

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #: HS-8.3</b>	<b>Lead Department: Health Services</b>
<b>Title: Interpreter Services</b>	
<b>Original Date: November 2003</b>	<b>Last Revision Date: February 2009</b>
<b>Approved by: Barbara Flynn, RN</b>	
<b>Applies to: All Lines of Business</b>	

**Purpose:**

To describe Alliance Interpreter Services and the process by which the Alliance informs members and providers of the availability of services.

**Policy:**

All Limited English Proficiency (LEP) members are entitled to free interpreter services when accessing medically necessary health care services. Interpreter services are available to members at all points of contact, including administrative and clinical contacts. Interpreter services are accessed by providers through the use of a telephone interpreter service, which is available on a 24-hour basis. By exception, face-to-face interpreters are authorized in special circumstances (see criteria below) and are available during regular business hours. Face-to-face interpreters can be scheduled outside of regular business hours if there is a critical need. The Alliance contracts with qualified interpreter agencies to provide telephone and face-to-face interpreter services.

**Definitions:**

LEP – Limited English Proficiency

**Procedures:**

The Member Handbook/Evidence of Coverage for Medi-Cal and all Knox-Keene licensed lines of business informs members how to get services in their language, how to access interpreter services, their right to not use family members or friends as interpreters, and how to file a complaint if they believe their linguistic needs are not met. Language assistance information is also posted on the member website.

The Provider Manual informs providers how to access free interpreter services through the Alliance. The manual also informs providers of the requirements to a) use qualified interpreters; b) not request that a member have family or friends interpret for them; c) document a member's preferred language in their chart; and d) document the offer of and member acceptance or refusal of an interpreter.

Providers are required to document their language capabilities on their initial application to become contracted providers. The Alliance monitors their ongoing linguistic capabilities through an annual survey of provider and staff linguistic capabilities. Monitoring is also done through the site review process, during which the facility site review nurse confirms staff linguistic capabilities and knowledge of the Alliance procedure to access interpreter services.

- Prior authorization is not required for access to the telephone interpreter service.
- Provision of face-to-face interpreters requires prior authorization by the Medical Director or Director of Health Services in all instances.
- If the service is CCS, LEA or Mental Health, the provider will be referred to the appropriate agency. If there is doubt as to which agency should assume responsibility the Health Services Director or Medical Director will be consulted.



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- CCS is responsible for provision of culturally and linguistically appropriate interpreter services for CCS-eligible conditions.
- All general acute-care hospitals in California are legally required to provide language assistance services (Kopp Act 1983).
- County Mental Health Departments are contractually obligated to provide linguistic services when providing mental health services.

**References:**

Regulatory: Title 28, Section 1367.04

Contractual: Medi-Cal Contract Exhibit A, Attachment 10; HF Contract Section III(C)b

Legislative: Executive Order 13166; Title IV-Civil Rights Act of 1964; CA SB853

MMCD Policy Letter: 99-03 April 1999

Interpreter Services Criteria

<b>Telephone Interpreter</b>	<b>Face-to-Face Interpreter</b>
All routine office visits	Sign language for the deaf (includes routine appointments and services listed to the left as necessary)
Pharmacy	End of life issues
All allied services	Sexual assault/abuse issues
All clinic visits	Complex courses of therapy or procedures (chemo, transplants)
Free standing radiology, mammography, lab services	Other conditions by exception
Health education programs	

**Revision History:**

<b>Review Date</b>	<b>Revised Date</b>	<b>Approved By</b>
February 2004	February 2004	Barbara Flynn, RN
August 2005	August 2005	Barbara Flynn, RN
September 2008	September 2008	Barbara Flynn, RN
February 2009	February 2009	Barbara Flynn, RN