Legal Assistance
- Fresno Health Consumer Center
- National Health Law Program

Medi-Cal Language Access Services Taskforce

- Medicaid/SCHIP – CMS Letter 8/31/00:
 - Recipients must comply with OCR LEP Guidance
 - Reimbursement is available for language assistance including translation and interpreters to Medicaid/SCHIP enrollees
 - States can draw down federal funds at either their administrative match rate (50%) or their “covered service” match rate (50-85%) depending on how they choose to provide language services

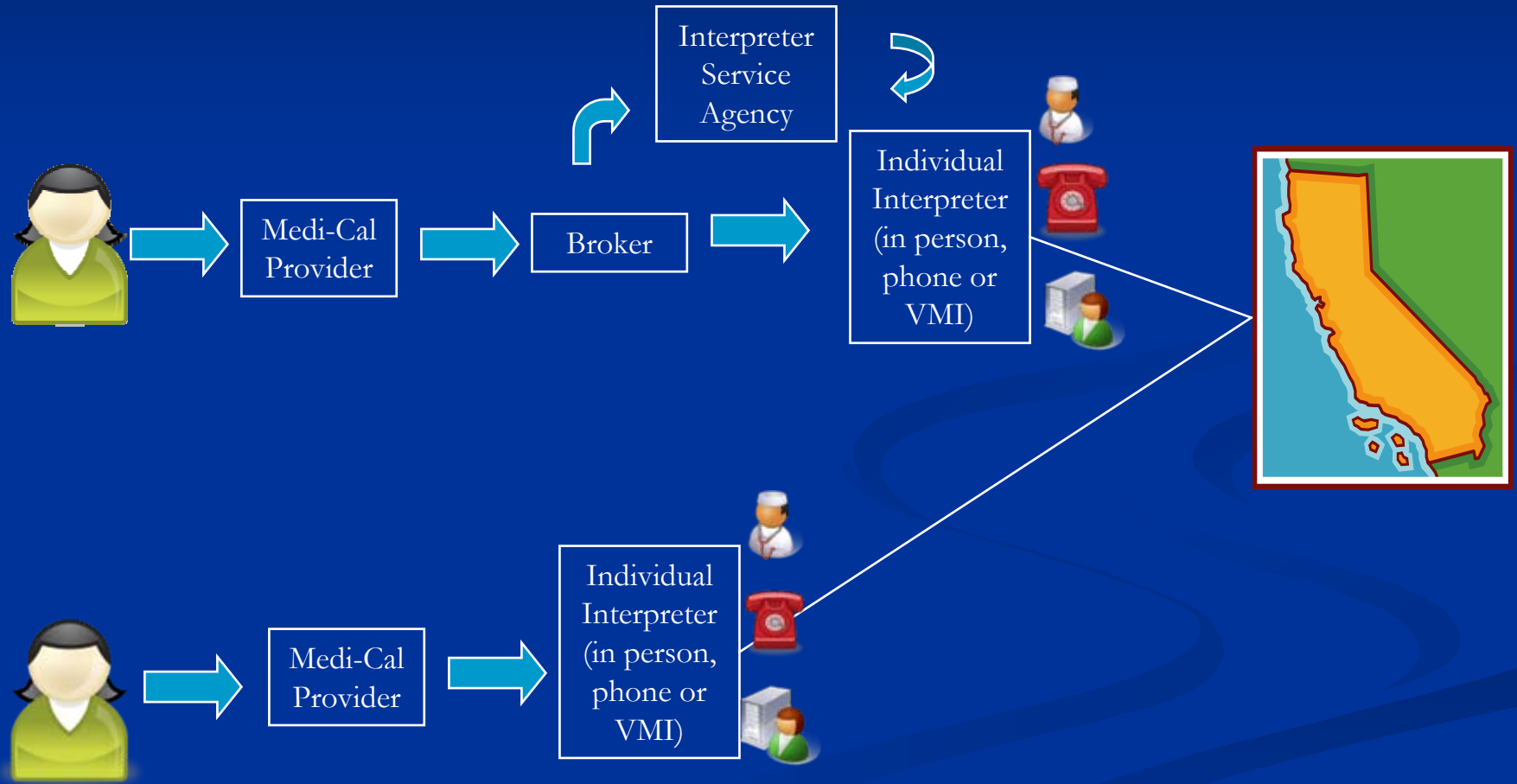
Medi-Cal Language Access Services Taskforce

