

Medi-Cal Language Access Services Task Force  
November 27, 2007  
Meeting Notes

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Attending: Lupe Alonzo Diaz, Olmedo Correa, Don Schinske, Elizabeth Nguyen, Doreena Wong, Tom Riley, Monica Blanco, Peggy Wheeler, Marguerite Ro, Tahira Bazile, Rachel Guerrero, Elia Gallardo, Marty Martinez, Lisa Folberg, Mike Baldwin, Wendy Jameson, Rosie Carrillo, Carmela Delgado, Dean Lan, Hector Lara, April Alexander, Hedy Chang, David Nakashima, Veronica Montoya

**I. Welcome and Introductions:**

Co-chair of the MCLAS, Lupe Alonzo Diaz welcomed Task Force (TF) members, guests and stakeholders and additionally introduced the new co-chair, Olmedo Correa. Olmedo introduced himself and provided a brief background. Lupe also advised TF members that Teri Thorfinnson, acting director for the Office of Multicultural Health was also acting as a special advisor to the TF. The Co-chairs proceeded to review the day's agenda.

**Timeline Update:** Lupe provided a brief update on the most recent conversations with the Administration and the Director of Health Care Services who has advised us that we should look at "sequencing" and when different aspects of the program would need to occur and at what time. Additionally, Lupe advised TF members that the TF may need to look at implementing a scaled-down version with either a 'phase-in' or a pilot project that could potentially be based in a specific region or county (pilot) or could develop a roll-out (phase-in). While some conversation on the topic has already occurred at the Steering Committee level, Lupe advised TF members that the final decision on a pilot or a phase-in would need to occur at the TF level. She advised TF members that, while that conversation would not be finalized during this meeting, it would need to be finalized soon, possibly during the December 10, 2007 meeting.

On the issue of the TF's final timeline, Lupe also advised TF members that the TF is currently active until August 2008. Although the report and report structure was estimated to be end December 2007, Lupe advised TF members that major decisions would still be completed by December 2007. As a result, the final deadline of the report may need to be pushed back. Lupe advised TF members that the copy initially reviewed by Sandra Shewry was compiled based on the one-pagers completed by individual workgroups.

Co-chair Olmedo Correa also provided an update on the most-recent meeting with Sandra Shewry. Olmedo advised TF members that Sandra requested that document be submitted in a memo format, which is now the version that TF members have available in the packet of materials. Additionally, according to the Co-Chair, Sandra has advised that the TF consider a 'pilot' or 'phase-in'. He advised, that as a state employee, when various segments are being considered, a phase-in allows inclusion of a small, medium or large county. Additionally, the document included language around CMS' decision to not reimburse bilingual provider and advised that perhaps another discussion should be had with CMS on this issue. Additional comments included details involving the initial ramp up period.

Lupe asked other TF members who attended to also comment. Members who had attended raised the issue of cost and added that reimbursement based on other states may, in fact, be higher than reimbursement of providers. Members who attended added that language services may be

considered an ‘added’ service. TF members were reminded that California is the lowest payer, in terms of reimbursement for providers.

Olmedo also added that Stan Rosenstein also raised the issue of the uninsured. Currently, DHCS is responsible for the uninsured and he has asked TF members to consider the issue, although there was not a specific requirement that the final report include this. Olmedo advised that our target population may be focused on Medi-Cal eligible enrollees, although Lupe reminded TF members that this issue had originally been deemed out of the TF’s “scope” at the onset of the TF’s formation, simply due to the magnitude of the issue.

Lupe advised that a next meeting with Sandra Shewry will be held on December 7<sup>th</sup>, the Friday before the next TF meeting.

### **Review of the Agenda:**

The Co-chairs provided an overview of the materials, including meeting notes from the previous TF meeting (August 2007), as well as notes from the Steering Committee (SC) in order to keep TF members updated on the discussion items and decisions being made at the SC level.

In reviewing the agenda, the Co-chairs determined that there might be a better format to follow, given the lack of need for the workgroup break-out sessions. Instead, Lupe advised TF members that each decision memo would be reviewed approximately for one hour with TF members given the first five minutes to read through the decision memo in lieu of the break-out sessions.

