

Medi-Cal Language Access Services Taskforce
December 13 & 14, 2006
Sacramento, CA
Summary

The first meeting of the Medi-Cal Language Access Services Taskforce was held December 13 and 14, 2007. Appointed members present were:

- Lupe Alonzo-Diaz, Latino Coalition for a Healthy California
- Vanessa Baird, Department of Health Services; Medi-Cal Managed Care Division
- Qiana Charles, California State Association of Counties
- Elia Gallardo, California Primary Care Association
- Rachel Guerrero, California Department of Mental Health
- Vivian Huang, Asian Americans for Civil Rights and Equality
- Miya Iwataki, Los Angeles County, Office of Diversity Programs
- Krystal Lee (Alternate), California Primary Care Association
- Marty Martinez, California Pan Ethnic Health Network
- Debra Mullins (Alternate), Department of Health Services; Medi-Cal Managed Care Division
- Edmund Corrolan (Alternate), California Dental Association
- Carolyn Pierson, Department of Health Services; Office of Multicultural Health
- Tom Riley, California Academy of Family Physicians
- Bob Sands, California Health and Human Services Agency
- Don Schinske, California Health Interpreting Association
- Paul Simms (Alternate), California Black Health Network
- Ho Tran, Asian Pacific Islander American Health Forum
- Peggy Wheeler, California Hospitals Association
- Irv White, Department of Health Services; Medi-Cal Policy Division
- Doreena Wong, National Health Law Program

Observers and guests present were:

- Veronika Geranimo, Asian Pacific American Law Center
- Dean Lan, Department of Health Services; Office of Civil Rights
- Wendy Jameson, California Safety Net Institute
- Uzoma Mmeje, California Black Health Network
- Veronica Montoya Coalition for a Healthy California
- Sandra Perez, Office of the Patient Advocate
- Eva Rosales, California Medical Association
- Sandra Shewry, Director, Department of Health Services

Facilitator: Laurin Mayeno

I. Welcome and Introductions

Sandra Shewry, Director, CDHS, welcomed the Task Force members. She expressed her commitment to follow-through on the recommendations of the task force and shared her hope for its success.

Co-chairs, Carolyn Pierson and Lupe Alonzo-Diaz provided information on background and purpose of the meeting and the charge of the group. They recognized the role of advocacy organizations in the development and pursuit of SB1405. This group represents three primary constituencies, government, providers and consumers/advocates, and is an opportunity to proactively and collaboratively address language access utilizing reimbursement available from the federal government.

II. Objectives

Laurin Mayeno, contracted facilitator for the task force, reviewed the objectives and agenda for the meeting. The objections for the meeting were established as:

- Get to know each other
- Establish a framework for the process
- Identify questions to address

III. Background on the Medi-Cal program

Carolyn Pierson provided a general overview of the Medi-Cal system and definitions for terminology commonly used in the Medi-Cal program.

IV. Responsibilities, Roles & Process

The group reviewed two key documents that provide the framework for the Task Force: “Medi-Cal Language Access Services Taskforce” and “Participation Agreement”.

A. Attendance

The group agreed, by consensus, to the participation agreement, with the following revisions:

- Attendance (Section IV) Participants will make every effort to be at 100% of taskforce meetings in person. If people cannot attend in person, limited exceptions will be made and the option to participate by conference call will be provided. The group recognizes the disproportionate burden to those who have to travel farther.
- Participation (Section IV) – add good cause clause
- Responsibilities (Section V): “to the best of their ability” inserted in the opening sentence.

