



DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

NOV 10 2010

MMCD Policy Letter 10-012

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: HEALTH EDUCATION AND CULTURAL AND LINGUISTIC GROUP
NEEDS ASSESSMENT (GNA)

PURPOSE

The purpose of this policy letter is to clarify Health Education and Cultural and Linguistic Group Needs Assessment (GNA) contract requirements for Medi-Cal managed care plans (hereafter referred to as Plans). This policy letter supersedes MMCD Policy Letter 99-02. The contractual requirements for the GNA and related health education, and cultural and linguistics services requirements are based on California Code of Regulations, Title 22, Sections, 53876(a)(c), 53851(b)(2)(e), 53853(a)(2); 53910.5(a)(2); Title 28, Section 1300.67.04(c)(1)(A)(B), and the Code of Federal Regulations, Title 42, Chapter IV, 438.206(b)(1)(ii), 438.206(c)(2), 438.236(b)(2), 438.240(b)(4), 438.242(b)(1). The updated requirements included in this policy letter reflect the current technologies, state and federal laws and regulations, and contract requirements for MMCD.

BACKGROUND

Health plans are required to conduct a GNA to identify the needs of Members, available health education and cultural and linguistic (C&L) programs and resources, and gaps in services. The special needs of seniors and persons with disabilities, children and adults with special healthcare needs, members with limited English proficiency, and members from diverse cultural and ethnic backgrounds must be specifically addressed in the GNA findings. The GNA findings shall be used to plan and implement culturally competent and linguistically appropriate services, health education and continuous quality improvement programs and services. Health plans must use multiple reliable data sources, methodologies, techniques, and tools to conduct the GNA, as delineated in the enclosed GNA Report Format.

GOAL

The goal of the GNA is to improve health outcomes for members enrolled in Medi-Cal managed care by evaluating Medi-Cal managed care member health risks, identify health needs, and prioritize health education, C&L services, and quality improvement programs and resources to improve member's health outcomes.

The GNA will identify:

- member health status and behaviors,
- member cultural and linguistic needs,
- community health education and cultural and linguistic program and resources,
- health disparities, and
- gaps in services.

The GNA shall address the unique needs of all Medi-Cal managed care child and adult members including:

- seniors and persons with disabilities,
- members with special healthcare needs,
- members with limited English proficiency, and
- members from diverse cultural and linguistic backgrounds.

I GNA Report Requirements

1. Oversight and Administration of the GNA

The Plan shall maintain administrative oversight of this program requirement by the manager or director of health education and/or C&L services. The Plan shall develop and implement procedures to ensure appropriate health education and C&L services staff are involved in the preparation of the GNA.

2. Data Sources and Methodology

The Plan must use multiple, reliable data sources, methodologies, techniques, and tools to conduct the GNA. These shall include but not be limited to member surveys, HEDIS, CAHPS, claims and encounter data. Additional relevant data sources may also be included, such as analysis of focus groups, county data, and other relevant survey data from external organizations. Plans are required to use standardized questions to survey their members. Standardized questions have been developed by the statewide Health Education and Cultural and Linguistics Workgroup

(HECLW) and are enclosed (Attachment B). The use of standardized questions will make it possible to analyze member needs and trends on a statewide basis. The Plan's Health Education and/or C&L Services departments are encouraged to work in close collaboration with other Plan departments and policy level committees, as well as local public health departments and community based organizations in implementing the Group Needs Assessment.

3. Consumer Input

The Plan's Community Advisory Committee (CAC) should be provided with an opportunity to provide input on the GNA planning process. GNA findings must be reported to the CAC, and Plans must develop a process to obtain advice and recommendations regarding GNA findings from this committee. Plans are encouraged to solicit input from other community advisory groups and organizations as well as from the CAC.

4. Provider Training

The Plan shall ensure contracted health care providers, practitioners, and allied health care personnel receive education and training regarding GNA findings and training on how the Plan proposes to address identified needs. Trainings shall address the overall needs of members, as well as the specific needs of children and adults with special health care needs, seniors and persons with disabilities, members with limited English proficiency, and members from diverse cultural and ethnic backgrounds. This training shall be provided to other health plan department staff to increase their understanding of member needs.