## **II. Decisions:**

### **A. FQHCs:**

Co-chairs advised TF members that they would have five minutes to review the document and asked that Elia Gallardo present the decision memo to the entire TF for discussion and consideration. Elia provided an overview of the document provided (see: handout)

*(Please note:* During the June and August in-person TF meetings, the TF facilitator, David Nakashima provided colored index cards representing the following in order to demonstrate whether an issue had consensus or not. The same method has continued to be used:

- Green = support
- Yellow = support with reservation(s)
- Red = do not support

### **Initial Survey:**

David asked members, based on the initial language provided in the one-pager, whether there was initial agreement on the issue. Several TF members identified some concern indicated through use of yellow cards.

Based on the response, Dave asked TF members to provide feedback on the decision. Members raised the following issues:

- If the FQHC used a broker, who would seek reimbursement? Additionally, is “all-inclusive” rate included in the recommendation “sufficient” or are there additional monies that are

needed. Elia advised TF members that the services were already being included in the all-inclusive rate. Is the same true for managed care counties?

- If we tie reimbursement to being certified, does that put the FQHC system at risk? Or does it add cost to the system? Elia advised that it would likely add cost to the system and advised that FQHCs in other state have been carved out, as have public hospitals. However, most states do not certify interpreters. As long as there are patient populations, they allow FQHCs to functions as normal.

TF members advised that counties also have FQHCs and stated that they sometimes have better quality and advised that they often must submit a scope-of-service change. She asked whether there can be additional data or language that should be included in order to facilitate changes made. Wendy Jameson suggested that specific language on the issue should be included so that scope-of-service change language should be included. Additionally, Wendy asked, if FQHCs are already paid for in-house costs, then use of broker would be a cost outside of that.

Additionally, TF members commented that certifying interpreters and having certified Medi-Cal interpreter are important to the system and should be included. Elia advised that the issue then is cost consideration and whether the TF deems cost as factor. She suggested that this issue should be reviewed under the ‘prioritization’ process.

Members also discussed whether the services provided at FQHCs would be certified. TF members determined that there is need for more discussion.

Other issues raised:

- Issue of certifying (bilingual staff) and whether they would be required to use certified interpreters
- Fiscal reality
- Scope of service issue

TF members discussed that, although managed care has a system, they would prefer to see the availability of the broker system to managed care plans, particularly if it is guaranteed that that interpreters would be certified. This would allow managed care plans to continue status-quo, paid as they currently are under the managed care system, but if needed, they could access the services provided by the broker.

Additionally, TF members advised that rigorous requirements may unnecessarily preclude those interpreters who can never be certified due to language diffusion and so forth. Members discussed the need for a minimum standard, such as being qualified and trained as an item that should be included.

Other issues discussed:

- Certification requires a completion of a training program. There should not be one part of the system that does not need to meet this standard. If Medi-Cal providers under FQHCs don’t need certification, that appeared to be a concern for TF members.

Elia advised TF members that she would, then, like to have this segment included in a “phase-in”. She advised that they saw many community-based organizations were unable to

provide services if they are required to be certified. Elia advised that she would be willing to review this issue through her membership.

- Elia asked that a “scope-of-service” change language could be vetted through their membership and asked Wendy if she could ask work with her through then.

Other TF members advised that they would face a similar issue of requiring board review. Lupe queried members whether the report and the decision on the system recommendation can be separated, allowing more time for various organizations to vet the report through their respective decision-making system.

**Decision:**

David queried the group to determine support for this decision. Members still appeared to express some concern.

David asked TF members whether there was permission to continue with the next recommendation. TF members agreed and David asked Elia to contact various TF members separately to review the various concerns raised by TF members. Elia advised that she was aware of the issues already previously discussed and advised that she would be in contact with the various TF members.

**B. Hospitals:**

Again, TF members were given time to review the one pager and asked Wendy Jameson from the Safety Net Institute, who had drafted the document, to provide an overview. In her overview, Wendy advised TF members that they had been working on the issue of hospitals for several months. Based on the one-pager, Wendy advised that it would generally be cumbersome to have hospitals track each interpreting occurrence separately and commented that they may be modeling public hospitals similar to FQHCs. For many public hospitals, some have already developed a system for providing patients for interpreters. She advised that hospitals may be able to retain these systems by allowing them to become their own broker. After review of the decisions made, it appears the existing broker would work with a minor exception. She advised that two avenues of reimbursement would be preferred. For some hospitals, it might be useful to use a T-code and reimburse as brokers. For those who do not utilize this, it might be useful to access that the broker system. Peggy advised that they would have a formal recommendation by Dec. 10<sup>th</sup>.

**Initial Survey:**

David asked members, based on the initial language provided in the one-pager, whether there was initial agreement on the issue. Several TF members identified some concern indicated through use of yellow cards.

