



COUNTY OF SANTA CLARA
Behavioral Health Services

Policy & Procedure Number: #MSM-001

Primary Category	Impacts
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input checked="" type="checkbox"/> AMT <input checked="" type="checkbox"/> AOA <input checked="" type="checkbox"/> CJS <input checked="" type="checkbox"/> CYF <input checked="" type="checkbox"/> OSH <input checked="" type="checkbox"/> SUTS <input checked="" type="checkbox"/> TAY
Effectuated Parties	<input type="checkbox"/> All Workforce Members <input checked="" type="checkbox"/> Practitioners <input checked="" type="checkbox"/> BHSD <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers <input type="checkbox"/> Quality Managers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Language Access

Assigned Policy Number: MSM-001

Policy Owner: Quality Management

Impacted Managed Care Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input checked="" type="checkbox"/> Administration (ADM) | <input checked="" type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input type="checkbox"/> Contracts (CON) | <input type="checkbox"/> Data Management (DTM) |
| <input type="checkbox"/> Fiscal (FIS) | <input checked="" type="checkbox"/> General Operations (GEO) |
| <input type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input checked="" type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input checked="" type="checkbox"/> Member Services & Materials (MSM) | <input type="checkbox"/> Personnel (PER) |
| <input type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input type="checkbox"/> Reporting (RPT) | <input type="checkbox"/> Service Delivery (SDM) |
| <input type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Council

HHS Compliance: _____ **Date:** _____

County Council: _____ **Date:** _____

Section B: BHSD Director

BHSD Director: DocuSigned by: Sherrri Terao **Date:** 9/28/2023

Approved/Issue Date:	Behavioral Health Services Director:	Sherrri Terao
Last Review/Revision Date:	Next Review Date:	Inactive Date:

III. REPLACES • BHSD Policy #11300 Providing Language Services

IV. REFERENCES:

- Executive Order § 13166. Improving Access to Services for Persons with Limited English Proficiency
- 42 CFR § 438.10(d)(1-6). Information Requirements.
- 42 U.S.C. § 2000d. Prohibition against exclusion from participation in, denial of benefits of, and discrimination under federally assisted programs on ground of race, color, or national origin
- 9 CCR § 1810.410(a)-(e). Cultural and Linguistic Requirements.
- 9 CCR § 1810.110. Applicability of Laws and Regulations.
- 22 CCR § 51341.1(g)(1)(A)(ii). Drug Medi-Cal Substance Use Disorder Services.
- GOV §§ 7290 – 7299.8. Dymally Alatorre Bilingual Services Act of 1973
- WIC § 14684(h). Public Social Services.
- WIC § 5802(a)(4). Community Mental Health Services.
- All Plan Letter 20-015. State Non-Discrimination and Language Assistance Requirements
- All Plan Letter 21-004. Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (Supersedes APL 17-011 and Policy Letters 99-003 and 99-004)
- All Plan Letter 22-002. Alternative Format Selection for Members with Visual Impairment
- County of Santa Clara Language Access Guidelines and Procedures
- BHSD Policy #MSM-003 Nondiscrimination Policy
- BHSD Policy #AGI-001 Grievance Oversight Process

V. PURPOSE:

The purpose of this policy is to establish the Behavioral Health Services Department (BHSD) Plan policy and guidelines regarding language translation and interpretation services. This policy is to ensure that beneficiaries under the Plan's care will not experience access barriers to behavioral health services due to language and to ensure all non-English speaking and Limited English Proficient (LEP) beneficiaries received equal access to interpretation services in their primary or preferred language including threshold, area of concentration and non-threshold languages as well as auxiliary services and supports such as American Sign Language (ASL).

VI. POLICY:

In accordance with applicable federal, State, and County policies, the Plan will provide equal access to all Limited English Proficient (LEP) beneficiaries in County of Santa Clara for threshold, area of concentration and non-threshold languages as well as beneficiaries needing auxiliary services and supports. Language service rights for non-English or LEP beneficiaries include:

1. The right to language assistance services at no cost in their primary or preferred language.
2. To be informed in writing of their right to language assistance services at no cost and how to access these services.



