



## **Request for Application**

### **Medical Interpreter Pilot Project July 2021**

Department of Health Care Services  
Benefits Division  
MS 4601  
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**Request for Application (RFA) #21-10146  
Medi-Cal Interpreters Pilot Project**

**A. Purpose, Background, Definition of Terms, and Description of Services**

**1. Purpose**

The Department of Health Care Services (DHCS) is soliciting applications from entities that are qualified to provide medical interpreter services under a medical interpreter pilot project. Medical interpreter services will be provided to Medi-Cal beneficiaries with Limited English Proficiency (LEP) at medical and behavioral health (mental health and substance use disorder services) in-person and telemedicine appointments, at four pilot sites that reflect the linguistic and geographic diversity of California. A primary focus of the pilot project will be to evaluate whether the provision of medical interpreter services results in a reduction of disparities in access to, use of, and quality of care, with respect to Medi-Cal beneficiaries with LEP and Medi-Cal beneficiaries who are proficient in English.

Applications must address all of the services described throughout this Request for Application (RFA) and Scope of Work.

**2. Background**

Senate Bill (SB) 165 (Chapter 365, Statutes of 2019), which amended Welfare and Institutions Code (WIC), sections 14146 and 14146.5, requires DHCS to establish a pilot project with up to four sites to evaluate the provision of medical interpretation services for Medi-Cal beneficiaries with LEP. WIC section 14146(c)(2), as amended, requires the pilot project to evaluate the following minimum criteria:

- a. Whether Medi-Cal beneficiary satisfaction is greater than for those beneficiaries without access to in-person medical interpretation;
- b. Whether the satisfaction of physicians and surgeons, nurse practitioners, physician assistants, and other health professionals acting within their scope of practice increases;
- c. Whether noncompliance with treatment regimens or avoidable medical errors are reduced;

- d. Whether disparities in care are reduced, with respect to LEP Medi-Cal beneficiaries compared with Medi-Cal beneficiaries who are proficient in English;
- e. Whether the Medi-Cal managed care plans identify improvements in quality of care; and
- f. The utilization of medical interpreters by providers and Medi-Cal managed care plans.

DHCS is committed to building an equitable system of care and evaluating ways to reduce disparities. Further evaluation of the potential link between health disparities and LEP is warranted, as a large percentage of Medi-Cal beneficiaries are not fluent in English, and thus may be unable to effectively communicate their medical issues to Medi-Cal providers without assistance from a medical interpreter. According to DHCS' Medi-Cal Monthly Eligible Fast Facts report published in April 2021 (date represented: January 2021; available online at <https://www.dhcs.ca.gov/dataandstats/statistics/Documents/FastFacts-January2021.pdf>, p. 12), approximately 36 percent of the approximately 13.7 million Medi-Cal beneficiaries speak a primary language other than English.

DHCS will make available one-time funding to support the provision of in-person and remote medical interpreter services for Medi-Cal beneficiaries with LEP, at medical and behavioral health in-person and telehealth appointments for beneficiaries enrolled in a managed care plan or fee-for-service Medi-Cal. The Medical Interpreter Pilot Project is anticipated to begin on October 1, 2021, and to end September 30, 2023. The total contract amount expected per pilot site over the term of the contract is \$1 million. This allocation may be divided between multiple responsive and responsible applicants for the same site, or awarded to a single responsive and responsible applicant for that site, as deemed to be in the best interest of DHCS. Awarded funds will support providing medical interpreter services at up to four pilot sites across California.

### **3. Definition of Terms**

#### **a. California Confidentiality of Medical Information Act**

The **California Confidentiality of Medical Information Act (CCMIA)**, California Civil Code, section 56 et. seq., defines who may release confidential medical information, and under what circumstances. The CCMIA also prohibits the sharing, selling, or otherwise unlawful use of medical information. In general, the CCMIA prohibits health care providers, health care service plans, contractors, and pharmaceutical

companies from disclosing patient medical information without first receiving a valid written authorization signed by the patient or the patient's legal representative.

**b. Health Insurance Portability and Accountability Act of 1996**

The **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** is a federal law that was enacted to improve the efficiency and effectiveness of the nation's health care system, and includes provisions to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. HIPAA also defines requirements for the privacy and security for protected health information.

**c. Medi-Cal Threshold Languages**

For Medi-Cal managed care plans, **Medi-Cal Threshold Languages** are languages identified as the primary language, as indicated on the Medi-Cal Eligibility Data System (MEDS), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per California Code of Regulations (CCR), Title 9, Section 1810.410(a)(3). Statewide (including fee-for-service Medi-Cal), DHCS applies this standard by providing translations or language access assistance in the following threshold languages: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, and Vietnamese.

**d. Languages of Lesser Diffusion**

For the purposes of this RFA, **Languages of Lesser Diffusion** are defined as languages that are spoken less frequently than Medi-Cal Threshold Languages, but also present language access needs for the population of beneficiaries served at the pilot site.

**4. Description of Services to be Provided**

Awarded funds will be used to support the provision of medical interpreter services to Medi-Cal beneficiaries with LEP, and for the evaluation of whether these services resulted in a decrease in health disparities and improved health outcomes for beneficiaries with LEP with respect to beneficiaries who are fluent in English. The awarded Contractor must have the capacity to respond to

requests for in-person and remote (via audio-visual technology and by telephone) medical interpreter services.

For each pilot site, the Contractor will utilize communication platforms (which may include telephone, email, and/or online portal) for requests from Medi-Cal managed care and fee-for-service providers for in-person and remote medical interpreter services. The Contractor will coordinate and monitor the provision of medical interpreter services provided by staff and subcontractors, pay staff and subcontractors for services provided, and submit aggregate billing to DHCS on a quarterly basis. In addition, the Contractor will coordinate with the independent Medical Interpreter Pilot Project Evaluator (Evaluator) to: establish a uniform survey prior to pilot project implementation; translate the survey into Medi-Cal threshold languages and any languages of lesser diffusion in which the Contractor provides pilot project medical interpreter services; promote the availability of interpreter services at the pilot site and the platform to be used for requesting medical interpreter services with Medi-Cal health plans and fee-for-service providers in consultation with DHCS; and coordinate and facilitate data sharing with the Evaluator throughout the term of the pilot. The Contractor will provide all final data to the Evaluator no later than October 30, 2023.