B. Decision-making

The group agreed, by consensus, to the decision-making structure outlined in the document, with the following revisions:

- In some cases, TF members require organizational approval before participating in decisions.
- Voting in absentia when an issue has already been discussed (will be allowed only in exceptional situations)

C. Objectives, Outcomes and Charge

The group did not have any changes to objectives and outcomes outlined under Task Force Charge. The group discussed the parameters of the Task Force in order to clarify what is and isn't within its charge. The following table summarizes key points:

Responsibility: Yes/No	
Yes	No
<ul style="list-style-type: none">• Look at interpretation and translation services at point of accessing Medi-Cal services• Compensation leadership• Cultural competency in context, standards and quality for interpretation and translation• Training certification• Outreach to eligible beneficiaries; how to access/find services• Data collection (what, how to analyze)• What Medi-Cal now pays for and what else needs to be covered (state, local, federal responsibility)• Follow-up and technical assistance after report	<ul style="list-style-type: none">• Eligibility system• People who don't get through eligibility process

D. Benchmarks – Deadlines

The Task Force agreed to bi-monthly meetings in Sacramento. Meetings will be held in February, April, June, August, October and December. June 2007 was tentatively identified as the target for having a draft concept report and the first draft prepared by August 2007. The TF identified the following benchmarks and deadlines to serve as a guide for the work.

V. Caucus Meetings and Steering Committee Elections

Task Force members met in caucuses according to constituency group (government, provider, consumer/advocate). Each group elected two steering committee members. The steering committee is comprised as follows:

Providers: Elia Gallardo and Don Schincke

Government: Carolyn Pierson and Miya Iwataki (Quiana as the alternate)

Consumers: Lupe Alonzo-Diaz and Marty Martinez

The steering committee will meet by teleconference call at a minimum at least once prior to each full Task Force meeting.

VI. Models for the provision of language services in other states

Veronica Montoya presented information about different models of language access services in other states. Observations by the group included:

- Rate for interpreters sometimes higher than providers
- Washington State has problem keeping funds to pay for program
- How beneficiaries qualify for language services - some using interpreters when not needed, fraud. Washington was hurt financially because of this.
- Bilingual people that are usually English proficient can lose the ability to communicate in their second language in a crisis.
- In some settings you can have just as high quality with telephonic interpretation. (Question the assumption that face-to-face is always preferred.)
- Quality should include interpreter training requirements and testing. The minimum level of training appears to be 40 hours. Some have a higher level.
- Training should include an assessment of what is learned , fluency level and literacy level.
- Sight translation requires a different set of skills (pill bottle/forms, reading and saying)
- Is there a particular model that accommodates most languages? Washington serves the most languages. There is a market demand issue if few people speak a particular language.
- Do any states distinguish interpreter skill levels? (Kaiser and Sutter have Level I – basic appointments, etc., Level II medical)
- There are many resources available that have information on these and other models: TCE Report, “Straight Talk”

VII. Identify Large Questions to Answer

To create a framework for the final report and recommendations the Task Force agreed that the major report components would be Cost/Finance; Delivery Systems; Quality and Standards, and; Oversight and Accountability. Addressing the following issues and questions were identified as being the core of the work necessary to complete the report. Further work on defining the content in each of these areas is to be conducted in the workgroups.

Cost/Finance

- FFS v. Managed Care and Administrative v. Covered Benefit
 - Will the cost for interpreters and translators be an administrative charge or a claimed service/benefit?
 - Is there a federal waiver to enhance language access services?

- How do states include interpreter reimbursement in their managed care/capitated rates?
- Funding Models
 - What are the Medicaid reimbursement requirements?
 - Can we use inter-govt agreements/transfers as part of state match like other states (ie Washington)?
 - How do we establish a rate? Will that rate be enough?
 - What are the funding models that other states use?
 - Do other states provide general fund to draw down federal funds?
- Provider Reimbursement
 - What would it take (political will, process, time, etc.) for CA to establish a separate billing code for language services?
 - How will providers (interpreters and bilingual clinicians) be reimbursed? Billing code in FFS? Enhanced rate in Managed Care?
 - How have other states implemented billing code technology and strategies?