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3. To receive services at culture-specific rendering providers.
4. to receive behavioral health services in their primary or preferred language from a qualified interpreter.

The Plan maintains written member information in threshold and concentration standard languages as well as alternative formats:

1. Provider directories that identify names, locations, telephone numbers, culture-specific services, qualified interpretation capabilities of staff, and behavioral health services.
2. Beneficiary Handbooks that explain your benefits and how to get care.

Written member materials are available either electronically or in printed form, free of charge.
<https://bhsd.sccgov.org/>

The BHSD Plan utilizes qualified interpreters and translators.. County Contracted Providers (CCP) will develop an internal policy and associated procedures that are consistent with their organizational practices and meet the requirements set forth in this policy.

VII. DEFINITIONS:

Auxiliary Services and Supports. Aids and services necessary to ensure that individuals with disabilities have an equal opportunity to participate in, or enjoy the benefits of, the Plan's behavioral health services, programs, and activities. Aids and services include interpretive services and beneficiary information available in alternative formats, which include but are not limited to: Braille, audio format, large print (no less than 20 point font), and accessible electronic format (such as a data CD).

Behavioral Health Services Department (BHSD). The local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), this integrated behavioral health system is also referred to as the Plan.

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Concentration Standard Language. A population group of eligible beneficiaries residing in the BHSD's service area who indicate their primary language as a language other than English and who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes.

County Contracted Providers (CCPs). Sub Contracted Providers that agree to provide covered specialty mental health services and/or substance use treatment services to Beneficiaries, or any other organization or person who agrees to perform any administrative function or service for BHSD specifically related to securing or fulfilling its obligations to the DHCS under the terms of their existing contracts.

Interpreter Service: A conversion from a source, verbal, or sign language of a message into an equivalent verbal target or sign language.

- a. Face-to-Face Language Interpreter Service: DMH services that involve the physical presence of a language interpreter to facilitate verbal and/or sign language communication, in real time, between two (2) or more people who are not fluent in each other's languages. Language interpreters take into consideration the spoken language and the cultural differences related to nonverbal forms of communication, including facial expressions, eye-to-eye contact, physical space, body posturing, and gestures. (National CLAS Standards)
- b. Simultaneous Interpreter Service: Highly complex cognitive activity that requires the interpreter to listen, analyze, comprehend, convert, edit, and reproduce in real time a speaker or signer's message while the speaker or signer continues to speak or sign, in a specific social context.
- c. Telephonic Language Interpreter Service: A method of providing interpreters via telephone to individuals who wish to communicate with each other but have issues with the language barrier. The telephone interpreter converts the spoken language from one language to another enabling listeners and speakers to understand each other.
- d. Telephone or Telephonic Language Interpreting is carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speakerphone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting is served as a three-way teleconference. (National CLAS Standards)

Limited English Proficiency (LEP). A term used in the United States that refers to a person who is not fluent in the English language, often because it is not their native language. Both LEP and English-language learner (ELL) are terms used by the Office for Civil Rights, a sub-agency of the U.S. Department of Education.

Qualified Interpreter. A qualified interpreter for Limited English Proficiency or an individual with a disability is an interpreter who:

- a. Adheres to generally accepted interpreter ethics principals, including client confidentiality.
- b. Have demonstrated proficiency in speaking and understanding both English and the language(s) spoken by the LEP beneficiaries.
- c. Is able to interpret effectively, accurately, and impartially, both receptively and expressively, to and from the language spoken by the LEP individual and English, using any necessary specialized vocabulary, terminology, and phraseology.
- d. For an individual with a disability, qualified interpreters can include, for example, sign language interpreters, oral transliterators (individuals who represent or spell in the characters of another alphabet), and cued language transliterators (individuals who represent or spell by using a small number of handshapes).

Qualified Translator. A qualified translator is a translator who:



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- a. Adheres to generally accepted translator ethics principles, including client confidentiality.
- b. Has demonstrated proficiency in writing and understanding both written English and the written non-English language(s) in need of translation.
- c. Is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology.

