

Policy Title: Qualified Interpreter Services for Limited English Proficient Persons	Policy Number: CA.HP.Operations. LA 005002
Business Owner: Southern California and Northern California Human Resources	Effective Date: November 1, 2019
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1.0 Policy Statement

- 1.1. Qualified interpreter services are provided during all hours of operation at no cost to members/patients, their medical decision makers, and their companions. For departments that are open 24 hours a day, 7 days a week, language assistance is provided 24 hours a day, 7 days a week.
- 1.2. KP provides auxiliary aids and services to facilitate effective communication with individuals with disabilities, in accordance with the Equal Access to Facilities, Services, and Programs Policy
- 1.3. Members/patients are informed of their right to receive interpreter services, including Sign language, how to access interpreter services, and how to address and file complaints pertaining to interpreter services.
- 1.4. Regional standards are in place to support the delivery of qualified interpreter services to members, patients, and caregivers.
- 1.5. Kaiser Foundation Health Plan, Kaiser Foundation Hospital, TPMG and SCPMG adheres to state and federal laws, regulations and contractual agreements requiring Health Plan to provide interpreter services by qualified individuals¹.

2.0 Purpose

- 2.1 To ensure that qualified interpreter services are available at all administrative and clinical points of contact where the need for interpreter services can reasonably be anticipated.
- 2.2 To define processes to monitor compliance with various state and federal requirements surrounding the provision of qualified interpreter services.

3.0 Scope/Coverage

This document describes Policies and Procedures for Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Permanente Medical Group as contracted providers and staff.

¹ State and federal laws include the Knox-Keene Act and DHS Medicaid Managed Care Division All Plan Policy Letter 99-03.

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4.0 Definitions

- 4.1 California Relay Service (CRS)** – A telecommunications relay service that enables persons who are Deaf, with hearing loss, or who have a speech disability use of the telephone to communicate. Trained communication assistants complete all calls and stay on the line to relay text messages over a TTY device (to persons who are Deaf, with hearing loss, or who have a speech disability) and verbally (to the hearing party). CRS may be accessed by dialing 711. See also "Speech-to-Speech Services" and "TTY," below.
- 4.2 Certified Sign Language Interpreter** – An individual who holds one of the following certifications:
- RID (Registry of Interpreters for the Deaf); National Interpreter Certification (NIC); NIC is replacing CI (Certificate of Interpretation), CT (Certificate of Transliteration) and CSC (Comprehensive Skills Certificate) as the new standard; but CI, CT and CSC are still valid and accepted.
 - NAD (National Association for the Deaf) Advanced (Level IV), or Master (Level V); ACCI (American Consortium of Certified Interpreters) Levels IV and V.
- 4.3 Professional contract interpreters** – An individual or company that provides interpreter services with whom Health Plan contracts to provide qualified spoken and/or Sign language services. Professional contract interpreters must demonstrate proficiency in the source and target language, including medical terminology as appropriate. Professional contract interpreters must also have training in interpreter ethics, standards of practice, and be bound by agreements to protect personal health information.
- 4.4 Health Plan** – Kaiser Foundation Health Plan, Inc.
- 4.5 Interpreting** – The act of listening to something in one language (the source language) and orally conveying information in another language (the target language). See also "Sign Language Assistance Services" below. Interpreting does not include direct communication between two people.
- 4.6 KFH** – Kaiser Foundation Hospitals
- 4.7 Limited English proficient (LEP) person** – An individual who does not speak English as his/her primary language and who has limited ability to read, write, speak, or understand English.
- 4.8 Point of Contact** – An instance where a member/patient and/or their medical decision maker accesses administrative or clinical services, either in person or via telephone, from Health Plan, KFH, TPMG or SCPMG.