5. Time and GNA Report Format

Plans shall prepare a GNA Report **and** electronically submit an Executive Summary of their GNA Report every five years. Plans shall maintain the full GNA Report and have available for MMCD and Medical Audits to review upon request. The first GNA Report shall be completed and Executive Summary submitted to MMCD on **October 15, 2011** for all Plans, and every five years thereafter. Health plans serving multiple Medi-Cal counties will be required to complete only one GNA Report with subsections that include information and data for each county served by the Plan. The Plan shall prepare the full GNA Report using the enclosed GNA Report Format (Attachment A).

The Executive Summary of the GNA Report shall consist of no more than two (2) pages and shall include a summary of the following

- I. Data Sources and Methods
- II. Member Demographics
- III. Member Health Status, Disease Prevalence, Gap Analysis
- IV. Understanding C&L and Health Education Member Needs
- V. Conclusions and planned actions, including comparison to previous and current activities.

6. Work Plan

The Plan's annual work plan shall incorporate and reflect findings from the GNA Report and annual GNA Update. The work plan shall include implementation activities, timelines with milestones, responsible individuals, and the individual with overall responsibility.

II GNA Update

An annual GNA Update shall be electronically submitted every year on **October 15th**, except in the years when the full GNA Report is completed and Executive Summary submitted to MMCD. The due date for the first annual GNA Update will be **October 15, 2012**. The annual GNA Update will address the following areas:

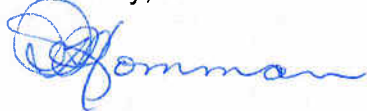
- Demographic changes
- New health disparities or changes in health outcomes
- Changes in HEDIS, CAHPS or other survey findings
- New health education, quality improvement and C&L programs and resources
- New program needs and how they will be addressed

Additionally, new and existing plans with newly contracted counties or service areas shall be required to include additional information regarding member demographics, disease prevalence, and member health status in their first GNA Update (in lieu of a full GNA Report). Thereafter, new and existing plans with newly contracted counties or service areas will have the same GNA reporting requirements as all the other Plans who provide Medi-Cal managed care services in California.

III MMCD Oversight

MMCD will monitor timeliness and content of GNA Executive Summaries and review full GNA reports as needed to assess health plan member needs and plan activities to address those needs. If you have any questions regarding this policy letter, please contact your MMCD Contract Manager.

Sincerely,



Tanya Homman, Chief
Medi-Cal Managed Care Division

Enclosures: Attachment A: GNA Report Format
Attachment B: GNA Member Survey Questions

GNA REPORT FORMAT (Attachment A)

Health Education and Cultural & Linguistic Group Needs Assessment (GNA)

PURPOSE

The purpose of this document is to provide a format for the Health Education and Cultural & Linguistic Group Needs Assessment (GNA) Report for the Medi-Cal managed care health plans. The GNA Report Format was developed in collaboration with MMCD and the Health Education and Cultural & Linguistic Workgroup (HECLW) to clarify requirements and provide guidance on preparing a GNA for Medi-Cal managed care populations.

The goal of the Group Needs Assessment is to improve health outcomes for members enrolled in Medi-Cal Managed Care by:

- Evaluating Medi-Cal managed care memberships' health risks and identifying their health care needs
- Prioritizing health education, cultural/linguistic services, and quality improvement programs and resources.

The Group Needs Assessment will identify, through separate analyses whenever possible, for child and adult populations, relevant to Medi-Cal managed care populations:

- Members' health status and behaviors
- Members' cultural and linguistic needs
- Community health education and cultural and linguistics programs and resources
- Health disparities
- Gaps in services

The Group Needs Assessment shall address the unique health needs of children and adults enrolled in Medi-Cal Managed Care including:

- Seniors and persons with disabilities (SPDs)
- Members with special health care needs
- Members with Limited English proficiency
- Members from diverse cultural, ethnic and linguistic backgrounds

GNA findings will be used to develop and implement culturally and linguistically appropriate Health Education, Cultural and Linguistic Services, and Quality Improvement (QI) programs and services.

GNA UPDATE

The annual GNA Update is due on October 15th, every year except in the year(s) when the GNA Report is due to be completed. Newly contracted MMCD health plans or plans with newly contracted counties/service areas will not be required to complete a GNA Report until it is due for all other MMCD contracted health plans. However, new plans or existing plans with new counties/service areas will be required to complete an additional section of the GNA Annual Update that includes information on member demographics, disease prevalence, and member health status.

