

| Access Measure | Wait Time or Availability |
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| <p>Interpretation</p> | <p><u>Interpretation services</u> shall be made available at no cost to members:</p> <ul style="list-style-type: none"> • In all languages, including American and Mexican Sign Language; • At all “key points of contact,” including medical/clinical and non-medical/administrative; • For routine, urgent, and emergency health care services; • Through an in-person interpreter upon a member’s request (5-7 business days advance notice preferred; 24-hour cancellation); • By telephone or California Relay Service (711), 24 hours a day seven days a week; • Through other formats (including but not limited to real-time captioning and alternative communication devices) upon a member’s request); and • In a timely manner appropriate for the situation <ul style="list-style-type: none"> ○ Interpretation for routine and urgent health care services shall be coordinated with scheduled appointments in a manner that ensures the provision of interpreter services at the time of the appointment. ○ Interpretation for emergency health care services shall be immediately available 24 hours a day seven days a week. • Provision is considered not timely if delay results in denial of service, benefit, or right. |
| <p>Translation</p> | <p>All <u>member-informing materials/vital documents</u> (print documents, signage, and multimedia materials such as websites) shall be translated into the currently identified threshold languages and made available to members at no cost.</p> <p>The Plan shall conduct a group needs</p> |

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| | <p>assessment (GNA) every five years, submit it to DHCS within 6 months of completion, and conduct an annual update.</p> <p>Any newly developed member-informing materials shall be translated into threshold languages within 90 days after the English version is approved by the State.</p> <p>Members may request materials (vital or non-vital documents) in non-threshold languages and alternative formats (e.g. documents in Braille, large print, audio format) upon request. The plan or provider shall have up to, but not to exceed, 21 days to comply with the member's request for translation.</p> |
| Disability Access/Accessibility | <p>Auxiliary aids & services, and modifications of policies, practices, and procedures shall be available at no cost to members with disabilities within a “reasonable time frame appropriate for the situation.”</p> <ul style="list-style-type: none"> • Disability accommodations for routine and urgent health care services shall be coordinated with scheduled appointments in a manner that ensures the provision of the accommodation at the time of the appointment. • Disability accommodations for emergency health care services shall be immediately available 24 hours a day seven days a week. • Provision is considered not timely if delay results in denial of service, benefit, or right. |
| Cultural Responsiveness | <p>Practitioners and staff shall encourage Members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrate these beliefs into treatment plans.</p> |

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| Referrals | Plan, practitioners and staff shall provide referrals to culturally and linguistically appropriate community service programs |
| Inform, Facilitate, and Document | <p>Plan, providers, and vendors shall:</p> <ul style="list-style-type: none"> • Inform members of the availability of these cultural, linguistic, and disability access services (at no cost to the member) at all key points of contact and on all brochures, newsletters, outreach and marketing materials, other materials that are routinely disseminated to Members, and at Member orientation sessions and sites where Members receive covered services. • Facilitate access for members to these services, at no cost to the members; and • Immediately document a request and/or refusal of services in the data management system. |
| Written Translation Quality and Accuracy Standards | <p>Language assistance vendors that provide translation services shall provide an attestation of quality and accuracy with every translation.</p> <p>Plan shall conduct a second tier review to:</p> <ul style="list-style-type: none"> • “Test” or “validate the quality” of services provided. • Ensure translated document meets the same standards required for the English version. |
| Interpretation Quality and Accuracy Standards | <p>Average Speed of Answer (ASA) for all languages = 15 seconds; successfully conference to an interpreter over 99% of all calls answered monthly; Deliver services 24/7.</p> <p>Non-Performance Credit – 1% penalty will be assessed based on the total monthly billable cost, and credit will be issued to the client account.</p> |

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| <p>Interpreter/Translator Proficiency Standards</p> | <p>Individuals or groups providing interpretation and translation services to Members must meet the standards promulgated by the California Healthcare Interpreters Association including, at a minimum, the following three proficiency standards:</p> <ol style="list-style-type: none"> 1. Documented and demonstrated proficiency in English and other language; 2. Fundamental knowledge in both languages of health care terminology and concepts relevant to health care delivery systems; and 3. Education and training in interpreting/translation ethics, conduct, and confidentiality. |
| <p>Grievances and Appeals</p> | <p>All members shall:</p> <ul style="list-style-type: none"> • Receive information regarding their rights to file a grievance, appeal, or request an IMR in threshold languages, through oral interpretation, and in alternative formats upon request. • Have easy access to translated grievance, appeal, and IMR forms in threshold languages and alternative formats on the Plan's web site. • Receive written notice of oral interpretation services for grievances that require expedited review. |
| <p>Training</p> | <p>All CH&W staff, providers, and vendors shall receive education and training on 4 required elements:</p> <ol style="list-style-type: none"> 1. Cultural, linguistic, and disability access requirements and available resources; 2. How to work effectively with interpreters and Members with diverse cultural, linguistic, or disability access needs; 3. Understanding the cultural diversity of California Health & Wellness's Members; and 4. Understanding different group beliefs about illness and health, methods of interacting with providers and the system, and traditional home remedies. |

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| | <p>Plan, provider, and vendor staff who have routine contact with members from diverse cultural communities shall also receive annual refresher training.</p> |
| <p>Reporting</p> | <p>Provider shall provide the Plan with any information necessary to assess compliance, and with quarterly updates on any changes in disability access and/or language capabilities for the Provider Directory.</p> <p>The Plan shall track, analyze, address, and report cultural, linguistic, and disability- related grievances and appeals to the CH&W Advisory Committees.</p> <p>The Diversity & Disability Plan shall be updated annually and submitted for review to the Quality Management and Community Advisory Committees.</p> |