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- 4.9 Professional/Dedicated staff interpreter** – An individual employed to provide qualified spoken and/or Sign language services as his or her job. Professional/Dedicated staff interpreters must demonstrate proficiency in the source and target language, including medical terminology as appropriate. Demonstration of proficiency will be via a valid and reliable assessment tool selected by the employer. Professional/Dedicated staff interpreters must also have training in interpreter ethics and standards of practice, and be bound by agreements to protect personal health information.
- 4.10 Qualified Bilingual Staff/Status (QBS) Level 1** – An eligible employee who has demonstrated basic conversational proficiency in English and the target language. A QBS Level 1 employee uses his or her language skills within two distinct roles:
- Performs his or her regular duties in a language other than English in a non-clinical role (for example, a Spanish speaking receptionist in the Ob/GYN department who performs his or her job in Spanish).
 - May be called upon to provide language assistance for someone else in customer service related encounters (non-clinical) where understanding of healthcare/medical terminology/concepts is not required (for example, a Spanish-speaking receptionist in the Ob/GYN department who is called to provide language assistance for a patient at the reception desk in the Pediatrics department).
 - Demonstrates interpreter ethics, conduct, and confidentiality that adopt and apply, in full, the standards of practice promulgated by the California Healthcare Interpreters Association, the National Council on Interpreting in Healthcare, or the RID Code of Ethics.
- 4.11 Qualified Bilingual Staff/Status (QBS) Level 2** – An eligible employee who has demonstrated intermediate to advanced conversational proficiency in English and the target language, including health care/medical terminology. A QBS Level 2 employee uses his or her language skills within two distinct roles:
- Performs his/her regular duties in a language other than English (for example, a Spanish-speaking medical assistant in the Ob/GYN department who performs his or her job in Spanish).
 - May be called upon to provide language assistance for someone else in clinical encounters where understanding of health care/medical terminology/concepts is required (for example, a Spanish-speaking medical assistant in the Ob/GYN department who is called to provide language assistance for a patient in the Pediatrics department).
 - Demonstrates confidentiality and adheres in full to the standards developed by the California Healthcare Interpreters Association, the National Council on Interpreting in Healthcare, or the RID Code of Ethics.
- 4.12 Qualified Interpreter** – An individual who has met the qualifications to be a health care interpreter. Qualified interpreter may be a professional interpreter who is hired as a

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Health Plan, KFH, TPMG or SCPMG employee, an independent contractor, or a Professional Healthcare Interpreter hired through a contracted vendor.

- 4.13 SCPMG** – Southern California Permanente Medical Group
- 4.14 Sign Language Interpreter Services** – Interpreter services for someone who is Deaf or with hearing loss or who has a speech disability and whose primary means of communication is Sign language.
- 4.15 Sight Translation** – The act of reading out loud from a document written in one language into another language.
- 4.16 Speech-to-Speech Service (STS)** – Enables a person with a speech disability to use the California Relay Service using his or her own voice or voice synthesizer to call another person. STS provides trained operators who function as live voicers for users with speech disabilities who have trouble being understood on the telephone. The operator will repeat the words of the speech disabled caller to whomever the person with the speech disability is calling. The service also works in reverse, so that anyone may initiate a call to a person with a speech disability using California Relay Service STS. See also "California Relay Service".
- 4.17 Spoken language/dialect preference** – The language/dialect which a patient self-discloses as the language/dialect he/she prefers to access healthcare services or receive healthcare information.
- 4.18 Taglines** – A short statement in multiple languages that informs Members, patients, and caregivers about the availability of language assistance services. The specific Tagline text varies by line of business.
- 4.19 Target language** – The language spoken by the patient/member, and his/her medical decision makers and/or companions.
- 4.20 TPMG** – The Permanente Medical Group, Inc.
- 4.21 TTY** – Text Telephone. A TTY device enables persons who are Deaf, with hearing loss, or who have a speech disability use of the telephone to communicate by typing and receiving messages instead of talking and listening. A TTY device is required at both ends of the conversation in order to communicate. See also "California Relay Service," above.
- 4.22 Video Relay Service (VRS)** – A free service for the Deaf and hearing loss community that enables video relay calls through a certified ASL interpreter via a high-speed Internet connection.

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- 4.23 Video Remote Interpreting (VRI)** - Videoconferencing technology, equipment, and a high-speed Internet connection with sufficient bandwidth to provide the services of a qualified sign language interpreter.

5.0 Provisions

5.1 Planning for Services

- 5.1.1 All staff using clinical or non-clinical systems and interacting with members/patients note when the member language preference fields are not filled in and take responsibility to gather and input the data:
- Spoken language preference
 - Written language preference and/or alternative format needs
 - Whether the member/patient requires an interpreter
- 5.1.2 Statewide the most common non-English languages among Health Plan members are:
- Spanish
 - Cantonese
 - Vietnamese
 - Tagalog
 - Mandarin
 - Korean

Language prevalence varies across Service Areas. Member language preference data for each facility may be obtained by referring to reports produced monthly, and posted at:

Northern California:

https://sites.sp.kp.org/pub/qos/a/Pages/p107.aspx?setval=rpt&subsetId=14&carearea=aow16_112&delnav=del694

