

Health Care Providers' Language Assistance Responsibilities Major Federal and California Requirements*

US Law	Reference	Covers	Key Elements	Enforcement
	Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); 45 CFR 80.3(b)(2); Executive Order 13166 (8/11/00); US Department of Health and Human Services Guidance (68 Fed. Reg. 47311 (8/8/03)).	Any program or activity (including hospitals, nursing homes, home health agencies, managed care organizations, universities, welfare agencies, sub-contractors, and physicians) that receives federal funding or assistance, including payment for services provided to Medicare, Medicaid and SCHIP enrollees.	Recipients of federal funds must take reasonable steps to ensure meaningful access to their programs and activities by persons with limited-English proficiency (LEP) by balancing four factors: 1) number/proportion of LEP persons served or encountered; 2) frequency with which LEP persons come in contact with program; 3) nature and importance of the recipient's program to people's lives, and 4) resources available to the recipient and costs. Effective language assistance plans include: 1) identifying LEP individuals who need language assistance; 2) providing language assistance measures; 3) training staff; 4) providing notice to LEP persons; and 5) monitoring and updating the LEP plan.	US HHS Office for Civil Rights. See http://www.lep.gov
California Law	CA Government Code §§ 11135-11139 ; 22 CA Code of Regulations § 98000 et seq.	Any program or activity that: 1) is conducted, operated or administered by the state of California or any state agency; 2) is funded directly by the state; or 3) is receiving any financial assistance from the state.	No state agency or state-funded agency may unlawfully discriminate against or unlawfully deny full and equal access to benefits to any person on the basis of race, national origin, ethnic group identification, religion, age, sex, color, or disability.	<ul style="list-style-type: none"> • Private right of action in the statute. • Funding agency can investigate and curtail state funding.
	CA Government Code §§ 7290-7299 (Dymally-Alatorre Bilingual Services Act 1973)	Any state or local agency that furnishes information or renders services to a "substantial number" (for state agencies, 5% or more of the population served; for local agencies to determine) of non-English-speaking people	Covered agencies must: <ul style="list-style-type: none"> • Employ a sufficient number of qualified bilingual persons in public contact positions and must provide written translations of materials explaining services • Every 2 years, state agencies must report number of public contact positions, number of bilingual employees, percentage of non-English-speaking persons by native language, and use of telephonic interpretation to State Personnel Board 	California State Personnel Board must inform state agencies of their responsibilities, provide technical assistance, and collect and publish reports.
	CA Health & Safety Code § 1259 (Kopp Act 1983)	Any general acute care hospital in California	Covered hospitals must: <ul style="list-style-type: none"> • Provide language assistance services 24 hours a day for language groups that comprise 5% or more of the facility's geographic service area or actual patient population • Post multilingual notices about the availability of interpreters, how to obtain an interpreter, and how to make complaints to state authorities about interpreter services; • Notify employees of commitment to provide interpreters to all patients who request them • Prepare and maintain a list of qualified interpreters • Identify and record patients' primary languages in hospital records • Review standardized admission forms to determine which should be translated • Consider the use of phrase sheets and establishment of LEP community liaison groups 	California Department of Health Services is authorized to enforce the requirements through administrative sanctions.

This non-exclusive lists provides summary descriptions and major requirements of the laws. Tort liability and additional local and/or site-specific or program area-specific laws and regulations may apply.
 Prepared October 2003 by the UCSF Center for the Health Professions (<http://futurehealth.ucsf.edu>) in collaboration with the National Health Law Program (<http://www.healthlaw.org>).
 Funded by grants from The California Endowment and the California HealthCare Foundation

Health Care Providers' Language Assistance Responsibilities Major Federal and California Requirements*

California Law	Medi-Cal Managed Care Contract Requirements; Medi-Cal Managed Care Division Policy Letters 99-01 to 99-04; All Plan Letter 99005 (4/2/99)	Medi-Cal managed care plans	Plans must comply with Title VI of the Civil Rights Act of 1964 and: <ul style="list-style-type: none"> • Provide 24 hour access to interpreter services (telephonic or in-person) for all LEP members at key points of contact within the contractor's network • Assess cultural and linguistic needs of plan members, including assess and report the language capability of staff or interpreters, document linguistic services provided to members, maintain community linkages; conduct a group needs assessment and submit its "Cultural and Linguistic Services Plan" and "Cultural and Linguistic Services: Proposed Activities" to DHS, implement linguistic access performance standards, and standards for appointment scheduling and coordination of interpreter services for follow-up care to members • Provide written translation services to members whose primary language is not English and who meet a numeric threshold of 3000 LEP mandatory Medi-Cal eligibles in service area or 1000 in a single zip code or 1500 in two contiguous zip codes (as of 9/30/02, 13 languages had been identified as threshold languages). 	California Department of Health Services, Medi-Cal Managed Care Division
	Managed Risk Medical Insurance Board, Healthy Families Program	Healthy Families managed care contractors	Contractors must comply with Title VI of the Civil Rights Act of 1964 and: <ul style="list-style-type: none"> • Provide 24-hour access to interpreter services for all LEP subscribers in contractor's network without unreasonable delay and preferably with face-to-face interpreters and provide an interpreter for scheduled appointments • Develop and Implement LEP policies and procedures, including instructing providers to record member's language needs in records, informing subscribers of free language services, identifying and ensuring bilingual proficiency and capability of providers, conducting a group needs assessment for health education programs and cultural and linguistic services, and developing internal systems to operationalize cultural and linguistic competency • Not require or encourage subscribers to use family members or friends as interpreters and not use minors except in the most extraordinary circumstances • Translate written informing materials into Spanish and any language representing the preferred mode of communication for the lesser of 5% of the contractor's enrollment or 3000 subscribers of the contractor's enrollment in the program • Assess and report annually on linguistic needs and services 	California Managed Risk Medical Insurance Board

This non-exclusive lists provides summary descriptions and major requirements of the laws. Tort liability and additional local and/or site-specific or program area-specific laws and regulations may apply.
Prepared August 2003 by the UCSF Center for the Health Professions (<http://futurehealth.ucsf.edu>) in collaboration with the National Health Law Program (<http://www.healthlaw.org>).
Funded by grants from The California Endowment and the California HealthCare Foundation