

Exhibit A
Scope of Work

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A. Service Overview

Contractor agrees to provide to the California Department of Health Care Services (DHCS) the services described herein.

1. The study conducted must provide all of the following:
 - a. Identification of current requirements for medical interpretation services including, but not limited to:
 - 1) Education requirements for medical interpretation service providers
 - 2) Training requirements for medical interpretation service providers
 - 3) Licensure requirements for medical interpretation service providers
 - b. Analysis of other state Medicaid programs.
 - c. Recommendations on strategies that may be employed regarding the provision of medical interpretation services for Medi-Cal beneficiaries who are limited English proficient (LEP), in compliance with applicable state and federal requirements.
 - d. Assessment of, and recommendations on, pilot projects that would evaluate a mechanism to provide and improve medical interpretation services for limited English proficient Medi-Cal beneficiaries, including funding for those activities and the allowable use of federal funding.

B. Service Location

The services to be performed shall be conducted at various statewide facilities accessible to and provided by the Contractor.

The location(s) where the primary work on this agreement/contract is to be performed shall be identified by the Contractor and be a facility or facilities furnished by the Contractor and accessible to the Department. This location or locations shall be where the assessment, analysis, and report creation is conducted.

The Contractor shall identify the location of sites and sources of information used to conduct the study and provide the services to be performed as indicated in this Scope of Work. In identifying sites, the Contractor shall take into consideration a multitude of factors, including the demographics of the area, the need for Medical Interpretation Services (MIS), the types of Medical Interpretation Services delivery modalities, etc. The Department must approve those facilities/sites identified by the Contractor prior to beginning the MIS study. Requests for approval shall be submitted as an inquiry via email to the Department individual identified in Section D.2., and shall be submitted by the Contractor's email address identified in Section D.2. The Contractor shall identify and discuss additional prospective sites during Progress Report Meetings or more frequently if necessary.

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1. The Department shall have access to the staff and facilities used during business hours and may inspect the facilities and meet with staff during those business hours.
2. The contractor shall make arrangements for the Department to have access as indicated in Exhibit A, Section B.1.

C. Service Hours

The services shall be provided during normal State agency working hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding California state holidays during the term of this agreement for all communications, meetings, and reporting with and to the Department.

D. Project Representatives

1. The project representatives during the term of this Agreement will be:

<p>Department of Health Care Services</p> <p>Medi-Cal Benefits Division Contract Manager: Cynthia Smiley, Division Chief</p> <p>Telephone: (916) 345-8240 Email: Cynthia.Smiley@dhcs.ca.gov</p>	<p>Contractor's Name</p> <p>Nimdzi Insights LLC Tucker Johnson, Managing Director Telephone: (206) 455-3285 Email: admin@nimdzi.com</p>
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2. Direct all inquiries to:

<p>Department of Health Care Services</p> <p>Medi-Cal Benefits Division Attention: Inna Tysoe, Health Program Specialist I</p> <p>Mail Station Code 4601 Department of Health Care Services Medi-Cal Benefits Division P.O. Box 997417 or other Box number Sacramento, CA 95899-7417</p> <p>Telephone: (916) 345-8106 Fax: (916) 552-9425 Email: Inna.Tysoe@dhcs.ca.gov</p>	<p>Contractor's Name</p> <p>Nimdzi Insights LLC Attention: Tucker Johnson 2523 Boyer Avenue E Seattle, Washington 98102</p> <p>Telephone: (206) 455-3285 Email: admin@nimdzi.com</p>
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3. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this Agreement.