Delivery Systems

- Infrastructure – workforce, systems
 - What is California’s experience with the interpreter/translator workforce? Are there enough?
 - How are more interpreters brought into the system?
 - To what extent are diverse languages available?
- Types of Services/What is Reimbursed?
 - Establishing at least 2 levels of interpreters (ie basic appointments vis a vis medical terminology)
 - Should interpreters be reimbursed for no-shows, travel time or waiting time? Should bilingual staff/providers be included in reimbursement system?
 - Do you differentiate reimbursement for remote versus face to face interpreting?
 - What types of services will be covered? Interpretation? Translation? Telemedicine interpretation?
- Lessons Learned From Other States
 - Why a particular state picked a certain model, delivery system to address?
 - Actual experience of state with their model
 - How effective? Which model? Language agency/broker? Reimburse providers? Reimburse interpreters? Telephone line?
 - How were agreements with public hospitals and health districts structured by Washington model?
- Existing Models for Reimbursement
 - Should bilingual providers be reimbursed?
 - Can qualified bilingual/staff interpreters be covered? Issues...
 - What type of delivery system – bilingual staff v. contracting out?
 - Can large health care systems (Kaiser/Sutter) use their own language delivery systems? Can they be brokers for themselves?
 - Is there a model that works with providers hiring interpreters and providers accessing interpreters from outside?

- What networks currently exist?
- Are there separate issues for mental health language access?
- Safety Net
 - Can we develop clear policy for Federal Qualified Health Systems (FQHC) and Disproportionate Share (DSH) hospitals in the CA language access program?

Quality and Standards

- Standards for Interpreters
 - Should quality standards focus on a floor to seek broadest participation?
 - How does the state ensure competency of interpreter? Does certification work (pros/cons)? Who certifies?
 - What are the best training programs for health care interpreters? Does managed care cover it?
 - Patient satisfaction
- Assessment to Meet Standards
 - Data collection. Manual or electronic? How often?
 - How is quality assessed? Will the process work?
 - How to ensure quality with such low Medi-Cal rates? is there a way to call it a partial payment?
- Other
 - What process ensures timely access to interpreters?

Oversight and Accountability

- What's required?
 - Is a law necessary to create a language program identifying a governing body and funding?
- Who's responsible?
 - What agency is charged with oversight?
- How is it done?
 - How are quality language services ensured – auditing, etc.?
 - How do other states create oversight and enforcement?
 - Fraud prevention

X. Establishment of Work Groups

Work Group Chair Responsibilities were discussed and agreed upon by consensus:

- Convene meetings
- Set agendas
- Host calls/meetings
- Make sure decisions are documented (can delegate)
- Written report to taskforce (before each meeting), Vero will provide format

The following individuals were selected to serve on the workgroups and act as chairs for these work groups. Taskforce members not present – still need to be added. A distinction was made between workgroup members and people who will serve as resources to the workgroups.

Work Groups	Members	Resources
Delivery Systems	Chair: Vivian/Elia Tom Elia Don Miya Rachel Irv Doreena Vivian Vero	Wendy Irv Qiana Vanesa Marty
Cost/Finances	Chair: Irv/Lupe Don Irv Qiana Vanesa/Debra Lupe	Bob Doreena
Quality and Standards	Chair: Marty Don Tom Carolyn Marty Bob Lupe	Miya Vivian
Oversight and Accountability	Chair: TBD; Paul – interim, (Carolyn – backup) Bob Marty Paul	Carolyn Doreena

VIII. How to Start Process

- The group agreed to begin by focusing on Delivery Systems. Take a look at what existing models and what providers are doing now. Other workgroups will start by gathering information and share what is relevant to delivery systems.
- Use existing systems or networks and build off of them (public hospital, family physicians, Sutter, CMA, dentists, etc.)

- Identify guiding principles/values. Begin with a draft based on work that has already been done. Quality and Standards workgroup will be developing these principles.

XI. Discussion about Parameters, Focus and Strategy

An issue was raised about what part of the system the task force should start with. This was based on a concern that the entire system would be too big to take on. There was also a concern about being inclusive of Medi-Cal beneficiaries and different types of health and medical service needs. It was agreed that the fee-for-service, managed care and managed care mental health systems would be the primary focus of the task force. Other areas such as waiver programs, long-term care facilities, dental and alcohol and drug programs would be incorporated or adapted later.

XII. Next Steps

- Establish website on the Office of Multicultural Health website
- Workgroup meetings to be conducted by January 31, 2007.
- Steering committee meeting to be scheduled