



Policy Title: RI-024 Translation of Written Materials	Policy Number: LA 005001
Patient Rights: Medical Center Wide Policy	Effective Date: 2/21/2018
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1.0 Policy Statement

- 1.1. Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Permanente Medical Group are committed to meeting the linguistic needs of Health Plan's diverse membership. The provision of accurate, consistent, quality written translations of member informing materials is essential to ensuring effective communication between Health Plan and its patients and enrollees.
- 1.2. Health Plan is committed to providing translated Vital Documents to enrollees in threshold languages as required by state and federal requirements.
- 1.3. Health Plan has established quality standards and processes by which departments can request written translations from preferred vendors with confidence that the documents will be translated accurately with consistent terminology and phrasing.
- 1.4. Health Plan only uses qualified translation professionals to translate, edit and proofread member informing documents.
- 1.5. Health Plan provides alternative format materials in accordance with ADA Alternative Formats Policy.
- 1.6. Health Plan honors all member requests for translation and alternative formats, regardless of document type or language and will be provided at no cost to members.
- 1.7. Kaiser Foundation Health Plan, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Permanente Medical Group shall not charge members, patients, or caregivers for translated materials.

2.0 Purpose

- 2.1 To establish procedures to ensure that Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals, The Permanente Medical Group, Inc.,



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and the Southern California Permanente Medical Group comply with translation requirements established under state and federal laws as well as Medi-Cal and Medicare program requirements.

- 2.2 To document the process by which Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Permanente Medical Group ensure the quality, accuracy and timeliness of translated documents.
- 2.3 To acknowledge that translation of written material requires specialized skills and knowledge of the rules and norms of the target language as well as cultural appropriateness of the message content.
- 2.4 To define processes to ensure that members/patients receive translated vital documents in their threshold language if they have designated a preference for those languages.
- 2.5 To promote consistency and quality of translation, streamline processes and drive towards cost efficiencies through the development of a centralized translation infrastructure. This infrastructure includes the use of the following tools:
 - 2.5.1.1 Glossary of Terms (for Spanish & Chinese)
 - 2.5.1.2 Style Guide (for Spanish & Chinese)
 - 2.5.1.3 Translation Memory
 - 2.5.1.4 Editor/Reviewer Checklist
- 2.6 To define processes to monitor compliance with various state and federal requirements surrounding the translation of vital documents.

3.0 Scope/Coverage

This document describes policies and procedures for Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Permanente Medical Group.

Policies and procedures for the Kaiser Permanente Insurance Company are maintained by KPIC and can be obtained at
<http://npl.kp.org/pl/do/public/subcategory?rgid=900&catid=4820&VIEW=M&selcatid=5080>



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4.0 Definitions

- 4.1 **Care Delivery** – defined as location of health care or medical services that are provided at Plan Facilities where members or nonmembers received medical services
- 4.2 **Certificate of Accurate Translation** – Translation vendors provide upon request an “attestation” or “certificate of accurate translation” for translated documents to attest to the accuracy of the document.
- 4.3 **Editor/Proofreader** – Individual whose profession is to review translated documents for translation accuracy, reading level, adherence to linguistic style and/or errors in punctuation, spacing, grammar, etc.
- 4.4 **Health Plan** – Kaiser Foundation Health Plan, Inc.
- 4.5 **KFH** – Kaiser Foundation Hospitals.
- 4.6 **KPIC** – Kaiser Permanente Insurance Company, Inc.
- 4.7 **Limited English Proficient (LEP)** – 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 **Member** – an individual who is enrolled under an individual or group Kaiser Foundation Health Plan of California benefit plan for health insurance coverage
- 4.9 **Preferred Translation Vendor** – A vendor that has (1) been evaluated as part of a formal California statewide Request for Proposal process, led by Procurement & Supply and (2) agreed to use all Health Plan translation tools and processes to support quality translation. For a list of preferred vendors, refer to the Translation Services website at: <https://wiki.kp.org/wiki/display/translationservices/Home>.
- 4.10 **Requester/Requesting Department** – Department or individual representative of a department who is requesting translation of a document(s).