Southern California:

<https://epf.kp.org/wps/myportal/hr/workatkp/cultureanddiversity/diversityandinclusion/>

5.2 Notification of Availability of Language Assistance Services

- 5.2.1 Members and patients are informed that qualified interpreter services including Sign language are available at no charge during all hours of operations at all points of contact. For departments that are open 24 hours a day, 7 days a week, language assistance is provided 24 hours a day, 7 days a week.
- 5.2.2 Entities subject to this policy include Taglines in Vital Documents to inform members and patients on the availability of language assistance services, including interpreter services
- 5.2.2.1 The Taglines describe how members may seek assistance from Health Plan in arranging qualified interpreter services at administrative and clinical points of contact.

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- 5.2.3 KFHP, KFH, TPMG and SCPMG inform members/patients of the availability of free language assistance via notices posted at key entrances of all facilities, admitting departments, and emergency departments.
- 5.2.4 Notices of the availability of free language assistance services posted at KFHP facilities include the telephone number and TTY number where patients may file complaints about the language assistance services with the California Department of Public Health.
- 5.2.5 Notices of the availability of free language assistance services posted at KFHP, TPMG, and SCPMG facilities include the telephone number and TTY number where members may inquire and/or file complaints about the language assistance services with the Member Services department.

5.3 Offer of Qualified Interpreter Services

- 5.3.1 Any member/patient who expresses a preference for a non-English language, including Sign language or demonstrates a need for interpreter services is offered the use of qualified interpreter services at all administrative and clinical points of contact during all hours of operation at no charge to the member/patient. For departments that are open 24 hours a day, 7 days a week, language assistance is provided 24 hours a day, 7 days a week.
- 5.3.2 The offer of qualified interpreter services is made to a companion/caregiver who is involved in care decisions for a Member or a patient and needs to communicate with the provider regarding those care decisions. The use of interpreter services in such encounters must be documented in the patient's chart. In addition, a note should be included that language assistance services were provided to the Member's companion or caregiver
- 5.3.3 The offer of qualified interpreter services is made even in situations where a member/patient is accompanied by a companion who may be capable of interpreting for the member/patient.
- 5.3.4 In situations where a member or patient refuses the offer of interpreter services and insists on using an adult family member or friend, the offer of interpreter services and refusal by the member/patient is to be documented in the medical record or health plan file, as applicable.
- 5.3.5 Every reasonable attempt is to be made to meet the member's request of his/her preferred mode of qualified interpreter services.

5.4 Arranging for Qualified Interpreter Services

- 5.4.1 For appointments scheduled in advance, the need for qualified interpreter services at the appointment is documented at the time the appointment is scheduled.

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5.4.2 For unscheduled encounters, every reasonable attempt is made to arrange for qualified interpreter services in a timely manner, as described in section 5.5.

5.4.3 Each facility establishes a process by which staff arranges for qualified interpreter services to participate in a previously scheduled visit or administrative encounter, an emergency department encounter or unscheduled visit encounter.

5.5 Timely Delivery of Interpreter Services

5.5.1 Spoken/Sign language assistance services are during all hours of operation at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP person. For departments that are open 24 hours a day, 7 days a week, language assistance is provided 24 hours a day, 7 days a week.

5.5.2 If face-to-face interpreter services are not available or feasible, all alternative modes of interpreter services are exhausted before the appointment is rescheduled.

5.6 Use of Family and Friends as Interpreters

5.6.1 The use of adult family members and/or friends as interpreters is highly discouraged.

5.6.2 Occasionally, the sensitive nature of a patient's clinical condition may cause providers or staff to request qualified interpreter services to participate in the encounter despite the patient's preference to use an adult family member or a friend. In such situations, the circumstances leading to the override of the patient's preference are documented in the medical record.

5.6.3 Minor children should not be used as interpreters except in extraordinary situations such as medical emergencies where any delay could result in harm to a member/patient, and only until a qualified interpreter is available. Use of a minor child for interpretation under these circumstances should be documented in the medical record.

5.6.4 Members/Patients may not be asked to bring their own interpreter to an Administrative or Clinical Point of Contact.