Based on the response, Dave asked TF members to provide feedback on the decision. Members raised the following issues:

- How would (if you support providers classified as brokers) you bill for that other than T-codes? TF members added that the state may likely advise that DSH funds should be used. Will the state consider paying for that?

Wendy advised, for public hospitals only, if they include language services as a cost, they receive partial payment (not even 50%) from the federal government and no payment is received from the state. TF members advised that that should be added to the memo.

- How many brokers do you envision having for the state? For example, there were originally 100 contracts that were eventually whittled down to 8 brokers. How is that addressed from a logistical perspective? Wendy advised that there would likely be four. Lupe also advised, according to previous decisions made, that the brokers would be defined by the state. Other TF members raised similar issues and whether they would serve non-hospitals. Wendy advised that she would prefer that hospitals should not be required to serve non-hospitals.
- Can a broker can also be an agency? Also, by not having both systems, are we de-emphasizing bilingual providers? Wendy advised that CMS has indicated that reimbursement would not be given to bilingual staff. Olmedo advised that, while this may be hard to audit, it should continue forward. Lupe advised that there is no current regulation governing bilingual staff and was based on staff interpretation. It appears that Sandra Shewry remains interested in reimbursing staff.

TF members discussed whether authorizing hospitals as brokers would bind the state and whether the scope of this possibility would only be in a fee-for-service setting. By allowing hospitals to function as brokers, TF members discussed the possibility that this might create a situation where an area may have two brokers – the hospital as one and the broker identified and assigned by the state. TF members identified, under similar criteria, that both medical groups and managed care plans could also function as brokers.

Olmedo cautioned that we don't need to look at it as "one plan" per region, although he commented that multiple brokers may need a finite number. Additionally, TF members discussed whether combined "broker/interpreter" may need a baseline number of providers to make this financially feasible while meeting standards.

- TF members discussed whether there was a sufficient 'economies of scale' criteria that would be met for hospitals, particularly as the focus might be on fee-for-service and there might be a natural disposition for hospitals to be based in managed care counties.

Wendy summarized that there may be four methods to be reimbursed:

1. FQHCs
2. broker/agency model
3. broker
4. enhanced T-code (could be open to any Medi-Cal provider, has their own staff and simply may need to bill when necessary)

Other issues discussed:

TF members discussed the difficulty with naming a broker who only serves their own staff. TF members advised that there needs to be a second category of those entities that need either direct-contracting or need other arrangements. TF members discussed whether it might be easier to bill individually in lieu of a T-code. Wendy advised that existing systems already have a tracking system based on the individual situation. She advised that they would prefer to use their existing system instead of developing a separate T-code. TF members determined that this issue almost

appears to be a systems-question. Wendy advised that a new T-code like system may be too burdensome.

Dave stopped the TF to determine those macro-level decisions that still need to be made. TF members identified the following:

- Broker entity (services to a region) – can they be a service entity?
- What entities can direct bill or contract for language services?
- Can any entity that provides interpreter services be carved out of certification? Must they be certified?
- What is certification?
- Provides as interpreters - can bilingual providers be reimbursed?
- What services can be reimbursed? Whole range – under “what is reimbursable?”
- What will CMS reimburse? Training and what is connected to the clinical encounter?
- Should state go after reimbursement costs or admin?
- Recommendation on translation

Summary of issues raised (conducted by Wendy):

- Whether hospitals can be called a broker?
- Whether T-code can be used?
- Number of brokers in a region

**Decision:**

David queried the group to determine support for this decision.

TF members were supportive of public hospitals getting reimbursed but questions remained on the exact reimbursement mechanism.

No decision was finalized.

**C. Managed Care:**

TF members reviewed the one-page recommendation on managed care. TF members were reminded that the TF has met with Vanessa Baird who has expressed some concern with the TF’s recommendation. April Alexander from the California Association of Health Plans advised the TF that this service was included in the contract amounts with the plans. She advised that the state has recently been determining that rate and advised that they may be in a better place to determine whether these services should be separated.

**Initial Survey:**

David asked members, based on the initial language provided in the one-pager, whether there was initial agreement on the issue. Several TF members identified some concern indicated through use of yellow cards.

Olmedo advised the TF that currently, all health plans function under their contracts. The contracted amount should include language services. All services would have to function under their contracts for any services. Any changes would have to be re-negotiated. According to all current contracts, this is already a service that should be provided. TF members discussed whether patients actually receive language services and expressed reluctance in promoting a system where plans can do only

provide their services without looking at the bigger picture. TF member discussed that a similar issue may exist for mental health.