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- 4.11 **Required Documents** – set of documents defined annually by the Centers of Medicare and Medicaid Services Medicare Marketing Guidelines that must be made available to Medicare members in Medicare Threshold Languages. Required Documents are further described in Section 5.2 of this policy document.
- 4.12 **Reviewer** – Internal or external party who is responsible for providing overall review of the accuracy of the translated content. This individual should be bilingual with formal education in the target language and knowledge of content and internal style/voice guidelines.
- 4.13 **Significant Publications and Significant Communications** – defined by the Code of Federal Regulations (CFR) Title 45 section 92 as a written document containing significant information that a person may use to understand their rights, obligations or how to access medical care or services.
- 4.14 **SCPMG** – Southern California Permanente Medical Group.
- 4.15 **Sight Translation** – The act of reading out loud from a document written in one language into another language. For more information refer to Qualified Interpreter Services for Limited English Proficient Persons Policy Number CA.HP.Operations.LA005002.
- 4.16 **Subject Matter Expert** – Individual who understands the content of the English document to be translated and can provide consultation to translators on meaning and intent of the English document during the translation process.
- 4.17 **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.
- 4.18 **Threshold Language** – A non-English language identified by a regulatory or federal program requirement based on enrollment or census data, as applicable to the line of business
- 4.19 **TPMG** – The Permanente Medical Group, Inc.



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- 4.20 **Translating** – The act of converting written text from one language into another language, conveying the meaning of the written message in a written form.
- 4.21 **Translation Project Manager** – Individual who is the internal point of contact for translation needs. This individual has in-depth knowledge of the translation project management process and is available to provide consultation and project management to departments requesting translation.
- 4.22 **Vital Documents** – Written materials that are essential for understanding health plan benefits or accessing covered health care services. Regulatory definitions for Vital Documents vary by line of business and are described in Section 5.0. For purposes of this policy, the term Vital Documents includes Required Documents as described in this policy.
- 4.22.1 **Standard Vital Document** – a Health Plan vital document that does not contain member/patient specific information. Refer to section 5.1.2.1 for examples.
- 4.22.2 **Non-Standard Vital Document** – a Health Plan vital document that does contain member/patient specific information.

5.0 Vital Documents

- 5.1 Vital Documents for commercial enrollee
- 5.1.1 Vital documents for commercial enrollees are specified in the following state laws and regulations:
- California Health and Safety Code Section 1367.04
 - California Code of Regulations Title 28 Rule 1300.67.04
- 5.1.1 Vital Documents for commercial enrollees include documents in the following categories
- Applications;
 - Consent forms, including any form by which an enrollee authorizes or consents to any action by the plan;
 - Letters containing important information regarding eligibility and participation criteria;



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- Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal;
- Notices advising LEP enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees;
- Summary of benefits and coverage (SBC) documents
- Outreach materials
- Enrollment materials
- Explanation of benefits or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee.

5.1 Vital Documents (Member informing) for Medi-Cal enrollees

5.1.1 Vital Documents for Medi-Cal enrollees are defined in the California Department of Health Services MMCD Policy Letter 99-04 and include the following documents:

- Evidence of Coverage Booklet, and/or Member Services Guide, and Disclosure Forms.
- Enrollment and disenrollment information
- Information regarding the use of health plan services, including access to after-hours emergency, and urgent care services
- Access and availability of linguistic services
- Primary care provider (PCP) selection, auto-assignment, and instructions for transferring to a different PCP
- Process for accessing covered services requiring prior authorizations
- Process for filing grievance and fair hearing
- Provider listings or directories
- Marketing materials
- Form letters (denial letters, emergency room follow-up)
- Plan-generated preventive health reminders (appointments and immunization reminders, initial health examination notices, and prenatal care follow-up)
- Member Surveys
- Newsletters
- Advanced Directives



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5.2 Vital (Required) Documents for Medicare Members

5.2.1 Required documents for Medicare enrollees are defined in the Medicare Marketing Guidelines issued annually by the Centers of Medicare and Medicaid Services and include the following:

- Part C and Part D Explanation of Benefits (EOB)
- Annual Notice of Change (ANOC)/Evidence of Coverage (EOC)
- Provider/Pharmacy Directories
- Plan Ratings Information
- Comprehensive Formulary
- Enrollment forms & Instructions
- Low Income Subsidy (LIS) Rider
- Membership ID Card
- Summary of Benefits
- Appeals and grievance notices

6.0 Threshold Languages by Business Line

6.1 Threshold Languages for Health Plan commercial Members

- 6.1.1 Threshold languages are determined every 3 years based on Health Plan's demographic profile that is submitted to the California Department of Managed Health Care
- 6.1.2 Threshold languages are the non-English languages for which commercial enrollment in Health Plan comprises the lower of 15,000 individuals or 0.75 percent of membership with a stated preference for the language.
- 6.1.3 KFHP uses the data collected in the written language preference field in its membership administration database as the source to determine threshold languages for commercial enrollees
- 6.1.4 As of September, 2016, the commercial threshold languages for Health Plan are Spanish and Chinese.



