


No. UM LA-001	Language Assistance and Culturally Sensitive Accessible Services	
Effective Date: 1/1/2022	POLICY AND PROCEDURE	
Committee Approval: 1/11/23 <small>Previous Versions: see revision history on last page</small>		
DMHC TAG: Language Assistance NCQA Standard: NET1		

Language Assistance and Culturally Sensitive Accessible Services

Cultural competency is defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological or sociological characteristics.

Culturally competent health care elements include but are not limited to: ethnicity, age, gender, sexual orientation, primary language, English proficiency, literacy, physical abilities and limitations, spiritual beliefs and practices, family roles, economic status, and community networks.

Canopy Health enrollees are provided services in a culturally sensitive and timely manner. Health Plans are required to offer interpreter and/or translation services at no charge to the member. Canopy Health enrollees are referred to their health plan for translation and/or interpreter services. Interpreters must meet health plan defined quality standards and minors and accompanying adults may not be used as interpreters unless the emergency exceptions specified in law are met and documented in the patient's medical record. An accompanying adult may only be used as an interpreter when the patient gives permission, the accompanying adult accepts responsibility and it's appropriate to the situation.

Specific actions by Canopy Health and its delegated medical groups/IPAs, contracted vendors and hospitals include the following:

- Interpreter services are provided when needed.
- Interpretation services may be telephonic, in person or electronic.
- The costs of interpreter services are not transferred to the client, per The Americans with Disabilities Act (ADA) requirements.
- The expected turnaround time for providing documents to the health plan if the member requests translation is one business day for medically urgent requests and two business days for non-urgent requests.

- All verbal and written communication with clients/families are delivered in a culturally sensitive and educationally appropriate manner.
- Members are referred to providers who can meet their cultural needs.
- Written records about a minor that require signature by a parent or legal guardian must be interpreted or translated into the preferred language of that parent or legal guardian.
- Canopy Health and its medical groups/IPAs ensure that health care services are delivered consistently according to the benefits covered in the members’ health plan policy.
- Canopy Health and its medical groups/IPAs ensure that members do not experience discrimination based on race, ethnicity, national origin, religion, sex, sexual orientation, age, mental or physical disability or medical condition, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.
- The medical groups/IPAs and their physicians allow a representative to facilitate care or treatment decisions for a member who is incapable of doing so because of physical or mental limitations.
- Canopy Health’s upstream health plans assess appointment access and availability in their provider networks. This assessment surveys a random sample of Network providers about appointment and after-hours availability annually between July and December. The telephonic survey takes less than 10 minutes, asking provider offices how quickly they can schedule appointments for various types of non-emergency care and about after-hours appointment and contact availability. When the upstream health plan provides results that are Canopy Health specific, those results are reviewed by Canopy Health.
- Canopy Health’s upstream health plans identify the language needs and ethnic backgrounds of Canopy Health enrollees, including prevalent languages and cultural groups, using U.S. Census data and enrollment data to the best extent possible.
- Canopy Health identifies the languages spoken by Network practitioners to assess whether they meet enrollees’ language preferences.
- Canopy Health acts to adjust the practitioner network or requests that its upstream health plans supplement language interpretation services if the current practitioner network does not meet enrollees’ language needs.

Revision History:

Version Date	Edited By	Reason for Change
7/19/16	M. Durbin	Creation date
3/5/18	A. Kmetz	Revised to meet NCQA NET1 element A

3/13/18	M. Durbin	Edits and clarifications to wording
7/30/18	R. Scott	Incorporated additional Language Assistance requirements per Health Net request.
1/1/22	R. Scott	Refined descriptions to clarify that it is an upstream health plan accountability for appointment access and availability surveys and data sharing as well as enrollee language assessments and interpreter and translation support.
01/1/23	L. Sasaki	Changed references to Canopy Health “members” to Canopy Health “enrollees” to better reflect upstream health plan responsibility for enrollee language assessments.