

L.A. Care
HEALTH PLAN®

For a **Healthy Life**



Section 5: *References and Resources*

References and Resources

Cultural and linguistic services have been mandated for federally funded program recipients in response to the growing evidence of health care disparities and as partial compliance with Title VI of the Civil Rights Act of 1964. The major requirements for the provision of cultural and linguistic services for patients in federally funded programs are included in this section.

This section includes:

- Current cultural and linguistic requirements for federally funded programs.
- Guidelines for cultural and linguistic services.
- Web based resources for more information related diversity and the delivery of cultural and linguistic services.

The following materials are available in this section.

Title VI of the Civil Rights Act of 1964

The Civil Rights Act of 1964 text.

Standards to Provide Culturally and Linguistically Appropriate Services (CLAS)

A summary of the fifteen CLAS standards.

Americans with Disabilities Act of 1990 (ADA)

A summary of the ADA.

Medi-Cal Managed Care All Plan, Policy, and Dual Plan Letters

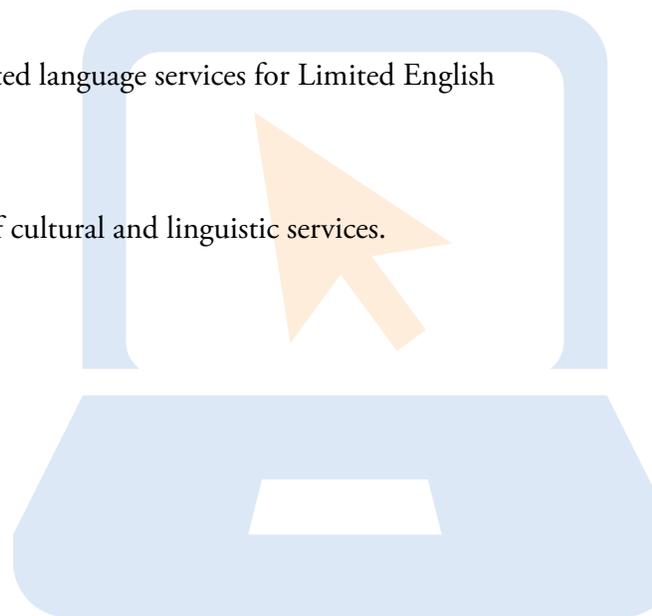
An overview of important California Department of Health Care Services' communications containing information or interpretation of changes in policy or procedure at the Federal or State levels.

Executive Order 13166, August 2000

The text of the Executive Order signed in August 2000 that mandated language services for Limited English Proficient (LEP) patients enrolled in federally funded programs.

Cultural Competence Web Resources

A listing of internet resources related to diversity and the delivery of cultural and linguistic services.



Title VI of the Civil Rights Act of 1964

“No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Under Title IV, any agency, program, or activity that receives funding from the federal government may not discriminate on the basis of race, color or national origin. This is the oldest and most basic of the many federal and state laws requiring “meaningful access” to healthcare, and “equal care” for all patients. Other federal and state legislation protecting the right to “equal care” outline how this principle will be operationalized.

State and Federal courts have been interpreting Title VI, and the legislation that it generated, ever since 1964. The nature and degree of enforcement of the equal access laws has varied from place to place and from time to time. Recently, however, both the Office of Civil Rights and the Office of Minority Health have become more active in interpreting and enforcing Title VI.

Additionally, in August 2000, the U.S. Department of Health and Human Services Office of Civil Rights issued “Policy Guidance on the Prohibition Against National Origin Discrimination As it Affects Persons with Limited English Proficiency.” This policy established ‘national origin’ as applying to limited English-speaking recipients of federally funded programs.

Standards to Provide Culturally and Linguistically Appropriate Services (CLAS)

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

Principal Standard

- 1) Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce

- 2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
- 3) Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4) Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

- 5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- 6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- 7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- 8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability

- 9) Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.
- 10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

- 11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- 12) Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- 13) Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- 14) Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- 15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Americans with Disabilities Act of 1990

The Americans with Disabilities Act (ADA) of 1990 is a law that protects people with disabilities from being treated unfairly. A disability is a physical or mental condition that totally or seriously limits a person's ability in at least one major life activity. This law protects people who:

- Are any age, including seniors (65 years of age or older), who have disabilities
- Have disabilities such as hearing, speech or vision loss, developmental disabilities and other types of disabilities
- May not look like they have a disability or had a disability in the past.

The ADA law makes sure there are equal chances for people with disabilities in employment and in state and local government services, including health care. The ADA requires public entities to take appropriate steps to ensure effective communication with individuals with disabilities, including the provision of auxiliary aids and services.