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6.2 Threshold Languages for Medi-Cal Members

- 6.2.1 Medi-Cal Threshold Languages are the languages identified as the primary language, as indicated on the MEDS (Medi-Cal Enrollment Data System), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.
- 6.2.2 Medi-Cal Threshold Languages are determined at the county level and are identified by the California Department of Health Care Services.
- 6.2.3 The most recent communication from California Department of Health Care Services was in 2014 (DHCS Policy Letter 14-008) and identified the following Threshold Languages:

County	Threshold Languages (English is a threshold language for all counties)
Alameda	Chinese (Mandarin and Cantonese), Spanish, Vietnamese
Contra Costa	Spanish
El Dorado	Spanish
Fresno	Hmong, Spanish
Kern	Spanish
Kings	Spanish
Los Angeles	Arabic, Armenian, Cambodian, Chinese (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese
Madera	Spanish
Marin	Spanish
Napa	Spanish
Orange	Arabic, Chinese (Mandarin and Cantonese), Farsi, Korean, Spanish, Vietnamese
Placer	Spanish
Riverside	Spanish
Sacramento	Chinese (Mandarin and Cantonese), Hmong, Russian, Spanish, Vietnamese



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San Bernardino	Spanish
San Diego	Arabic, Spanish, Tagalog, Vietnamese,
San Francisco	Chinese (Mandarin and Cantonese), Russian, Spanish, Vietnamese
San Joaquin	Spanish
San Mateo	Chinese (Mandarin and Cantonese), Spanish, Tagalog
Santa Clara	Chinese (Mandarin and Cantonese), Spanish, Tagalog, Vietnamese
Solano	Spanish
Sonoma	Spanish
Yolo	Russian and Spanish
Ventura	Spanish

Note: Amador County's threshold language is only English.

6.3 Threshold Languages for Medicare Members

- 6.3.1 Medicare Threshold Languages are the languages identified as the primary language of five percent of the beneficiary population in the Health Plan's Service Area
- 6.3.2 The Centers for Medicare and Medicaid Services provides data for the five (5) percent threshold languages via the Material Language Lookup module within the Health Plan Management System (HPMS). This data is reviewed annually. In California, the Medicare Threshold Languages are defined to be Chinese and Spanish for Contract Year 2017.

7.0 Distribution of Vital Documents to Members and patients

7.1 Distribution of Health Plan Vital Documents to commercial Members

- 7.1.1 Health Plan Standard Vital Documents – Health Plan must produce Standard Vital Documents in Threshold Languages for commercial Members and send Standard Vital Documents proactively to Members in their preferred Threshold Language.
 - 7.1.1.1 Standard Vital Documents sent in English must be accompanied by the commercial Taglines for Standard Documents. Standard Vital Documents produced in a



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non-English Language are not required to include Taglines

- 7.1.1.2 Standard Vital Documents must include the DMHC-approved Notice of Nondiscrimination.
 - 7.1.1.2.1 Standard Vital Documents produced in English must include the Notice of Nondiscrimination in English and commercial Threshold Languages
 - 7.1.1.2.2 Standard Vital Documents produced and sent to Members in a commercial Threshold Language need to include the Notice of Nondiscrimination in the same commercial Threshold Language as the primary document
- 7.1.1.3 Health Plan Non-Standard Vital Documents – Health Plan may send Non-Standard Vital Documents to Members in English and include the Notice of Nondiscrimination in English and commercial Threshold Languages and commercial Taglines
- 7.1.1.4 If a Member requests a written translation of a Non-Standard Vital Document, Health Plan must provide the written translation to the Members within 21 days of the request

7.2 Distribution of Health Plan documents to Medi-Cal Members

- 7.2.1 Health Plan must produce Vital Documents in Threshold Languages for Medi-Cal and distribute documents to Members in their preferred Medi-Cal Threshold Language.
- 7.2.2 Medi-Cal does not differentiate between Standard and Non-Standard Vital Documents
- 7.2.3 Non-Standard Vital Documents, particularly those that are associated with timeframes, may be produced so that template text is in the Medi-Cal Threshold Language while the member-specific or case-specific text remains in English. Documents produced in this fashion must be approved by the California Department of Health Care Services prior to use.
- 7.2.4 Medi-Cal Vital Documents must be accompanied by the Medi-Cal Taglines as well as the Notice of Nondiscrimination. English documents must include the Notice of Nondiscrimination in