Participating Provider. A County, Individual Provider or County Contracted Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

The Plan. Provides oversight to behavioral health Medi-Cal carve out programs in Santa Clara County. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Threshold Languages. Threshold Languages are those which are spoken at a high proportional rate within a geographic region of the state and as such may contribute to obstacles of understanding and access for those seeking mental health services. The annual numeric identification on a countywide basis and as indicated on the Medi-Cal Eligibility Data System (MEDS), from the 3,000 Beneficiaries or five (5) percent of the Medi-Cal Beneficiary population, whichever is lower, in an identified geographic area, whose primary language is other than English, and for whom information and services shall be provided in their primary language.

Teletypewriter (TTY). An electronic device for text communication over a telephone line that is designed for use by persons with hearing or speech difficulties.

Telecommunication Device for the Deaf (TDD). An electronic device for text communication over a telephone line, which is designed for use by persons with hearing or speech difficulties.

Video Remote Interpreting (VRI). Refers to reaching a language or American Sign Language (ASL) interpreter over a videophone call. VRI marries the benefits of face-to-face interpretation with the on-demand nature of over-the-phone.

Written Member Information. Materials provide Beneficiaries with essential information about access to and use of Plan services. Evidence of Coverage (EOC) booklets, enrollment and disenrollment forms, Beneficiary rights and grievance information, new Beneficiary

welcome packets, provider directories, flyers promoting a health education class, and appointment reminders are all examples of written member information materials.

VIII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Nondiscrimination and Language Tagline Postings	<ol style="list-style-type: none"> 1. Both nondiscrimination notices and language taglines must be posted in conspicuous physical locations accessible to the public in all participating provider service locations. Taglines and nondiscrimination notices inform beneficiaries of the availability of no cost language services and assistance and provision of free auxiliary aids and services for people with disabilities. 2. The Plan website contains written member information including nondiscrimination notices and language taglines. https://bhds.sccgov.org/
Oral or Face to Face Interpretation	<ol style="list-style-type: none"> 1. Oral interpretation services must come from a qualified interpreter on a 24-hour basis, at all key points of contact, at no cost to members. <ol style="list-style-type: none"> a. Key points of contact include medical or behavioral health care settings (e.g., telephone, advice and urgent care transactions, and outpatient encounters with health care providers, including pharmacists) and non-medical care settings (e.g., member services, orientations, and appointment scheduling). 2. Oral interpretation must be provided in all languages and is not limited to threshold or concentration standard languages. 3. Interpretation can take place in-person, through a telephonic interpreter, or via internet or video remote interpreting (VRI) services that comply with federal quality standards.
Written Member Information	<ol style="list-style-type: none"> 1. Written member information includes documents that are vital or critical to obtaining services and/or benefits and includes, but is not limited to, the Member Handbook; provider directory; welcome packets; form letters, including Notice of Action letters and any notices related to Grievances, actions, and appeals, including Grievance and Appeal acknowledgement and resolution letters; member surveys; notices advising LEP persons of free language assistance; and newsletters. 2. Will be available in a manner and format that is easily understood and readily accessible to beneficiaries. <ol style="list-style-type: none"> a. Information will be comprehensible at the 6th grade level, b. The font size is no smaller than 12 point for regular print. c. For large print the font size will be no smaller than 20 point. d. Made available in the county's threshold languages: Chinese, English, Farsi, Spanish, Tagalog, and Vietnamese. e. Concentration standard languages and other languages will be made available on request. f. Beneficiaries with disabilities who cannot access this



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	<p>information online are provided auxiliary aids and services upon request at no cost.</p> <p>3. Translated written materials are completed by a Qualified Translator.</p>
Telephonic or Video Remote Interpreting (VRI)	<p>1. Telephonic interpretation, or via internet or video remote interpreting (VRI) services must comply with the following federal standards.</p> <ol style="list-style-type: none"> Interpretation must be real-time, audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality audio without lags or irregular pauses in communication. Clear, audible transmission of voices; and Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the remote interpreting services. <p>2. Telephonic and VRI services should supplement face-to-face interpreter services, which are a more effective means of communication.</p>
Language Interpreter Services for the Deaf and Hard of Hearing	<p>1. The Deaf and hard of hearing can access BHSD services information 24/7 via TTY/TDD using telephone number 1 (800) 855-7100 or 711.</p>