The awarded Contractor will ensure that all medical interpreter staff and subcontractors assigned to this project are trained and certified to provide quality, culturally competent care, and have completed additional credentialing that includes criminal background checks. In addition, the awarded Contractor will authorize, schedule, coordinate, manage, and monitor the performance of employees and subcontractors assigned to this project, pay staff and subcontractors for medical interpreter services provided, and provide aggregate billing to DHCS for reimbursement. The awarded Contractor will collect required beneficiary services data, coordinate sharing of this data with the Evaluator, and electronically submit monthly beneficiary services data to the Evaluator.

Medical interpreter services provided through this pilot project shall be available in all Medi-Cal Threshold Languages spoken at each pilot site, during all operating hours of each pilot site, until no later than September 30, 2023. The Threshold Languages requirements are indicated in "D. Scope of Work," page 7, and broken down by county. It also is highly desirable that the Contractor(s) have the capacity to provide medical interpreter services in languages of lesser diffusion spoken at the pilot site.

The awarded Contractor will submit quarterly progress reports documenting service statistics to DHCS and the Evaluator. The quarterly report shall describe the Medi-Cal service associated with each hour of in-person and remote medical interpreter services provided, and include an explanation of all referrals that the Contractor declined and the basis for declining the referral. In addition, the

awarded Contractor will be available to participate in technical assistance and remediation conferences convened by DHCS in response to Contractor performance issues identified by DHCS and/or the Evaluator.

## **B. Time Schedule**

Below is the tentative time schedule for this procurement. If DHCS finds a need to alter the timelines listed herein, either an addendum or a correction notice will be issued announcing the alternate timelines.

1. RFA Released: July 12, 2021
2. Questions Due: July 26, 2021 by 4:00 p.m. Pacific Daylight Time (PDT)
3. Applications Due: August 2, 2021 by 4:00 p.m. PDT
  - a. Contractors Selected: August 27, 2021 by 4:00 p.m. PDT

## **C. Contract Term**

The term of the resulting agreement is expected to be 24 months, anticipated to be effective October 1, 2021 through September 30, 2023. The agreement term may change if DHCS makes an award earlier than expected or if DHCS cannot execute the agreement in a timely manner due to unforeseen delays. DHCS reserves the right to extend the term of the resulting agreement via an amendment, as necessary to complete or continue the services. Contract extensions are subject to satisfactory performance and funding availability.

## **D. Scope of Work**

Please refer to the Scope of Work contained as an Exhibit A attachment to the RFA and the information contained herein. The Scope of Work is referred to throughout the RFA and provides a more detailed description of the requirements. Activities supported by this funding opportunity must be focused on providing in-person and remote medical interpreter services for Medi-Cal beneficiaries with LEP and coordinating the collection of data used to independently evaluate whether the provision of these services was effective in improving treatment outcomes and reducing health disparities with respect to beneficiaries with LEP and beneficiaries who are fluent in English. DHCS worked closely with stakeholders to select four pilot sites that reflect the linguistic and geographic diversity of Medi-Cal beneficiaries, with a preference for using Federally Qualified Health Centers (FQHCs) or local health systems strongly committed to meeting language access needs but struggling to do so, commitments from local government and organizations to support

language access, interpreter availability for in-person appointments, and potential for local workforce development. Based on these criteria, the four pilot sites are limited to the following locations:

1. San Diego—La Maestra Community Health Centers (FQHC)
  - San Diego County Medi-Cal Threshold Languages: Spanish, Tagalog, Arabic, Farsi, Vietnamese
2. Los Angeles—St. John’s Wellness Clinics (FQHC)
  - Los Angeles County Medi-Cal Threshold Languages: Spanish, Cantonese, Korean, Tagalog, Mandarin, Other Chinese, Cambodian, Armenian, Russian, Arabic, Farsi, Vietnamese
3. Richmond/Martinez—Contra Costa Health Services (County-based Health System)
  - Contra Costa County Medi-Cal Threshold Language: Spanish
4. Central Valley Area—San Joaquin County Clinics/Health Plan of San Joaquin (County-based Health System)
  - San Joaquin County Medi-Cal Threshold Language: Spanish

## **E. Qualification Requirements**

Failure to meet the following requirements by the application submission deadline will be grounds for DHCS to deem an Applicant unresponsive. In submitting an application, each Applicant must certify and prove that it possesses the following qualification requirements.

### **1. Applicant Required Qualifications**

Applicants must meet the following minimum eligibility requirements, to be demonstrated through narrative responses with labeled attachments, as appropriate.

- a. Applicant must be registered with the California Secretary of State to operate in the State of California.



- b. Applicant shall comply with all local, state, and federal laws governing wages, payroll withholding, workers compensation, and other employee benefits and requirements, as applicable.
- c. Applicant has trained and experienced personnel or labor resources with appropriate knowledge, skills, and abilities to direct, supervise, and perform all services outlined in this RFA and the Scope of Work, and can provide culturally competent medical interpretation services in all threshold languages spoken by Medi-Cal beneficiaries in the area served by the pilot site(s) where the entity applies to provide services.
- d. Applicant can ensure that all employees and subcontractors have received criminal background checks and are in compliance with established pilot site staff requirements pertaining to health screenings and immunizations prior to providing medical interpreter services under this contract.
- e. Applicant has adequate transportation resources, materials, supplies, and/or equipment to effectively perform all services outlined in this RFA and the Scope of Work.
- f. Applicant has project management experience that includes coordinating and monitoring medical interpreter services provided by staff and subcontractors, as well as experience in data collection and reporting.
- g. Applicant operates a web-based scheduling platform for health care providers and beneficiaries, with a customer service center that complies with all standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CCMIA), or can establish such a portal prior to pilot implementation.
- h. Applicant has established relationships with Medi-Cal populations and good working relationships with managed care organizations and Medi-Cal providers of medical and behavioral health (mental health and substance use disorder) services, or a willingness to establish such relationships.
- i. Applicant and its subcontractors have evidence of inclusivity and shall not discriminate based on race, color, religion (creed), gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations.
- j. If the Applicant is a limited liability company, the Applicant must certify it is in good standing and qualified to do business in California, as required by California law.