Contact the following telephone number for help if you want more information about the Americans with Disabilities Act (ADA):

ADA Information Line:

1-800-514-0301 (Voice) or
1-800-514-0383 (TTY/TDD)

Medi-Cal Managed Care All Plan, Policy, and Dual Plan Letters

Medi-Cal Managed Care communicates with Medi-Cal managed care contractors and Duals Plans participating in the Dual-Eligible Demonstration Project, by means of All Plan, Policy, and Duals Plan Letters.

- All Plan Letters (APLs) are the means by which MMCD conveys information or interpretation of changes in policy or procedure at the Federal or State levels, and provides instruction to contractors, if applicable, on how to implement these changes on an operational basis.
- Policy Letters (PLs) provide instruction to contractors about changes in Federal or State law and Regulation that affect the way in which they operate, or deliver services to Medi-Cal beneficiaries.
- The Dual Plan Letters (DPLs) convey information or interpretation of changes in policy or procedure at the Federal or State levels, and about changes in Federal or State law and Regulations. DPLs provide instruction to Dual Plans, if applicable on how to implement these changes on an operational basis, and about how Federal or State law affect the way in which they operate, or deliver services to dual-eligible beneficiaries.

Below is a list of Cultural and Linguistic notices:

- PL 99-001 – Community Advisory Committee (CAC)
- APL 99-005 – Cultural Competency in Health Care - Meeting the Needs of a Culturally and Linguistically Diverse Population
- APL 02-003 – Cultural and Linguistic Contractual Requirements: Threshold and Concentration Standard – Languages Update
- APL 14-008 – Cultural and Linguistic Contractual Requirements: Threshold and Concentration Standard Languages Update
- PL 10-012 – Health Education and Cultural and Linguistic Group Needs Assessment (GNA)
- PL 99-002 – Health Education and Cultural and Linguistic Group Needs Assessment
- PL 99-003 – Linguistic Services
- PL 99-004 – Translation of Written Informing Materials

These are available for download on the California Department of Health Care Services (DHCS) website: <http://www.dhcs.ca.gov/formsandpubs/Pages/MMCDAPLPLSubjectListing.aspx>.

If you have questions concerning a specific All Plan, Policy, or Duals Plan Letter, please call **(916) 449-5000**.

Executive Order 13166, August 2000

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to improve access to federally conducted and federally assisted programs and activities for persons who, as a result of national origin, are limited in their English proficiency (LEP), it is hereby ordered as follows:

Section 1. Goals.

The Federal Government provides and funds an array of services that can be made accessible to otherwise eligible persons who are not proficient in the English language. The Federal Government is committed to improving the accessibility of these services to eligible LEP persons, a goal that reinforces its equally important commitment to promoting programs and activities designed to help individuals learn English. To this end, each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries. To assist the agencies with this endeavor, the Department of Justice has today issued a general guidance document (LEP Guidance), which sets forth the compliance standards that recipients must follow to ensure that the programs and activities they normally provide in English are accessible to LEP persons and thus do not discriminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964, as amended, and its implementing regulations. As described in the LEP Guidance, recipients must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

Sec. 2. Federally Conducted Programs and Activities.

Each Federal agency shall prepare a plan to improve access to its federally conducted programs and activities by eligible LEP persons. Each plan shall be consistent with the standards set forth in the LEP Guidance, and shall include the steps the agency will take to ensure that eligible LEP persons can meaningfully access the agency's programs and activities. Agencies shall develop and begin to implement these plans within 120 days of the date of this order, and shall send copies of their plans to the Department of Justice, which shall serve as the central repository of the agencies' plans.

Sec. 3. Federally Assisted Programs and Activities.

Each agency providing Federal financial assistance shall draft title VI guidance specifically tailored to its recipients that is consistent with the LEP Guidance issued by the Department of Justice. This agency-specific guidance shall detail how the general standards established in the LEP Guidance will be applied to the agency's recipients. The agency-specific guidance shall take into account the types of services provided by the recipients, the individuals served by the recipients, and other factors set out in the LEP Guidance. Agencies that already have developed title VI guidance that the Department of Justice determines is consistent with the LEP Guidance shall examine their existing guidance, as well as their programs and activities, to determine if additional guidance is necessary to comply with this order. The Department of Justice shall consult with the agencies in creating their guidance and, within 120 days of the date of this order, each agency shall submit its specific guidance to the Department of Justice for review and approval. Following approval by the Department of Justice, each agency shall publish its guidance document in the Federal Register for public comment.

Sec. 4. Consultations.

In carrying out this order, agencies shall ensure that stakeholders, such as LEP persons and their representative organizations, recipients, and other appropriate individuals or entities, have an adequate opportunity to provide input. Agencies will evaluate the particular needs of the LEP persons they and their recipients serve and the burdens of compliance on the agency and its recipients. This input from stakeholders will assist the agencies in developing an approach to ensuring meaningful access by LEP persons that is practical and effective, fiscally responsible, responsive to the particular circumstances of each agency, and can be readily implemented.