TF members added that beneficiaries should also have access to high quality services that provides a clear argument for certification. TF members discussed whether certification will inhibit access. TF members discussed the current requirements health plans have under SB 853. TF members identified that there may be implementation questions on how the two would function.

**Decision:**

TF members identified that the recommendation was not going to move forward. It was suggested that more work should be done on the auditing and enforcements while allowing plans to provide more feedback.

**Other issues raised:**

- TF members discussed whether a report be conducted on managed care. From a consumer perspective, there is a possibility that some consumers, particularly from the immigrant community, that they may lose coverage and are afraid to raise any complaints.
- SB 853 and its implementation: Olmedo advised, that as of 2008, all health plans must submit a plan beginning January 2009 through the DMHC. This would include cross-agency reference to contracting requirements in partnerships with DMHC and DHCS. TF members advised that SB 853 regulations are separate from Medi-Cal Managed Care and DMHC. April advised TF members that Medi-Cal Managed Care is not regulated through DMHC. With language access, the DMHC still has to make a finding so it so it may not be a clear “deeming” process. Olmedo added that his division audits every year instead of every three years.

**Timeline issues:**

Lupe advised TF members that there is a possibility of a post-December 10<sup>th</sup> meeting and a January meeting. She asked whether there might be a possibility of having feedback from December 10<sup>th</sup> meeting. April advised that more time may be needed in order to prepare for the December 10<sup>th</sup> meeting. David suggested that another meeting is needed in order to determine a system of priority. TF members discussed the following timeline:

**December 10<sup>th</sup>:** further discussion between now and that meeting; final decisions made by then.

**Late January:** programmatic sequencing – when does what happen?

In order to prepare for that meeting, David asked TF members to determine what would be the managed care questions:

**Questions:**

- Within network – qualified certified as same as fee-for-service
- How can we make sure providers within the network are providing services? What are other options and strategies?
- Engage California Mental Health Directors: barriers for reimbursement for language services
- What would health plans recommend? How do we improve services for Medi-Cal beneficiaries and managed care plans? What are they going to do?

- Basic understanding of utilization side – what is happening in terms of numbers? Percentage of limited English proficient (LEP) utilization rates?
- How do the plans monitor/ensure services to consumers?

On a macro-level, Lupe advised, if there is something concrete, where or what managed care plans would want out of a system. Based on the variation between managed care plans, there was some discussion on whether the information would be completed in time. April Alexander advised TF members that she would follow up with them. Olmedo advised that he would cover the information on all auditing and enforcements as well as use data and other numbers regarding the utilization of these services.

David advised that the questions listed above may not necessarily require an answer on December 10<sup>th</sup>. David suggested that the TF continue on to the next recommendation.

#### **D. Monitoring and Complaints:**

TF members reviewed the one-page recommendation. Marty Martinez and Marguerite Ro, Chairs of the Quality and Standards Workgroup provided an overview of the one page recommendation. Marty advised that there should be one telephone line which would build on the existing Ombudsmen’s office. Additionally, there should also be a report made to the Quality Assurance Board (QAB) who are charged with the reimbursement piece. Essentially, providers should be able to issue complaints on the broker. Additionally, the Ombudsmen should be authorized to work with the QAB.

#### **Initial Survey:**

David asked members, based on the initial language provided in the one-pager, whether there was initial agreement on the issue. Several TF members identified some concern indicated through use of yellow cards.

#### **Issues raised:**

- TF members discussed the difficulty the recommendation might place on providers, particularly as the recommendation has not received input from providers. Additionally, questions remained for managed care.
- TF members agreed with the expansion of services and the flexibility to do either or for the existing Ombudsmen office.
- Should recommendation include segment requiring that complaints must be received in as many languages as possible? TF members discussed the irony of requiring providers to cover 240 languages and absolve the state of any requirement. Additionally, it suggested that a different name other than ‘Ombudsmen’ be utilized.
- They should be able to track the interpreter’s time and usage. At their hospital, track usage and track encounter, as well as waiting time.
- We should put more responsibility on broker if we are using brokers. Also suggested that instead of typical “quality” measures, that instead there be an ‘exit poll’ on the interpreter side that documents that the interpreter used on are truly qualified.



Decision:

Lupe summarized and asked if we can agree on first two. She asked members to review the one pager and suggested that agreement be made item by item.