- k. If the Applicant is a non-profit organization, the Applicant must certify its eligibility to claim non-profit status.
- l. Applicant must certify it is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the state.
- m. Applicant has a past record of sound business integrity and a history of being responsive to past contractual obligations.

## **2. Applicant Preferred Experience and Qualifications**

It is desirable that Applicants possess the following preferred qualifications:

- a. Applicant can certify that staff medical interpreters and subcontractors assigned to this project have completed a minimum of 100 hours of Certification Commission for Health Care Interpreters (CCHI) approved training to interpreters in medical interpretation and healthcare interpretation standards of practice.
- b. Applicant currently has policies in place to ensure that all medical interpreter employees and subcontractors are provided with additional credentialing, such as health screenings, criminal background checks, and equipment such as a computer.
- c. Applicant demonstrates capacity to provide culturally competent, quality medical interpreter services in languages of lesser diffusion spoken at the pilot site.
- d. Applicant provides workforce development for interpreters working in languages of lesser diffusion, including recruitment, training and ongoing support.

## **F. Questions**

Direct questions about the services or about the instructions herein to DHCS as indicated below. Inquiries and questions will not be accepted after July 26, 2021 at 4:00 p.m. PDT.

Please include the following in an inquiry:

1. Respondent's name, name of Respondent's organization, mailing address, area code, telephone number, or other information useful in identifying the specific problem or issue in question.
2. A description of the subject or issue in question or discrepancy found.
3. RFA section, page number, or other information useful in identifying the specific problem or issue in question.

**Email Inquiries to:** [DHCSMedicalInterpreterPilotProjectRFA@dhcs.ca.gov](mailto:DHCSMedicalInterpreterPilotProjectRFA@dhcs.ca.gov)

**Subject:** Questions Medical Interpreter Pilot Project RFA

DHCS will respond directly to each person or firm submitting an inquiry. If a question and response is determined to be of value to other potential respondents, DHCS will transmit the question(s) and response(s) to other firms on the Respondents list. At its discretion, DHCS may contact an inquirer to seek clarification or any question or inquiry received.

## **G. Reasonable Accommodations**

For individuals with disabilities, DHCS will provide assistive services such as reading or writing assistance, conversion of the RFA, questions/answers, RFA addenda, or other Administrative Notices to Braille, large print, audiocassette, or computer disk. To request copies of written materials in an alternate format, please use one of the following methods below to arrange for reasonable accommodations.

### **Reasonable Accommodations Requests:**

**Email Address:** [DHCSMedicalInterpreterPilotProjectRFA@dhcs.ca.gov](mailto:DHCSMedicalInterpreterPilotProjectRFA@dhcs.ca.gov)

**Subject:** Questions RFA #: 21-10146

## **H. State's Rights**

1. DHCS may collect additional Applicant documentation, signatures, missing items, or omitted information during the response review process. DHCS will advise the Applicant orally, by fax, email, or in writing of any documentation that is required along with the submission timeline. Failure to submit the required documentation by the date and time indicated may cause DHCS to deem a response non-responsive and eliminate it from further consideration.
2. The submission of a response to this RFA does not obligate DHCS to make a contract award.

3. DHCS reserves the right to deem incomplete responses as non-responsive to the RFA requirements.
4. DHCS reserves the right to modify or cancel the RFA process at any time.
5. The following occurrences may cause DHCS to reject a response from further consideration:
  - a. Failure to meet the state Applicant requirements by the submission deadline.
  - b. Failure to comply with a request to submit additional documents in a timely manner, if needed.
  - c. Failure to comply with all performance requirements, terms, conditions, and/or exhibits that will appear in the resulting contract.
  - d. Failure to submit an RFA by August 2, 2021 at 4:00 p.m. PDT.
6. DHCS reserves the right to reduce funding or services if full funding is deemed unavailable, is reduced, or DHCS determines that it does not need all the services described in this RFA. Additionally, DHCS reserves the right to reallocate funding, if there are any unencumbered funds, with prior notice and subject to the amendment process.

## **I. Submission of RFA Responses**

### **1. General Instructions**

- a. Applications shall be submitted electronically by August 2, 2021 at 4:00 p.m. PDT to the email address show below. If the Applicant is unable to email the application, please contact DHCS with the preferred delivery method. DHCS will not consider late application packages.

Application Submissions:

Email Address: [DHCSMedicalInterpreterPilotProjectRFA@dhcs.ca.gov](mailto:DHCSMedicalInterpreterPilotProjectRFA@dhcs.ca.gov)

Subject: RFA # 21-10146 Application Submission

- b. Each Applicant may submit only one proposal for each pilot site location where the Applicant requests funding to provide medical interpreter services. Each Applicant may apply to provide services at multiple pilot site locations, subject to the terms described herein. Applying to multiple pilot sites does not guarantee that the Applicant will be chosen to provide services at all sites. For

the purpose of this paragraph, “Applicant” includes a parent corporation of an Applicant and any other subsidiary of that parent corporation. If an Applicant submits more than one proposal per pilot site where the Applicant requests funding to provide medical interpreter services, DHCS will reject all proposals submitted by that Applicant.

- c. All narrative portions should be straightforward, detailed, and precise. DHCS will determine the responsiveness of an application by its quality, not its volume, packaging, or displays. DHCS will not count any information contained on the pages past said page limits.