IX. WORKFLOW PROCEDURE

Responsible Party	Action Required
Call Center	<p>1. The 24/7 toll free Call Center, 1 (800) 704-0900, will make telephonic language interpreter services available to all callers requesting services or referral information.</p>
Participating Providers	<p><u>Written Member Materials and Postings</u></p> <p>1. Will post nondiscrimination notices and language taglines in conspicuous physical locations accessible to the public in all service locations.</p>

2. Maintain beneficiary access to current written member materials in threshold and concentration standard languages in physical locations accessible to the public in all service areas. These include beneficiary grievance posters and forms, Plan handbooks, and provider lists.

Qualified Face to Face Interpretation

1. Maintain a current roster qualified bilingual workforce members.
2. Utilize qualified bilingual workforce members as primary resource for language interpreter services for beneficiaries requesting/needing interpreter services in their primary or preferred language.
3. Recruit and hire behavioral health professionals who are proficient in non-English languages and able to provide culturally and linguistically appropriate services as a qualified interpreter.
4. Develop and maintain a list of qualified language interpreters, or vendors to provide interpretation services. Will contact vendor to obtain information and cost of services.
5. Are directly responsible for the entire cost of qualified interpretation services provided by the vendor(s). This includes BHSD Internal Clinics and County Contracted Providers (CCP).

Qualified Telephonic or Video Remote Interpreting (VRI) Services

1. Over the Phone Interpretation (OPI) and VRI through a qualified third-party vendor(s) is available to support service delivery to beneficiaries with language or auxiliary services and supports needs.
 - a. Each County Clinic and program will have an assigned PIN number to access these language services and provided dialing instructions and tips.
 - b. County Contracted Providers can also access language services. These sites are assigned PIN numbers to access these language services and provided dialing instructions and tips.

Qualified Translation

1. Translated written materials, auxiliary services and supports materials that are not Plan provided written member materials, will be completed by a Qualified Translator.
2. Will develop and maintain a list of qualified translators and/or translation vendor services.



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	<ol style="list-style-type: none"> a. BHSD Internal Clinics will obtain list of County approved vendors and contact to obtain quote for cost of translation services needed. b. County Contracted Providers (CCP) will find a local qualified translation vendor. The CCP will contact vendor and obtain information on the cost of services. <p>3. Are directly responsible for the entire cost of language translation services provided by the vendor(s). This includes BHSD Internal Clinics and County Contracted Providers (CCP).</p>
BHSD County Clinic Program Manager or Designee(s)	<ol style="list-style-type: none"> 1. For Written Translation, Program Manager or Designees will first contact the County Language Access Unit via the form: LAU Requests <ol style="list-style-type: none"> a. Obtain quote for cost of written translation services needed. b. Email BHSD_DEI@hhs.sccgov.org for preapproval of services. c. Request services and manage completion for work. d. Ensure invoices are signed and paid. <ol style="list-style-type: none"> i. Forward invoices to BHSD_DEI@hhs.sccgov.org for payment. 2. For Face to Face or VRI Interpretation, obtain quotes from County approved vendors. <ol style="list-style-type: none"> a. Email quotes to BHSD_DEI@hhs.sccgov.org for preapproval of services. b. Request services and manage completion for work. c. Ensure invoices are signed and paid. <ol style="list-style-type: none"> i. Forward invoices to BHSD_DEI@hhs.sccgov.org for payment.
Culture and Linguistic Service (CLS) Manager	<ol style="list-style-type: none"> 1. Work with Language Access Unit (LAU) for vendor list and accounts. 2. Track approvals and maintain budget. 3. Ensure invoices are paid on time.
X. ATTACHMENTS	<ol style="list-style-type: none"> A. Language Taglines B. Nondiscrimination Notice

XI. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes
Providing Language Services	2018-2023	4/11/2018	Needed updates	New process for obtaining services