5.7 Types of Qualified Interpreter Available

5.7.1 Only the services of qualified interpreters competent in health care/medical terminology in both the source and target language are used during medical encounters. These resources include:

- Professional Healthcare Staff Interpreter
- Contracted Interpreter (in person, telephone, video)

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- Qualified Bilingual Staff/Status employee

The specific method for providing interpreter services chosen for a particular point of contact depends on the nature of the encounter as well as the readily available services in the language needed. Decision trees (See Attachments) to aid in the determination of what mode of interpretation may be best suited for a type of encounter.

5.8 Use of Qualified Interpretation Resources by Situation

- 5.8.1 Face-to-Face On-site Interpreters: When the communication required is complex, critical, sensitive in nature, involves visual cues and/or requires specialty medical interpreting.
- 5.8.2 Video Remote Interpreters: When there is a need for immediate access to an interpreter to communicate and/or when the communication required involves visual cues and gestures (e.g., Deaf members and members with hearing loss).
 - 5.8.2.1 It is prohibited to use low-quality video remote interpreting services
 - 5.8.2.2 It may not be conducive to utilize a video interpreter for certain encounters (e.g., patient has a vision impairment or patient's level of consciousness)
- 5.8.3 Telephone Interpreter Services: For routine conversations that need immediate access to a spoken language interpreter and visual cues are not necessary.
- 5.8.4 If a member declines the use of a video remote interpreter or a telephone interpreter service, it is recommended that every reasonable attempt is made to meet member's request for a qualified in-person interpreter.
- 5.8.5 Each Kaiser Foundation Hospital, TPMG and SCPMG facility is responsible for determining the appropriate mix of interpreter services resources to meet the specific needs of the population it serves in accordance with state, federal and contractual requirements.

5.9 Documenting Use or Refusal of Interpreter Services

- 5.9.1 When an interpreted encounter is complete, use of an interpreter is documented in the medical record or health plan file. Documentation must include the type of interpreter used (e.g., QBS, Phone vendor, etc.) and the unique interpreter's identification number and/or interpreter's name (e.g. vendor interpreter ID, Employee ID # or Employee NUID).

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5.9.2 If interpreter services were offered to the member/patient, but refused, documentation of that refusal is also made in the medical record or health plan file and includes statement of member refusal and reason for refusal, if known.

5.10 Sight Translation

5.10.1 Sight translation of documents used during patient visits may be provided in person, through a qualified spoken/Sign language assistance resource, or, as appropriate, through a telephone interpreter service.

5.10.2 If an interpreter accompanies a member/patient to an administrative or clinical point of contact, the interpreter will sight translate all relevant documents and forms not available in the target language used during the course of the visit.

5.10.3 If an administrative or clinical encounter involves documents not available in the patient's preferred language, and a qualified interpreter cannot be secured for in-person sight translation in a timely manner providers or staff may read the document(s) used during the visit to a contracted telephone interpreter service, for interpretation for the member.

5.11 Review of Member Grievances

5.11.1 Grievances received from or submitted by members and patients related to language assistance services are immediately forwarded via fax to the Local Member Services Department for case processing. In accordance with state and federal regulations, all member grievances are acknowledged within five (5) calendar days by the Member Services Department. The NCAL Language Access Program receives monthly individual reports of all complaints, grievances and appeals related to culture and/or linguistics. The SCAL I Equity, Inclusion & Diversity Department receives quarterly individual and aggregate reports of all complaints, grievances and appeals related to culture and/or linguistics. Annually, the Member Concerns Committee receives an aggregate report on all complaints, grievances and appeals related to culture and/or linguistics. The Member Concerns Committee, in consultation with the Regional Compliance and Privacy Offices, makes any necessary recommendations for change. Details related to the complaint/grievance review process are outlined in the Member Concerns Committee Charter.

5.11.2 In Southern California, complaints and grievances are reviewed by the Equity, Inclusion & Diversity Department, Quality groups and the Member Concerns Committee in accordance with the Cultural and/or Linguistic Member Complaints, Grievances and Appeals process.

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5.12 Confidentiality

- 5.12.1 All individuals providing qualified interpreter services to members and patients from Health Plan, KFH, TPMG or SCPMG protect confidentiality of member/ patient information.
- 5.12.2 All Professional Interpreters who are contracted to provide interpreter services to Health Plan members and patients sign confidentiality statements and are bound by Health Plan, KFH, TPMG or SCPMG standards for the protection of personal health information.