## **2. Proof of Timely Receipt**

- a. To be timely, DHCS must receive responses in the manner and at the stated place of delivery no later than 4:00 p.m. PDT on the submission due date.
- b. Responses received after 4:00 p.m. PDT on the submission due date will be deemed non-responsive and will not be accepted for review.

## **J. Narrative Format and Content Requirements**

### **1. Format Requirements**

- a. Submit one application for each pilot site where the Applicant wishes to provide medical interpreter services, with a cover page that specifies the pilot site location, and includes the name of the Applicant entity along with contact information.
- b. Format the narrative portion of the application as follows:
  - i. Use one-inch margins, top, bottom, and both sides.
  - ii. Use a font size of 12 point Arial.
  - iii. Sequentially paginate the pages in each section.

### **2. Content Requirements**

This section specifies the order and content of each application. Applications must conform to the page limitations. Assemble the materials in the following order, and paginate all items in each section.

- a. Proposal Cover Page

A person authorized to bind the Proposer must sign the Proposal Cover Page. If the Proposer is a corporation, a person authorized by the Board of Directors to sign on behalf of the Board must sign the Proposal Cover Page.

b. Table of Contents

Properly identify each section and the contents therein.

c. Executive Summary Section

This section must not exceed **two (2) pages** in length.

In preparing the Executive Summary, do not simply restate or paraphrase information in the RFA. Describe or demonstrate, in the Applicant's own words, the following information:

- i. Brief overview of the Applicant organization, including when it was established, mission, racial/ethnic make-up of board and staff, geographic area and population(s) served, and interest and experience with advocacy for health equity;
- ii. Brief overview of the Medical Interpreter Services Pilot Project that demonstrates an understanding of California's needs and the importance of this project;
- iii. Outcomes that are to be achieved by this project and how they will be achieved;
- iv. How this project will be effectively integrated into the Applicant organization's current obligations and existing workload; and
- v. Why the proposing entity should be chosen to undertake this work at this time.

d. Capability to Implement Section

This section must not exceed **three (3) pages** in length.

- i. Explain how the Applicant meets each of the required qualifications, and include applicable, labeled documentation as attachments.
- ii. Explain how the Applicant meets the preferred qualifications, and include applicable, labeled documentation as attachments;

- iii. Describe the experience that qualifies the proposing entity to undertake this project and perform the requirements to implement services outlined in the Scope of Work; and
- iv. Provide a brief overview of the Applicant organization's history and relationship providing services to Medi-Cal beneficiaries with LEP, including established relationships with providers and beneficiaries to be served at the pilot site location.

e. Deliverable Performance Section

This section must not exceed **five (5) pages** in length.

- i. Describe the overall approach and/or methods that will be used to accomplish the Scope of Work. (Please refer to Exhibit A, page 25, for more detail.)

f. Management Plan Section

This section must not exceed **three (3) pages** in length.

- i. Describe how the Applicant will effectively coordinate, manage, and monitor the efforts of the assigned staff, including subcontractors and/or consultants, to ensure that all tasks, activities, and functions are completed effectively and in a timely manner, and that issues will not arise indicating that the Applicant has a pattern of refusing certain types of referrals over other types of referrals and/or fails to provide interpreter services during all hours of operation at the pilot site.
- ii. Please explain whether the Applicant currently operates a HIPAA- and CCMIA-compliant web-based scheduling system for health care providers and beneficiaries.  
  
If the Applicant does not have a web-based, HIPAA- and CCMIA-compliant scheduling system in place, please explain how the Applicant will be able to have such a system in place prior to project implementation.
- iii. Describe Applicant organization's capacity to collect and track referrals, services provided, and other project indicators, and store,

summarize, and report service and beneficiary data. Identify services and beneficiary data that Applicant currently collects.

- iv. Describe the fiscal accounting processes and budgetary controls that will be employed by the Applicant to ensure the responsible use and management of contract funds and accurate invoicing.

g. Attachments (Required Documents)

- i. Provide a Project Rates and Rates Narrative Justification (Exhibit B, page 29) that includes the unit costs for providing in-person and remote medical interpreter services in all Medi-Cal Threshold Languages spoken at the pilot site, and the unit costs for providing in-person and remote medical interpreter services in languages of lesser diffusion that are not spoken as frequently as Medi-Cal Threshold Languages, but also present language access needs for the population of beneficiaries served at the pilot site.

Include a clear explanation of how the hourly rate (price quote) was calculated that includes a breakdown of wages paid to the interpreter, related labor and personnel costs, and project administration, data collection, and reporting costs. (Rates and Rates Justification Narrative template is included in this RFA as Exhibit B, page 29.)

- ii. If the Applicant is a limited liability company, the Applicant must submit documentation verifying that it is in good standing and qualified to do business in California.
- iii. If the Applicant is a non-profit organization, the Applicant must submit documentation verifying its eligibility to claim non-profit status.
- iv. Applicant must submit documentation certifying that it is financially stable and solvent, and has adequate cash reserves to meet all financial obligations while awaiting quarterly reimbursement from the state. DHCS anticipates applicants would have access to liquid funds equal to at least 20 percent of the overall requested contract amount.
- v. Support letter signed by the Applicant's authorized executive signatory (e.g. Chief Executive Officer, President, or Executive Director) that includes an affirmation of implementation of the



project and participation in evaluation activities with an independent external Evaluator.

- vi. Support letter(s) and/or written agreement from partners, community stakeholders, and local Managed Care Organizations. (maximum 4) (required)
- vii. Organization Chart of the key staff involved in administering and providing medical interpreter services that shows the distinct lines of authority between management, supervisory personnel, and staff and subcontractors.
- viii. Letter of Agreement to work on this project, signed by an official representative of each subcontractor to be used to perform services under the resulting contract. This letter should acknowledge the subcontractor's intended participation/availability to work on the pilot project, and acknowledge that the subcontractor has read and is aware of the terms and conditions of the Scope of Work.