Changes made to the one page recommendation:

- Add that the interpreters can also contact the broker for filing of complaints.
- Number 7, this includes language around ‘qualified’ and ‘adequate’

Responsibilities of broker: TF member agreed.

Responsibility of provider: TF members expressed some concern and therefore a call will be scheduled to develop recommendations.

Issues raised:

There is concern around tracking data around consumer access that should include a tracking mechanism on the patient’s specific language. TF members discussed the possibility of having a separate conversation on this issue. TF members volunteered would like to be included in that smaller group discussion. TF members discussed who should participate on the call.

**III. Review of the Report:**

Lupe regrouped TF members and reminded them that there was an agreement made that there would be a consensus-driven process. This approach will be utilized in the report and the final draft, in its second iteration, is based on the one-pager recommendations. Additionally, Lupe advised that each organization will need to abide by member organizations. Additionally, there will be an opportunity for members and other organizations to sign on. The timeline hopefully allows sufficient time to provide time for review.

The meeting still to be determined in late January will do the programmatic sequencing. Lupe reminded members that the issue continues to be on the fact that the state has funds that it is not utilizing. Lupe conducted an overview of the report which is currently in its newest format. Lupe advised members that there are significant areas that are blank which relate to those items that the Director has raised which have yet to be developed. Lupe also advised members that cost is a significant area that will need further information. Advised members that this review was to begin to have TF become more familiar with the contents of the report.

Feedback given:

- Would like to see an explanation of what the federal and state requirements are. Discussed that this should potentially be included in the appendix.
- Suggested that something patient-based, beyond the cost statement and soliciting more funding for the system. TF members agreed.
- Contracted providers and bilingual personnel (page 18), in the appendix for reimbursement services. Asked that it includes bilingual providers. TF members agreed.

- Should work to define what a reimburseable service is and what it is not, as difficult as it might be to do in the report.
- Recommendation around translation will be included.
- Headers and other changes may be needed. She advised that a separate workgroup be created to review and finalize the draft.

Lupe advised TF members that any feedback could be sent using “track changes”. She advised TF members that she would be sending a copy by email so that TF members had an electronic copy. Additionally, she advised board members that the document being provided to the Director are considered private, though there is some discussion that this will become a public document. Various TF members iterated that the determination of whether this is a public or private document would influence their approval processes. TF members agreed that there should be no comment from the department on the final version of the report. Co-chairs agreed that this information would be given to TF members.

**Organizational Endorsements:**

Lupe raised the possibility that the document may eventually remain private or become a public document. She advised TF members that it was important to be aware of the differences for organizational endorsement dependent on the outcome of this matter. She advised that Co-chairs would be following up with TF members. As part of that, TF members discussed individual organizations and their timelines, including upcoming board meeting dates.

**Other questions raised:**

1. What if there are dealbreakers for individual organizations? TF members discussed the possibility of using a ‘rough draft’ for the first conversations with their own board members, recognizing that some time for negotiation should be built in, so that revisions could be made and follow-up presentations could be made to their boards.
2. Should we wait to January to have that discussion? TF members discussed the possibility of the Steering Committee drafting an agenda though it really is an issue of calendar and TF member availability.
3. Process – Lupe advised that any feedback would be forwarded to the Steering Committee to be delegated. She asked SC members to stay after the meeting to review recommendations.

**IV. Other Task Force business:**

TF members discussed the need for an additional meeting date and identified the following date, based on the availability of TF members:

January 23<sup>rd</sup>, 2007  
Time: 9 to 5 p.m.

Additionally, TF members discussed the following revised timeline and items needed for those dates:

**December 4<sup>th</sup>:**

Follow up items for Steering Committee

- Timeline of report
- Review WG recs

**Location:**

**Conference call**

- Respond to big philosophical questions
- Rec on Sequencing
- Rec on Translation

**December 7<sup>th</sup>:**

Steering Committee with Sandra

- Feedback on recs
- Timeline of report
- Public-private document

*Note: meeting has been postponed. Contact Lupe for any additional questions*

**December 10<sup>th</sup>:**

Task Force meeting

- Presentation by Olmedo
- Presentation follow up with April
- Finalize philosophical questions
- Approve WG recs
- Rec re: translation

**Department of Health Care Services**

1500 Capitol Ave, Rm. 167  
Downtown Sacramento CA

**January 23, 2008:**

Task Force meeting

- Sequencing of recs
- Pilot project or phase-in decision
- Review of draft plan
- Check on Endorsements (quarterly meeting, etc.)

**University of Southern California, Sacramento Center**

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