Sec. 5. Judicial Review.

This order is intended only to improve the internal management of the executive branch and does not create any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies, its officers or employees, or any person.

WILLIAM J. CLINTON

THE WHITE HOUSE

Office of the Press Secretary

(Aboard Air Force One)

For Immediate Release August 11, 2000

Reference: <http://www.usdoj.gov/crt/cor/Pubs/eolep.htm>

Cultural Competence Web Resources

General Cultural Competence

- Resources for Cross-Cultural Health Care <http://www.diversityrx.org>
- DHHS Health Resources and Services Administration <http://www.hrsa.gov/healthliteracy/>
- Culture, Health and Literacy: A Guide to Health Education for Adults with Limited Literacy Skills <http://www.worlded.org/us/health/docs/culture/>
- National Academy Press <http://books.nap.edu/books/0309071542/html/index.html>
- National Center For Cultural Competence, Georgetown University <http://www11.georgetown.edu/research/gucchd/nccc/>
- National Council on Interpreting in Health Care <http://www.ncihc.org>
- Department of Justice – Office of Civil Rights <http://www.usdoj.gov/crt/cor/13166.htm>
- The State of Literacy in America <http://www.nifl.gov/reders/reder.htm>
- Office of Minority Health <http://www.omhrc.gov/>
- Office of Minority Health – “A Physician’s Practical Guide to Culturally Competent Care” <https://cccm.thinkculturalhealth.org/>
- DHHS Office of Civil Rights <http://www.hhs.gov/ocr/>
- The Cross Cultural Health Care Program <http://www.xculture.org/>
- The Plain Language Association International <http://www.plainlanguagenetwork.org/>
- Kaiser Family Foundation Minority Health <http://www.kff.org/minorityhealth/index.cfm>
- Yale University Cultural Competence Resources <http://www.med.yale.edu/library/education/culturalcomp>
- Agency for Healthcare Research and Policy: “Providing Care To Diverse Populations” <http://www.ahrp.gov/news/ulp/ulpcultr.htm>
- AMSA Diversity in Medicine <http://www.amsa.org/div>
- Center for Cross Cultural Health <http://www.crosshealth.com>
- Institute of Medicine: Unequal Treatment <http://www.iom.edu/CMS/3740/4475.aspx>
- Robert Wood Johnson Foundation: Aligning Forces for Quality <http://www.rwjf.org/newsroom/product.jsp?id=30951>
- Wall Street Journal, June 5, 2008: Health Care Has Racial, State Disparities http://online.wsj.com/article/SB121263635211447647.html?mod=dist_smartbrief
- AskMe3 Brochures - Partnership for Clear Health Communication <http://www.npsf.org/askme3/>

Aging

- Center on an Aging Society <http://ihcrp.georgetown.edu/agingsociety/>
- AARP Aging and Minorities <http://www.research.aarp.org/general/portmino.html>

African American

- National Association of Black Cardiologists <http://www.abccardio.org/>
- National Black Nurses Association <http://www.nbna.org/>

American Indian/Alaskan Native

- Association of American Indian Physicians <http://www.aaip.com/>
- Native American Cancer Research <http://natamcancer.org/>
- National Indian Council on Aging <http://www.nicoa.org>
- National Indian Health Board <http://www.nihb.org/>
- National Resource Center on Native American Aging <http://ruralhealth.und.edu/projects/nrcnaa/>

Asian American/Pacific Islander American

- Asian & Pacific Islander American Health Forum <http://www.apiahf.org/>
- Chinese American Medical Society <http://www.camsociety.org/>
- National Asian Pacific Center on Aging <http://www.napca.org>
- National Asian Women's Health Organization <http://www.nawho.org/>

Hispanic/Latino American

- National Alliance for Hispanic Health <http://www.hispanichealth.org/>
- National Council of La Raza <http://www.nclr.org>
- National Hispanic Council on Aging <http://www.nhcoa.org>
- National Hispanic Medical Association <http://home.earthlink.net/~nhma/>

Free Patient Health Education Materials – Low Literacy and Other Languages

- National Institutes of Health – Health Information in English/Spanish <http://www.health.nih.gov>
- National Network of Libraries of Medicine – Easy to Read Health Brochures in Other Languages <http://nnlm.gov/outreach/consumer/multi.html>

Remember, web pages can expire often. If the web address provided does not work, use a search engine and search under the organization's name.

This information is intended for educational purposes only, and should not be interpreted as medical advice. Please consult your doctor for advice about changes that may affect your health.

Linkage to the websites listed is for educational purposes only and is not intended as a particular endorsement of any organization.

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Please refer to the “Web Resources” pages of this toolkit to find the internet resources that informed the work of the Committee.

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