## **K. Evaluation and Selection**

1. A multiple-stage evaluation process will be used to review and score applications. DHCS will reject any application that is found to be non-responsive at any stage of evaluation or exceeds the specified page limits. In evaluating RFA responses and assigning points, raters may consider the extent to which a response:
  - a. Is lacking information, lacking depth or breadth, or lacking significant facts and/or details;
  - b. Is fully developed, comprehensive, and has few weaknesses, defects, or deficiencies;
  - c. Clearly demonstrates the Applicant's understanding of DHCS' needs, the services sought, and/or the Contractor's responsibilities;
  - d. Illustrates the Applicant's capability to perform all services described in the Scope of Work and meet all performance requirements;
  - e. Will contribute to the achievement of DHCS' goals and objectives, if implemented; and/or

- f. Demonstrates the Applicant's capacity, capability, creativity, and/or commitment to exceed regular service needs.

## L. Stage One—Narrative Application Evaluation/Scoring and Rating Factors

### 1. Narrative Application Evaluation and Scoring

Below are the point values and weight values for each rating category that will be scored. Applications, excluding the Rates and Rates Narrative Justification Section, will be scored on a scale of 0 to 4 points, as follows:

<b>Points</b>	<b>Interpretation</b>	<b>General Basis for Point Assignment</b>
<b>0</b>	<b>Inadequate</b>	Applicant does not include a response and/or supporting information for the requirement(s) or does not commit to meet the RFA requirement(s).
<b>1</b>	<b>Barely Adequate</b>	Response and/or supporting information for the requirement(s) and/or the information is unclear. Response provides minimal descriptive information to support the Applicant's claim that it understands and intends to meet the requirement. Response is lacking information, lacking depth or breadth, or lacking facts and/or details.
<b>2</b>	<b>Adequate</b>	Response and/or supporting information meets the basic RFA requirement(s) and demonstrates an understanding of, and the ability and intent to meet the requirement(s). There may be omission(s), flaw(s), and/or defect(s), but they are inconsequential and acceptable.
<b>3</b>	<b>More than Adequate</b>	Response and/or supporting information demonstrates a thorough, detailed, and complete understanding of the requirement(s), demonstrates the ability and intent to meet the requirement(s), provides evidence of current ability to comply, and/or provides detailed plans or methodologies to further assure compliance with the requirement(s). The response is not considered excellent or outstanding, but is above average and has no flaw(s), omission(s), or defect(s).
<b>4</b>	<b>Excellent or Outstanding</b>	Response and/or supporting information demonstrates a thorough, detailed, and complete understanding of the requirement(s). Response demonstrates the ability to comply, and proposes detailed plans or methodologies that further assure how the requirement(s) will be exceeded.

2. Narrative Application Rating Factors, by Section

<b>Executive Summary Section Rating Factors</b>	<b>Total Points Possible</b>
To what extent does the application demonstrate the organization's commitment to racial/ethnic diversity, including in the make-up of the Board and staff?	4
To what extent does the application demonstrate an understanding of California's needs and the importance of the project?	4
To what extent does the application describe the outcomes to be achieved by the pilot project, and how these outcomes will be achieved?	4
To what extent does the application describe how the pilot project will be effectively integrated into the Applicant's current obligations and existing workload?	4
To what extent does the application provide justification of why the Applicant should be chosen to undertake this work at this time?	4
<b>Total Executive Summary Points Possible</b>	<b>20</b>

<b>Capacity to Implement Section Rating Factors</b>	<b>Total Points Possible</b>
To what extent does the application demonstrate that the Applicant meets each of the required qualifications?	4
To what extent does the application demonstrate that the Applicant meets the preferred qualifications?	4
To what extent does the application describe the outcomes to be achieved by the pilot project, and how these outcomes will be achieved?	4
To what extent does the application describe that the Applicant possesses the experience and qualifications to undertake this project and perform the required services described in the Scope of Work?	4
To what extent does the application describe that the Applicant has established, or is willing to establish, relationships with Medi-Cal providers and beneficiaries to be served at the pilot site, and will promote the availability of interpreter services at the pilot site with Medi-Cal health plans and fee-for-service providers in consultation with DHCS and stakeholders?	4
<b>Total Capacity to Implement Section Points Possible</b>	<b>20</b>

<b>Deliverable Performance Section Rating Factors</b>	<b>Total Points Possible</b>
To what extent does the application demonstrate that the Applicant can coordinate with pilot site medical providers to provide in-person and remote (using audio-visual technology and by telephone) medical interpreter services for Medi-Cal beneficiaries at medical and behavioral health (mental health and substance use disorder) appointments, in all Medi-Cal Threshold Languages spoken at the pilot site?	4
To what extent does the application demonstrate that the Applicant can establish a HIPAA- and CCMIA-compliant online portal or reasonably equivalent scheduling system (e.g. telephone or email) for pilot site requests from Medi-Cal providers for in-person and remote interpreter services?	4
To what extent does the application demonstrate that the Applicant can establish a system for billing and payment for hours of interpretation provided, and will issue timely payment to employee interpreters and subcontractors while awaiting payment from the state?	4
To what extent does the application demonstrate that the Applicant will coordinate with DHCS and the Evaluator to establish a survey prior to pilot implantation, translate the survey into languages in which pilot project medical interpreter services are provided, collect and compile data during the course of the pilot project, and be available to participate in technical assistance and remediation conferences convened by DHCS, as needed?	4
To what extent does the application demonstrate that the Applicant has the capacity to provide medical interpreter services in languages of lesser diffusion that are spoken less frequently than Medi-Cal Threshold Languages, but also present language access needs for the population of beneficiaries served at the pilot site?	4
<b>Total Deliverable Performance Section Points Possible</b>	<b>20</b>