GNA REPORT FORMAT (Attachment A)

GNA REPORT COMPLETION AND SUBMISSION OF THE EXECUTIVE SUMMARY

The first GNA Report shall be completed and Executive Summary of the GNA Report submitted to MMCD on October 15, 2011 and thereafter, every five years. The due date for the GNA Report and Executive Summary shall be the same for all MMCD contracted health plans. The Executive Summary must be submitted electronically to the plan's assigned Contract Manager.

GNA REPORT FORMAT

Participating Plans must complete the GNA Report in the format specified below. The Report should be succinct, to the point, and written in easy to understand language. Each section includes suggested page requirements for a Plan with services in only one county. Health Plans with services in multiple contracted counties/service areas may need additional pages to include sub-sections with information and data for each county served.

I. **Cover Sheet**

Standard cover sheet (provided by MMCD).

II. **Table of Contents (1 page)**

Include bold headings and reference page numbers.

III. **Executive Summary (2 pages maximum)**

Key findings and recommendations separated by Medi-Cal managed care:

- Children
- Adults
- Seniors and Person's with Disabilities (SPDs)

IV. **Introduction/Overview (1 page)**

Include the purpose of the GNA and define the goals and objectives.

V. **Data Sources and Methods (1 page)**

Include the methods used to assess the Plan's Medi-Cal managed care populations and describe why those methodologies were chosen.

MMCD and health plans will work collaboratively in providing overall County and State snapshots of race/ethnicity, language, chronic conditions, and relevant research. These snapshots and research literature will be posted on an extranet website which the health plans may use to compare to their own membership.

A. Required data sources include:

- HEDIS data
- CAHPS data
- Available administrative, claims, and/or encounter data

G N A R E P O R T F O R M A T (Attachment A)

B. Required data from GNA Member Survey (Attachment B):

- Plans may tailor the Member Survey by adding additional plan specific questions

C. Optional data sources can include:

- Previous studies
- County data
- New enrollee data
- CHIS data

D. Optional methods can include:

- Face-to-face interviews
- Questionnaires
- Focus groups
- Review of census reports
- Member Evaluation Tool (when it is operational, provided by MMCD)

VI. Medi-Cal Managed Care Member Demographics (1 page)

Compare the Plan's membership populations to the County, State, and the last submitted GNA Report (if available) by:

- Age
- Gender
- Race/ethnicity
- Preferred language
- Geographic distribution
- Seniors and persons with disabilities
- Children and adults with special health care needs

VII. Plan-Specific Medi-Cal Managed Care Member Health Status, Disease Prevalence, and Gap Analysis (2 pages)

Compare health plan data with benchmarks including HEDIS MPL and Healthy People 2020 (required), last health plan submitted GNA Report (if available), and report upon the following:

- Changes in the utilization of services (health education services; cultural and linguistic services; preventive, urgent, and emergency care (in-patient or out-patient) utilizing HEDIS data, claims, and encounter data
- Assessment of the physical health of the Plan's enrolled population, including, but not limited to: disease prevalence, BMI rates (as available),

G N A R E P O R T F O R M A T (Attachment A)

- Comparison of Health Plan’s disease prevalence rates to County and State data, and the plan’s non-Medi-Cal managed care members (if available).
- Mental health data, if available
- Health disparities such as incidence of obesity by ethnicity (if available) or language spoken. Other areas to consider are asthma and diabetes rates based on ethnicity.

VIII. Understanding the Cultural and Linguistic Services and Health Education Needs from the Medi-Cal Members’ Perspective (2 pages)

A standardized member survey (Attachment B) was developed collaboratively by MMCD and representatives from the Plans. The standardized survey questions will help answer the following:

- Perceived health needs and expectations
- Reported language needs
- Preferred methods of learning
- Availability and accessibility of health information
- Lifestyle choices and behaviors which influence health (e.g. tobacco use)
- Access to language services
- Access to health education services
- Access to technology
- Member’s perception of health care experiences
- Member’s perception as to whether the health education, cultural and linguistic, and/or health care services received from their provider met their needs.