5.13 Provisions for Compliance Monitoring

- 5.13.1 Responsibilities of Health Plan, KFH, TPMG and SCPMG
 - 5.13.1.1 Health Plan, Hospital and Medical Group departments conduct performance monitoring with provisions in this policy that apply to them.
- 5.13.2 Responsibilities of Regional and National Compliance
 - 5.13.2.1 The California Regional compliance offices and National compliance office partner to periodically audit Health Plan, Hospital and Medical Group departments for compliance with provisions outlined in this document.
- 5.13.3 Responsibilities of Health Plan Regulatory Services
 - 5.13.3.1 Health Plan Regulatory Services Survey Readiness Unit is responsible for assessments of Health Plan Claims Departments, Health Plan Member Services Departments, and Health Plan Utilization Management Departments in Northern and Southern California on compliance with provisions in this document.
- 5.13.4 Responsibilities of Northern California Regional Language Access Program and Southern California Equity, Inclusion & Diversity Department
 - 5.13.4.1 Health Plan Northern California Regional Language Access Program is responsible for providing consultation to KFH, TPMG, and departments to ensure compliance with the provision outlined in this policy. Regional Language Access program is also responsible to monitor ongoing compliance with Language Assistance requirements and evaluate the Regional Language Assistance Program. Regional Language Access Program

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annually reports results to the Quality Oversight Committee (QOC).

- 5.13.4.2 Health Plan Southern California Equity, Inclusion & Diversity is responsible for providing consultation to KFH, KFHP, and SCPMG departments to ensure compliance with the provisions outlined in this policy. Regional D&I is also responsible to monitor ongoing compliance with Language Assistance requirements and evaluate culture and linguistic services, including delegated programs if applicable. Regional D&I annually reports results to the Southern California Quality Committee (SCQC).

6.0 References/ Appendices

6.1 Standards for Qualified Interpreter Services

6.1.1 Qualified Bilingual Staff

6.1.1.1 The SCAL Equity, Inclusion & Diversity Department and the NCAL Office of LMP Labor Management Partnership are responsible for determining the process to conduct proficiency assessments for staff seeking to qualify as Qualified Bilingual Staff/Status Level 1 or Qualified Bilingual Staff/Status Level 2.

6.1.1.2 Those designated as QBS 1 or 2 are not authorized to provide language assistance services beyond the scope of their qualifications.

A list of QBS 1 and QBS 2 employees is available on the NCAL Labor Management Partnership Bilingual Employee Program and SCAL Equity, Inclusion & Diversity websites:

NCAL:

https://wiki.kp.org/wiki/display/ncallmpqbs/Home?kp_shortcut_referrer=kp.org/qbsprogram

SCAL:

https://epf.kp.org/wps/myportal/hr/workatkp/cultureanddiversity/qualifiedbilingualstaff_scal/

6.1.1.2.1 The list of QBS employees includes the following information for each employee, if available

- Name
- Languages for which QBS Designation obtained
- Proficiency level (Level 1 or Level 2)

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- Department/Location
- Phone number
- Shift available

6.1.1.3 The SCAL Equity, Inclusion & Diversity Department and the NCAL Office of LMP Labor Management Partnership are responsible for outlining the processes by which staff may obtain QBS.

6.1.1.4 Staff who meet eligibility requirements may obtain QBS designation by obtaining a passing score on the QBS language assessment and completion of applicable QBS training.

6.1.1.5 QBS training includes education on ethics, conduct and confidentiality.

6.1.1.6 Staff who have obtained QBS designation are required to wear badges that identify them as participants in the program which includes the qualified language and level.

6.1.2 Professional/Dedicated healthcare staff interpreters

6.1.2.1 The NCAL Regional Language Access Program and SCAL Equity, Inclusion & Diversity Department are responsible for determining the process to conduct proficiency assessments for Professional/Dedicated healthcare staff interpreters.

6.1.2.2 The NCAL Regional Language Access Program and SCAL Equity, Inclusion & Diversity Department are responsible for establishing standards for evaluating interpreter certification programs and making recommendations on which credentials may be accepted without further assessment for purposes of hiring.

6.1.3 Contract Interpreters

6.1.3.1 The NCAL Regional Language Access Program and SCAL Equity, Inclusion & Diversity Department are responsible for developing guidance for facilities on how to select contract interpreters.

6.1.3.2 Any organization contracted to provide professional interpreter services to members/patients must have processes in place to assess the proficiency of the interpreters they provide and to ensure the quality of the interpreter services they provide.