<b>Management Plan Section Rating Factors</b>	<b>Total Points Possible</b>
To what extent does the application demonstrate that the Applicant can effectively coordinate, manage, and monitor the efforts of the assigned staff, including subcontractors and/or consultants, to ensure that all tasks, activities, and functions are completed effectively and in a timely manner, and that issues do not arise indicating that the Applicant has a pattern of refusing certain types of referrals over other types of referrals and/or failing to provide interpreter services during all hours of operation at the pilot site?	4
To what extent does the application demonstrate that the Applicant currently operates a HIPAA- and CCMIA- compliant web-based scheduling system for health care providers and beneficiaries, or, at a minimum, can have such a system in place prior to project implementation?	4
To what extent does the application demonstrate that the Applicant has experience collecting and tracking referrals, services provided, and reporting service and beneficiary data, or, at a minimum, the capacity to perform these management tasks?	4
To what extent does the application demonstrate that all employees and subcontractors assigned to this project are trained and certified to provide culturally competent medical interpreter services?	4
To what extent does the application demonstrate that all employees and subcontractors assigned to this project will have completed criminal background checks and will have met established pilot site requirements pertaining to health screenings and immunizations prior to providing services under this contract?	4
<b>Total Management Plan Section Points Possible</b>	<b>20</b>

## M. Stage Two—Proposed Rate Score

DHCS will use a scoring system to assign the following points values for each rating category of the proposed Rates/Rates Narrative Justification (Exhibit B, page 29):

<b>Points</b>	<b>Interpretation</b>	<b>General Basis for Point Assignment</b>
<b>0</b>	<b>Inadequate</b>	Applicant does not include a response and/or supporting information for the requirement(s) or does not commit to meet the RFA requirement(s).
<b>1</b>	<b>Barely Adequate</b>	Response and/or supporting information for the requirement(s) and/or the information is unclear. Response provides minimal descriptive information to support the Applicant's claim that it understands and intends to meet the requirement. Response is lacking information, lacking depth or breadth, or lacking facts and/or details.
<b>2</b>	<b>Adequate</b>	Response and/or supporting information meets the basic RFA requirement(s) and demonstrates an understanding of, and the ability and intent to meet the requirement(s). There may be omission(s), flaw(s), and/or defect(s), but they are inconsequential and acceptable.
<b>3</b>	<b>More than Adequate</b>	Response and/or supporting information demonstrates a thorough, detailed, and complete understanding of the requirement(s), demonstrates the ability and intent to meet the requirement(s), provides evidence of current ability to comply, and/or provides detailed plans or methodologies to further assure compliance with the requirement(s). The response is not considered excellent or outstanding, but is above average and has no flaw(s), omission(s), or defect(s).
<b>4</b>	<b>Excellent or Outstanding</b>	Response and/or supporting information demonstrates a thorough, detailed, and complete understanding of the requirement(s). Response demonstrates the ability to comply, and proposes detailed plans or methodologies that further assure how the requirement(s) will be exceeded.

<b>Rates and Rates Justification Section Rating Factors (Exhibit B)</b>	<b>Total Points Possible</b>
To what extent do the Rates Sheet and the Rates Justification (Exhibit B) clearly explain how the Applicant calculated the total cost of providing one hour of in-person medical interpreter services in each of the Medi-Cal Threshold Languages spoken at the pilot site?	4
To what extent do the Rates Sheet and the Rates Justification (Exhibit B) clearly explain how the Applicant calculated the total cost of providing one hour of remote medical interpreter services in each of the Medi-Cal Threshold Languages spoken at the pilot site?	4
To what extent do the Rates Sheet and the Rates Justification (Exhibit B) clearly explain how the Applicant calculated the total cost of providing one hour of in-person and one hour of remote medical interpreter services in languages of lesser diffusion that are spoken less frequently than Medi-Cal Threshold Languages, but also present language access needs for the population of beneficiaries served at the pilot site?	4
To what extent do the Rates Sheet and the Rates Justification (Exhibit B) clearly explain why the hourly rate to be charged for in-person and remote medical interpreter services is justified based on employee training, experience, and certification(s), and other employee-related expenses incurred by the Applicant?	4
To what extent do the Rates Sheet and the Rates Justification (Exhibit B) clearly explain how Applicant costs related to data collection and reporting activities are reflected in the total cost of providing one hour of in-person and one hour of remote medical interpretation services in all Medi-Cal Threshold Languages and (if applicable) languages of lesser diffusion spoken at the pilot site?	4
<b>Total Rates and Rates Justification Points Possible</b>	<b>20</b>



## N. Stage Three—Final Score Calculation

DHCS will use the below formula to calculate final application scores and award contracts:

<b>Narrative Application Rating Category</b>	<b>Points</b>
Executive Summary Section	20
Capability to Implement Section	20
Deliverable Performance Section	20
Management Plan Section	20
<b>Narrative Application Total Points Possible</b>	<b>80</b>
<b>Rates and Rates Justification Rating Category</b>	
Rates and Rates Justification Sections	20
<b>Rates and Rates Justification Total Point Possible</b>	<b>20</b>
<b>Grand Total Points Possible</b>	<b>100</b>

## O. Disposition of Materials Following Award

All materials submitted in response to the RFA will become the property of DHCS and, as such, are subject to the Public Records Act (GC Section 6250 et Seq. DHCS will disregard any language purporting to render all or portions of any response confidential.

## P. Award Objections

California law does not provide a protest or appeal process against award decisions made through an informal selection method. Applicants submitting a response to this RFA may not protest or appeal the award. DHCS' award decision shall be final.

## Q. RFA Attachments

Exhibit A, Scope of Work

Exhibit B, Rates Sheet and Rates Justification Template

**Request for Application (RFA) 21-10146  
Medi-Cal Interpreters Pilot Project  
Scope of Work**

*As the Pilot Site Contractor, (Contractor), in consultation with the California Department of Health Care Services (DHCS) and stakeholders, [CONTRACTOR] will:*

- 1. Coordinate with medical providers to provide and monitor the provision of pilot site medical interpreter services. The Contractor will coordinate medical interpreter services that will be available:**
  - a. In person and remotely (via audio-visual technology and telephone);
  - b. To Medi-Cal beneficiaries with Limited English proficiency (LEP), in both managed care and fee-for-service (FFS) delivery systems;
  - c. In all designated Medi-Cal threshold languages for Medi-Cal beneficiaries at each pilot site;
  - d. For medical and behavioral health (mental health and substance use disorder) in-person and telemedicine appointments;
  - e. During all operating hours for each pilot site; and
  - f. Until September 30, 2023.
  