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E. Services to be Performed

1. The Contractor shall conduct a study that shall meet all the following objectives:

- a. **Objective 1:** Study the requirements for the provision, funding, and administration of Medical Interpretation Services as listed below. Assess and identify similarities, variances, trends, and best practices in all of the following categories:
- 1) Federal requirements;
 - 2) State requirements;
 - 3) Other Local Governmental Entities (including but not limited to City, County, City/County, and Tribal Entities) requirements;
 - 4) Healthcare providers' (including but not limited to Private Practice, Hospital, Clinics, Health Plan, Health Insurance, other Healthcare Providers) requirements; and
 - 5) Industry and Association standards and requirements (E.g. American Medical Association (AMA), American Public Health Association (APHA), etc.).
- b. **Objective 2:** Study the education, licensure, and training requirements for Medical Interpretation Services providers. Assess and identify similarities, variances, trends, and best practices in all of the following categories:
- 1) Federal requirements;
 - 2) State requirements;
 - 3) Other Local Governmental Entities (including but not limited to City, County, City/County, Tribal Entities) requirements;
 - 4) Health care providers' (including but not limited to Private Practice, Health Plan, Health Insurance, Clinic, City/County, Local Governmental Entity, American Health Care Association (AHCA), American Nurses Association (ANA), Health Industry Collaboration Effort (ICE), National Association of State Offices of Minority Health (NASOMH), etc.) {These are examples, not an inclusive list of all possible associations} requirements
 - 5) Assess the requirements in "Objective 2: 1-4" and the administration, tracking, and oversight and identify similarities, variances, and best practices.
 - 6) Assess the administration, tracking, and oversight of the education, licensure, and training requirements for Medical Interpretation Services providers.

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- c. **Objective 3:** Study the provision of Medical Interpretation Services by other states' Medicaid programs. Assess and identify similarities, variances, trends, and best practices. Assess and identify similarities, variances, trends, and best practices in all of the following categories:
- 1) Assess other State Medicaid plans and the manner in which they comply with Section 1557 of the Patient Protection and Affordable Care Act, with specific assessments of the language interpretation services provided, and the administration, funding, and payment methodology for the language interpretation services. Assess and identify similarities, variances, trends, and best practices.
 - 2) Assess other State Medicaid plans and their regulations regarding the licensure, examination, education, and training for medical interpretation services. Assess and identify similarities, variances, trends, and best practices with regards to:
 - a) Education and training for support staff.
 - b) Education and training for health care provider staff.
 - c) Education, Training, licensure, and examination, for Medical Interpretation Service providers and staff who provide Medical Interpretation Services.
 - 3) Study and assess the geographic, demographic, and language diversity within the California Medi-Cal population.
- d. **Objective 4:** Study and Assess the current provision of Medical Interpretation Services (MIS) to Limited English Proficient (LEP) patients, including the identification of LEP patient's Language Preference and scheduling and provision of MIS. Assess and identify similarities, variances, trends, and best practices in all of the following categories:
- 1) Study and assess the various types of Medical Interpretation Services provided within the Medicaid Population.
 - a) Identify and assess the various types of Medical Interpretation Services available and provided for each language.
 - b) Assess the prevalence of medical interpretation by family members, accompanying adults, or other individuals, particularly when qualified medical interpretation modalities are not available.
 - c) Assess the use of consecutive versus simultaneous interpretation.

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- d) Assess Medical Interpretation Services available across healthcare sectors, including primary care, emergency care, and specialty care especially mental health care.
 - e) Explore the prevalence, quality, and efficacy of each modality.
 - f) Assess the processes in which Medical Interpretation Services are accessed by or on behalf of Limited English Proficient (LEP) patients prior to care (scheduling an appointment) and during time of care (at prescheduled appointment, urgent/emergent care visit, ancillary service appointments (diagnostic, x-ray, and laboratory services), etc.).
 - g) Assess the methods and data available for determining threshold languages.
- 2) Assess the effect/impact of the provision of Medical interpretation Services to Limited English Proficiency patients on adherence to treatment and follow-up, medical complications, and patient satisfaction.
 - 3) Assess the availability of other language assistance services provided to Limited English Proficient patients and whether they are used in conjunction with Medical Interpretation Services.
 - 4) Assess how and when the Language Preference for Limited English Proficient (LEP) patients is identified and used by staff to provide Medical Interpretation Services.
- e. **Objective 5:** Study and Assess the current cost, funding mechanisms, and billing mechanisms used for the provision of Medical Interpretation Services (MIS) to Limited English Proficient (LEP) patients. Assess and identify similarities, variances, trends, and best practices:
- 1) Study and assess the current cost, funding mechanisms, and billing mechanisms used for the provision of Medical Interpretation Services (MIS) to Limited English Proficient (LEP) patients by:
 - a) Other Local Governmental Entities (City, County, City/County, Tribal Entities);
 - b) Health Plans and Health Insurance Providers;
 - c) Health Care Providers (Hospital, Private Practice, Clinical, etc.);
 - d) Other State Medicaid Programs; and
 - e) Other community and/or industry resources.