6.1.3.3 Any individual contracted to provide interpreter services must demonstrate:

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- Proficiency in both the target and source languages.
- A fundamental knowledge in both languages of health care terminology and concepts relevant to health care delivery systems; and
- Education and training in standards of practice, interpreting ethics, conduct and confidentiality.

6.1.3.4 Each facility maintains a list of approved Contract Interpreters and the list is distributed to all departments throughout the facility in accordance with the facility's process for requesting interpreters. The list includes, at a minimum, the following information for each Contract Interpreter vendor or individual: Name of agency or individual; How to request an interpreter; Languages for which interpreters are available; whom to contact regarding complaints, issues, or concerns.

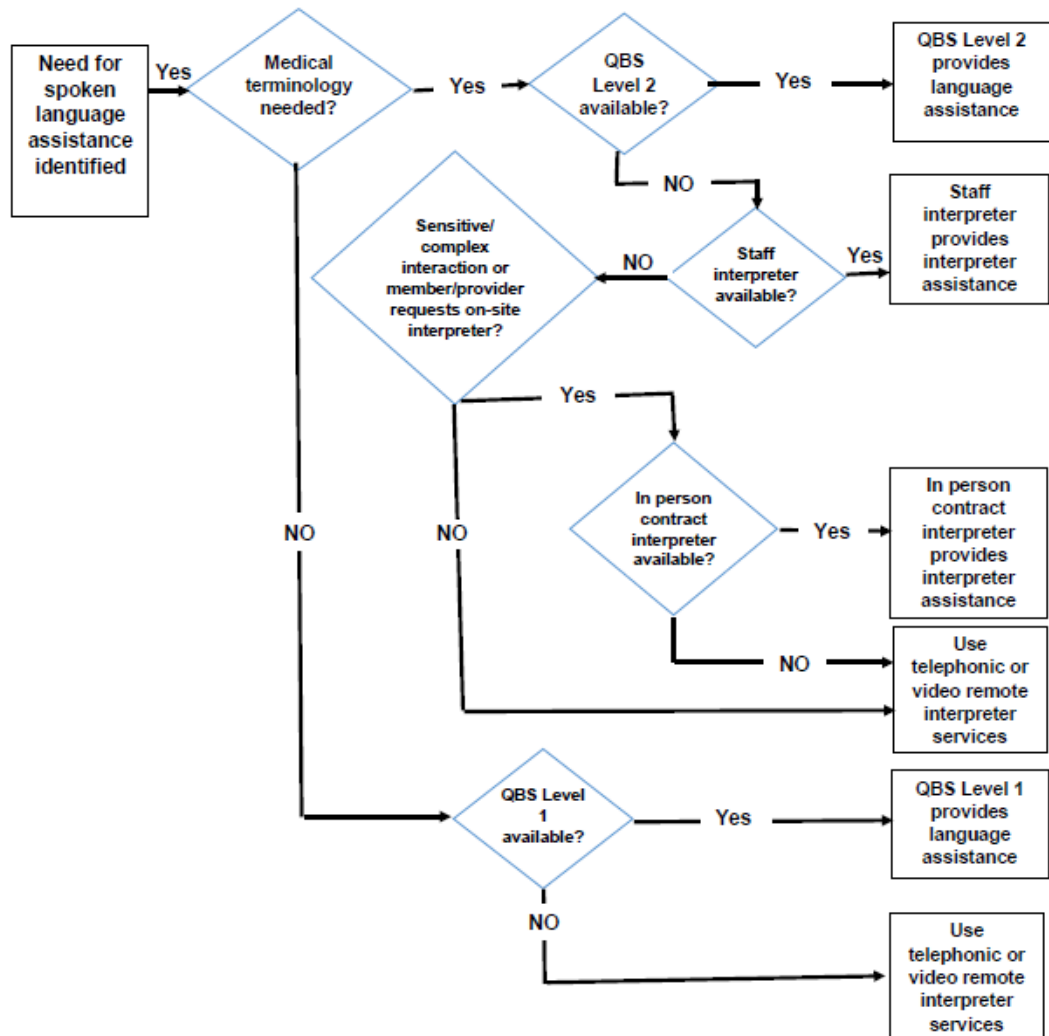
6.2 Use of Interpretation Resources by Encounter Type

- 6.2.1 The determination about which kind of language interpreter services is used is based on:
- The type of encounter (whether medical terminology is needed)
 - The language needed (including Sign language)
 - The availability of staff and/or contract interpreters

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ATTACHMENT

Spoken Language Decision Tree



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Sign Language Decision Tree