- 2. Utilize a communication platform (which may include telephone, email, and/or an online portal) compliant with the Health Insurance Portability and Accountability Act and the California Confidentiality of Medical Information Act for requests from Medi-Cal providers for in-person and remote medical interpreter services at the designated pilot site.**
  - a. In consultation with DHCS and stakeholders, the Contractor will establish a telephone line and a web-based scheduling system to connect Medi-Cal providers with interpreters certified to provide medical interpretation services during an appointment between a Medi-Cal provider and a Medi-Cal beneficiary or beneficiaries.
  - b. The Contractor will create and maintain a web-based scheduling system for the purposes of:
    - i. Receiving requests from Medi-Cal providers for in-person and/or remote interpretation;
    - ii. Matching requests with employee interpreters who can provide in-person and/or remote interpretation;
    - iii. Confirming appointments in a timely manner; and
    - iv. Tracking billable hours of interpretation provided by interpreters. (Billable hours are defined as time the interpreter spent interpreting for both the provider and the patient during an appointment); and

- v. Tracking billable hours of interpretation provided by interpreters. (Billable hours are defined as time the interpreter spent interpreting for both the provider and the patient during an appointment); and
- c. The Contractor will be responsible for establishing working relationships with managed care and fee-for-service Medi-Cal providers for interpreter services, including providing access to the web-based scheduling system for plan providers under this contract.

**3. Establish a system for billing and payment.**

- a. The Contractor will establish rates for in-person and remote interpreter services for all Medi-Cal Threshold Languages spoken at the pilot site and for languages of lesser diffusion spoken at the pilot site, subject to DHCS review and approval. The rates charged for interpreter services shall include reimbursement paid to the employee, related employer personnel costs, and costs associated with pilot project data collection and reporting.
- b. The Contractor will establish a billing system for hours of interpretation provided and will issue timely payment to employee (staff and subcontractors) interpreters.
- c. The Contractor will aggregate billable hours and related allowable expenses included in the hourly rate paid, for quarterly submission to DHCS for reimbursement. A description of the accompanying Medi-Cal service shall be provided along with the total hours billed for each medical interpreter service provided.
- d. The Contractor is the employer of interpreters who work at the pilot sites. The Contractor will comply with all local, state, and federal laws governing wages, payroll withholding, workers compensation, and other employee benefits and requirements.
- e. Notwithstanding the above, if demand exceeds the Contractor's staff capacity, the Contractor, subject to DHCS authorization, may use additional subcontractors.
- f. The Contractor will track expenses for interpreter services to ensure that it does not incur expenses beyond what is allocated for each pilot site.

**4. The Contractor will coordinate with DHCS and the independent project Evaluator (Evaluator) to establish a survey prior to pilot implementation and to collect and compile data during the course of the pilot.**

- a. The Contractor will be available to participate in pilot project orientation training with DHCS and the Evaluator during the first month of the pilot

- project, prior to beginning the provision of pilot project medical interpreter services.
- b. The Contractor will translate the survey into languages in which the Contractor provides medical interpreter services.

**5. The Contractor will participate in pilot project start-up training and orientation activities during the first month of the pilot.**

- a. The Contractor will participate in four hours pre-service training facilitated by DHCS and the Evaluator during the first month of the pilot.
- b. The Contractor will ensure that staff providing services under this contract receive training and orientation to pilot project procedures and protocols.
- c. The Contractor will be available to promote the online portal and availability of interpreter services at the pilot site through the pilot program with Medi-Cal health plans and fee-for-service providers in consultation with DHCS and stakeholders.

**6. The Contractor will facilitate data sharing with the Evaluator and DHCS throughout the term of the pilot, and will provide all final data to the Evaluator no later than October 30, 2023.**

- a. The Contractor will provide monthly beneficiary services data to the Evaluator, no later than 30 days after the end of the monthly reporting period.
  - i. Monthly beneficiary services data shall include an itemized monthly list of the hours of in-person and remote medical interpreter services provided in each Medi-Cal Threshold Language and a description of the accompanying Medi-Cal service, and the number of hours of remote and in-person interpretation provided in each language of lesser diffusion and a description of the accompanying Medi-Cal service.
- b. The Contractor will promptly respond to inquiries and requests from DHCS and the Evaluator, and will be available to participate in technical assistance and/or remediation conferences, as needed.
- c. The Contractor shall provide quarterly reports to update DHCS and the Evaluator on the implementation status of this pilot, no later 30 days after the end of the quarter reported on, from the commencement of this agreement throughout the term of the pilot project.

- i. Quarterly reports shall include an itemized list of the hours of in-person and remote medical interpreter services provided in each Medi-Cal Threshold Language, by month, and a description of the accompanying Medi-Cal service.
- ii. Quarterly reports shall include an itemized list of the hours of in-person and remote medical interpreter services provided in each language of lesser diffusion, by month, and the accompanying Medi-Cal service.
- iii. Quarterly reports shall include an itemized list of all referrals that the Contractor refused, by month, and the basis for this refusal.
- iv. Quarterly reports shall describe issues of concern related to pilot project service provision;
- v. Quarterly reports shall indicate whether targeted technical assistance was provided to the Contractor to resolve contract compliance and other issues related to the provision of pilot project services, the date that the technical assistance was provided, and the resolution; and
- vi. Quarterly reports shall mirror and compile information contained in monthly reports provided to the Evaluator.