Plans may add additional questions to the standardized survey questions to obtain unique Plan specific information about their members.

IX. Key Recommendations, Planned Actions and Conclusion (2 pages)

Separate key recommendations for children, adults, and SPD. Include county-specific recommendations, as needed.

Plans shall indicate the activities the Plans intend to take to address the identified needs, gaps in services or other issues raised by the GNA. Plans shall also include and compare previous and current GNA related activities with planned actions resulting from new GNA findings. Provide a timeline for conducting these activities.

X. References

XI. Attachments

We want to hear from you! Your health is important to us!
This survey should be completed by someone 18 years or older.

Attachment B
GNA Member
Survey

Your answers to this survey will help us:

- **work with our doctors to provide better health care to you and/or your child**
- **offer new health education programs to help keep you and/or your family healthy**
- **make sure you receive care that is right for you**

1. What language do you prefer to speak when talking with the primary care doctor?
(Please choose only one.)

- | | | | | | |
|----------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cantonese | <input type="checkbox"/> English | <input type="checkbox"/> Farsi | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Khmer | <input type="checkbox"/> Korean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Russian | <input type="checkbox"/> Sign Language | |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: _____ | | |

2. Does the doctor speak your language?

- Yes No

3. How well do you speak English?

- Very well Well Not well Not at all

4. Do you need an interpreter when talking with the doctor? An interpreter can explain what the doctor says in your language.

- Yes No

If Yes, who most often interprets for you?

- | | |
|---|--|
| <input type="checkbox"/> A professional interpreter | <input type="checkbox"/> Office staff such as a nurse or assistant |
| <input type="checkbox"/> A family member or friend | <input type="checkbox"/> Someone from my health plan |
| <input type="checkbox"/> No one | <input type="checkbox"/> Other: _____ |

5. Does your doctor or office staff give you books, brochures, or flyers about health?

- Yes No

If Yes, are the books, brochures, or flyers easy to read?

- Yes No

6. Which health topics do you want to learn more about? (Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Healthy aging | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Alcohol or drug abuse | <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Quit smoking |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Healthy teeth | <input type="checkbox"/> Sadness or depression |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Safe medicine use |
| <input type="checkbox"/> Child safety | <input type="checkbox"/> How to use health plan | <input type="checkbox"/> Sexual health |
| <input type="checkbox"/> Cholesterol or heart health | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Violence prevention |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Injury prevention | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Parenting | <input type="checkbox"/> Other: _____ |

7. How do you like to learn about health? (Check all that apply.)

- Watch a video or DVD
- Listen to audio (such as tape or recording)
- Use the Internet
- Use email or text messages
- Use Twitter or Facebook
- Attend a class, workshop, or support group
- Read a newsletter or brochure
- Talk to a doctor or other health care provider
- No interest in learning about health topics
- Other: _____

8. In the last year, what have you done to learn more about your health? (Check all that apply.)

- Went to a class
- Spoke to a health educator
- Spoke to a nutrition specialist
- Spoke to a doctor
- Called the Nurse Advice Line
- Got counseling over the phone
- Used a self care handbook to look up health information
- Got health advice from the Internet
- Watched a DVD or video
- None of the above
- Other: _____

9. Do you have any difficulty getting information and support to stay healthy? (Check all that apply.)

- I have no difficulty getting information and support
- I do not know what is available
- I worry about sharing my private information
- Appointments are hard to get
- I do not have childcare
- I do not have transportation
- Information is not available in my language
- I do not want to take a class
- I do not want to learn about my health

10. How happy are you with the health education classes and materials you get from the doctor's office, clinic, hospital or health plan?

- Very happy Happy Not happy Does not apply

11. Health beliefs come from your religion, culture, traditions or family history. How often do your beliefs conflict with the doctor's advice?

- Always Sometimes Rarely Never

12. How often do you use the Internet?

- Always Sometimes Rarely Never

13. How do you prefer to get health information from your health plan?

- Health information mailed to my home
- Health plan website
- Email
- Materials with large text size
- Materials in Braille
- Text messaging
- Social media websites such as Facebook or Twitter
- I prefer not to receive health information from my health plan

Thank you for taking the time to answer these questions. This information is very important to us! We will use it to improve the services we provide to you.