- Only a handful of states (13) have set up programs to provide direct reimbursement using federal matching funds to pay for language services:
 - HI, ID, MA, ME, MN, MT, NH, TX, UT, VA, VT, WA & KS
- Four models –
 - contract with language service brokers/agencies
 - reimburse providers for hiring interpreters
 - directly reimburse interpreters
 - contract for telephone interpreter services

Current State Reimbursements (2007)

State	Enrollees Covered	Providers Covered	Who the State Pays	Reimbursement Rate	Admin or Service
HI	FFS	FFS	Lang. agencies	\$36/hr	Service
ID	FFS	FFS	Providers	\$12.16/hr	Service
KS	Managed Care	Managed Care	EDS (fiscal agent)	Spanish – \$1.10/min. other languages – \$2.04/min.	Admin
MA	FFS	Hospitals & Psych Facilities	Hospitals & Psych Facilities	Determined by Medicaid agency	Admin
ME	FFS	FFS	Providers	Reasonable costs	Service
MN	FFS	FFS	Providers	lesser of \$12.50/15 min or usual and customary fee	Admin
MT	All	All	Interpreters	\$6.25/15 minutes	Admin
NH	FFS	FFS	Interpreters	\$15/hr; \$2.25/15 min after 1 st hour	Admin
UT	FFS	FFS	Lang. agencies	\$22 (phone) \$39 (in-person)	Service
VA	FFS	FFS	AHEC & 3 health depts.	Reasonable costs	Admin
VT	All	All	Language agency	\$15/15 min	Admin
WA	FFS	Public entities	Public entities	50% expenses	Admin
WA	FFS	FFS	Brokers	Brokers receive an admin. fee Language agencies – \$32/hour	Admin

Medi-Cal Language Access Services Taskforce



Medi-Cal Language Access Services Taskforce

- Hybrid Model
 - Broker
 - Direct Provider Billing
- Other Considerations
 - Hospitals
 - Managed Care
 - FQHCs
 - Mental Health

Medi-Cal Language Access Services Taskforce

■ Reimbursable Services

■ Phone



- phone services be reimbursed by the minute
- state should negotiate better rates than the existing market rates

■ Video Medical Interpreting



- reimbursed per minute and not per encounter

■ Contracted Interpreters

- Contracted by Interpreter Service Agency and/or Broker

■ Bilingual Personnel

- certified, bilingual staff including those with no clinical background, those with a clinical background and staff interpreters
- reimbursed and claim interpreter services as an adjunct service (T-code) on their medical claim form

■ Bilingual Providers



- persons with a clinical background also providing clinical services
- reimbursed with a T code
- Department of Health Care Services should pursue this option

Medi-Cal Language Access Services Taskforce

- Attributes of effective interpretation include:
 - Accuracy: The content that has been interpreted or translated is valid and without errors of fact, interpretation, or judgment
 - Consistency: The content remains internally consistent over time and also is consistent with information from other sources
 - Cultural competence: The content is delivered in a culturally and linguistically appropriate manner
 - Understandability: The language level and format of delivery is appropriate for the specific audience.

Medi-Cal Language Access Services Taskforce

- Core Competencies
 - PROCESSING INFORMATION, which encompasses the following abilities:
 - INTEPERSONAL skills that allow the interpreter to master the following qualities:
 - Specific LINGUISTIC skills that include and go beyond grasp of a language and its rules of grammar, including:
 - The basics of PROFESSIONAL interpreting practice and theory, including:
 - A KNOWLEDGE of health and medical terminology and language skills, that covers at least:
 - A SYSTEMS understanding of how patients, interpreters, and language service brokers are affected by healthcare institutions within general society, including:
 - Sensitivity to and awareness of CULTURAL differences, including

Medi-Cal Language Access Services Taskforce

- Feedback
 - Prioritizing Programmatic Components
 - Phase-In versus Pilot Project

Questions

Lupe Alonzo-Diaz

Executive Director

Latino Coalition for a Healthy California

(916) 448-3234

Lupe@lchc.org