**Request for Application (RFA) 21-10146  
Medi-Cal Interpreters Pilot Project  
Rates Sheet and Rates Justification**

***Project start-up activities will take place during the first month of the Medical Interpreter Pilot Project, but can extend longer than one month if the Contractor requires additional time to satisfy pilot project start-up requirements. Start-up Cost may be billed after DHCS confirms that the Contractor has satisfied pilot project start-up requirements.***

**Start-up Cost for the complete project: \$15,000.00**

**Start-up Cost includes the following activities:** *Participation in pilot project orientation training with DHCS and the Independent Project Evaluator (Evaluator); working in collaboration with DHCS and the Evaluator to develop the project survey; translating the survey into languages in which the Contractor provides medical interpreter services; establishing or utilizing a system to receive requests for interpreter services, which may include telephone, email, and/or online portal; establishing a mechanism to transmit data and reports to the Evaluator and DHCS; training medical interpreter staff and subcontractors in pilot project procedures and protocols; credentialing medical interpreter staff (employees and subcontractors) providing services under this contract; and promoting the online portal and availability of interpreter services at the pilot site through the pilot program with Medi-Cal health plans and fee-for-service providers in consultation with DHCS and stakeholders.*

***Billing for in-person and remote medical interpreter services in the Medi-Cal Threshold Language(s) and languages of lesser diffusion spoken at the pilot site (A, B, C, and D) shall be submitted to DHCS by the Contractor at the end of each quarterly billing period.***

**A. Unit Cost for Providing One (1) Hour of In-Person Medical Interpreter Services in the Medi-Cal Threshold Language(s) Spoken at the Pilot Site**

Interpreter Compensation \_\_\_\_\_  
*(Includes amount paid to the Interpreter for providing medical interpreter services)*

Related Personnel Costs \_\_\_\_\_  
*(Includes cost of payroll taxes and benefits paid to the employee)*

Related Administrative Costs \_\_\_\_\_  
*(Includes cost of providing required monthly data to the Evaluator and providing required quarterly reports to DHCS and the Evaluator)*

**TOTAL UNIT COST** \_\_\_\_\_

**Narrative Rates Justification:**

*(Please provide a narrative rate justification explaining how the unit cost for in-person medical interpreter services in the Medi-Cal Threshold Language(s) spoken at the pilot site was calculated.)*

Interpreter Compensation consists of:

Related Personnel Costs consists of:

Related Administrative Costs consists of:

**B. Unit Cost for Providing One (1) Hour of Remote Medical Interpreter Services in the Medi-Cal Threshold Language(s) Spoken at the Pilot Site**

Interpreter Compensation \_\_\_\_\_  
*(Includes amount paid to the Interpreter for providing medical interpreter services)*

Related Personnel Costs \_\_\_\_\_  
*(Includes cost of payroll taxes and benefits paid to the employee)*

Related Administrative Costs \_\_\_\_\_  
*(Includes cost of providing required monthly data to the Evaluator and providing required quarterly reports to DHCS and the Evaluator)*

**TOTAL UNIT COST** \_\_\_\_\_

**Narrative Rates Justification:**

*(Please provide a narrative rate justification explaining how the unit cost for remote medical interpreter services in the Medi-Cal Threshold Language(s) spoken at the pilot site was calculated.)*

Interpreter Compensation consists of:

Related Personnel Costs consists of:

Related Administrative Costs consists of:



**C. Unit Cost for Providing One (1) Hour of In-Person Medical Interpreter Services in Languages of Lesser Diffusion Spoken at the Pilot Site**

Interpreter Compensation \_\_\_\_\_  
*(Includes amount paid to the Interpreter for providing medical interpreter services)*

Related Personnel Costs \_\_\_\_\_  
*(Includes cost of payroll taxes and benefits paid to the employee)*

Related Administrative Costs \_\_\_\_\_  
*(Includes cost of providing required monthly data to the Evaluator and providing required quarterly reports to DHCS and the Evaluator)*

**TOTAL UNIT COST** \_\_\_\_\_

**Narrative Rates Justification:**

*(Please provide a narrative rate justification explaining how the unit cost for remote medical interpreter services in the Medi-Cal Threshold Language(s) spoken at the pilot site was calculated.)*

Interpreter Compensation consists of:

Related Personnel Costs consists of:

Related Administrative Costs consists of:

Please specify languages of lesser diffusion in which the Contractor is equipped to provide continuous and reliable in-person medical interpreter services to Medi-Cal beneficiaries served at the pilot site:

**D. Unit Cost for Providing One (1) Hour of Remote Medical Interpreter Services in Languages of Lesser Diffusion Spoken at the Pilot Site**

Interpreter Compensation \_\_\_\_\_  
*(Includes amount paid to the Interpreter for providing medical interpreter services)*

Related Personnel Costs \_\_\_\_\_  
*(Includes cost of payroll taxes and benefits paid to the employee)*

Related Administrative Costs \_\_\_\_\_  
*(Includes cost of providing required monthly data to the Evaluator and providing required quarterly reports to DHCS)*

**TOTAL UNIT COST** \_\_\_\_\_

**Narrative Rates Justification:**

*(Please provide a narrative rate justification explaining how the unit cost for remote medical interpreter services in the Medi-Cal Threshold Language(s) spoken at the pilot site was calculated.)*

Interpreter Compensation consists of:

Related Personnel Costs consists of:

Related Administrative Costs consists of:

Please specify languages of lesser diffusion in which the Contractor is equipped to provide continuous and reliable remote medical interpreter services to Medi-Cal beneficiaries served at the pilot site:

***The total contract amount expected per pilot site over the term of the contract is \$1,000,000. DHCS reserves the right to reduce funding or services if full funding is deemed unavailable, is reduced, or DHCS determines that it does not need all the services described in this RFA. Additionally, DHCS reserves the right to reallocate funding, if there are any unencumbered funds, with prior notice and subject to the amendment process.***

***This allocation may be divided between multiple responsive and responsible applicants for the same site or awarded to a single responsive and responsible applicant for that site, as deemed to be in the best interest of the California Department of Health Care Services.***

**Total Contract Amount Requested by the Applicant:** \_\_\_\_\_  
(This amount includes \$15,000 Medical Interpreter Pilot Project Start-up Cost.)