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- f. **Objective 6:** Assess the barriers to identification of need for, provision of, and utilization of Medical Interpretation Services and methods in which government, non-profit, private, and community resources are used to mitigate these barriers in providing Medical Interpretation Services to Limited English Proficient patients. Assess and identify similarities, variances, trends, and best practices.
- g. **Objective 7:** Make recommendations on strategies that may be established regarding the provision of Medical Interpretation Services for Medi-Cal beneficiaries who are Limited English Proficient (LEP), in compliance with applicable state and federal requirements:
 - 1) Make recommendations for pilot activities and strategies to be used. Identify the basis for these recommendations, including source information, data, and analyses.
 - 2) Make recommendations for pilot sites. Identify the basis for these recommendations, including source information, data, and analyses.
 - 3) Make recommendations for the funding and billing mechanisms for these activities and strategies. Identify the basis for these recommendations, including source information, data, and analyses.

2. Progress Report Meetings

- a. **Schedule:** The Contractor shall coordinate with the Department and upon approval of the Department shall schedule the following Progress Report Meetings:
 - 1) Initial: Shall occur within 7 business days from the effective date of this agreement. Shall occur in person, via conference call, or via webinar upon the approval of the Department.
 - 2) Interim: Shall occur weekly via conference call or webinar, upon the approval of the Department.
 - 3) Final: Shall occur in person, via conference call, or via webinar upon the approval of the Department.

3. Monthly Status Reports

- a. **Schedule:** The Contractor shall provide monthly status reports due by 4:00 p.m. on the 5th of each month beginning the month after this agreement is effective.
- b. **The Monthly Status Reports shall:**
 - 1) Document the status and demonstrate progress of meeting all objectives identified within the Scope of Work.

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- 2) Identify the methodology being used to meet the objectives as indicated in the Contractor's Work Plan.
 - 3) Document and provide all sites and sources of information used in meeting the objectives.
 - 4) Provide the data and data analysis used for specific objectives.
- c. The Monthly Status Reports shall be provided to the Department in the following format:**
- 1) Written using Microsoft Word version 2013 or newer or Adobe Acrobat PDF upon the approval of the Department.
 - 2) Data shall be provided via Microsoft Excel 2013 version or newer, or CSV format upon the approval of the department.
 - 3) One (1) hard copy mailed to the Department Representative identified in 4.B., and a CD/secure USB drive containing 1 copy of the Monthly Status Report along with all source information, data, and data analyses.
 - a) The device should be clearly labeled as a Monthly Status Report along with the due date.

4. Final Report

- a. Shall be submitted to the Department between the Final Progress Report Meeting and the end term of this agreement.
- b. Shall summarize the Monthly Status Reports.
- c. Identify the methodology being used to meet the objectives as indicated in the Contractor's Work Plan.
- d. Document and provide all source information used in meeting the objectives.
- e. Provide the data and data analyses used for specific objectives.
- f. The Final Report shall be provided to the Department in the following format:
 - 1) Written using Microsoft Word version 2013 or newer or Adobe Acrobat PDF upon the approval of the Department.
 - 2) Data shall be provided via Microsoft Excel 2013 version or newer, or CSV format upon the approval of the department.

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- 3) One (1) hard copy mailed to the Department Representative identified in Section D.2, and a CD/secure USB drive containing 1 copy of the Final Report along with all source information, data, and data analyses.
 - a) The device should be clearly labeled as a Final Report along with the date submitted.
- g. Upon receipt of the Final Report, the Department shall have up to 90 days to review for acceptance.
5. Submittal of information or reports containing personal information or personal health information shall be done via secure format upon approval of the Department.

F. Americans with Disabilities Act

Contractor agrees to ensure that deliverables developed and produced, pursuant to this Agreement shall comply with the accessibility requirements of **Section 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973** as amended (29 U.S.C. § 794 (d), and regulations implementing that act as set forth in Part 1194 of Title 36 of the Federal Code of Regulations. In 1998, Congress amended the **Rehabilitation Act of 1973** to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code section 11135 codifies section 508 of the Act requiring accessibility of electronic and information technology.