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English as well as the Taglines. Documents in Threshold Languages for Medi-Cal Members must include the Notice of Nondiscrimination in the corresponding Threshold Language but do not need to include the Taglines

7.3 **Distribution of Health Plan Documents to Medicare Members**

- 7.3.1 Health Plan must produce Required Documents in the five (5) percent threshold languages for Medicare Members and distribute documents to Members upon request
- 7.3.2 Significant Medicare Documents must be accompanied by the Notice of Nondiscrimination and Taglines required by section 92 of Title 45 of the Code of Federal Regulations. English documents must include the Notice of Nondiscrimination in English as well as the Taglines. Documents in Threshold Languages for Medicare Members must include the Notice of Nondiscrimination in the corresponding Threshold Language but do not need to include the Taglines.

7.4 **Distribution of Health Plan Grievance and Appeals communications**

- 7.4.1 Health Plan translates member complaints, grievances and appeals correspondence in accordance with California Member Services: Policies on Complaints, Grievances, and Appeals.

8.0 **Notice of Nondiscrimination**

- 8.1 Section 92.8 of Title 45 of the Code of Federal Regulations requires that significant documents that may be used to understand to patient rights, obligations or how to access medical services, must include a Notice of Nondiscrimination.
- 8.2 The Notice of Nondiscrimination must include the elements specified in the federal regulations.
- 8.3 For commercial line of business, the Notice of Nondiscrimination must be approved by the California Department of Managed Health Care.
- 8.4 Significant Communications used in Care Delivery will use the approved commercial Notice of Nondiscrimination, including patient rights as required for patients admitted to the hospice, home health, skilled nursing facilities, hospitals, ambulatory surgical centers and end stage renal disease programs.
- 8.5 The current approved notice (and applicable translations) for commercial are available at this link:

<https://wiki.kp.org/wiki/display/translationservices/Additional+Resources>



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- 8.6 For Medi-Cal, the Notice of Nondiscrimination must be approved by the California Department of Health Care Services (same Notice used for commercial line of business):
<https://wiki.kp.org/wiki/display/translationservices/Additional+Resources>
- 8.7 For Medicare, the Notice of Nondiscrimination must be submitted and approved by the Centers for Medicare and Medicaid Services:
<https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>
- 8.8 For KPIC, the Notice of Nondiscrimination must be approved by the California Department of Insurance:
<https://sites.sp.kp.org/services/cusmemsvc/hppsa/kpic/reg/Grids/Forms/AllItems.aspx>

9.0 Taglines

- 9.1 Section 92.8 of Title 45 of the Code of Federal Regulations requires that Health Plan Vital Documents (significant) documents and Care Delivery must include Taglines in the top 15 languages spoken in each state as determined by United States Census Data
- 9.2 For commercial line of business, the Taglines must be approved by the California Department of Managed Health Care and must also comply with state laws and regulations. Significant Communications used in Care Delivery will use the approved commercial Taglines
- 9.3 For commercial line of business, there are multiple variations of Taglines that must be used based on the context of the communication to the Member
- 9.3.1 The current approved notice (and applicable translations) for commercial are available at this link:
<https://wiki.kp.org/wiki/display/translationservices/Additional+Resources>
- 9.4 Additional federal requirements for commercial disclosure of language assistance services:
- 9.4.1 Section 147.136 of Title 45 of Code of Federal Regulations require a Tagline to be included in languages spoken by ten percent of a county's population
- 9.4.2 For ease of administration, Kaiser Permanente Legal and Compliance have determined that Taglines should be added in applicable documents in the following languages: Spanish, Chinese, Tagalog, and Navajo



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- 9.4.3 Unless otherwise directed by Legal, the Taglines for Section 147.136 are included in addition to the Taglines in the top 15 languages
- 9.5 For Medi-Cal, the Taglines must be approved by the California Department of Health Care Services (same Notice used for commercial line of business)
 - 9.5.1 Medi-Cal Taglines must also comply with federal Medicaid regulations and state Medi-Cal program requirements
 - 9.5.2 Medi-Cal Taglines must include a disclosure in large print 18-point font:
<https://wiki.kp.org/wiki/display/translationservices/Additional+Resources>
- 9.6 For Medicare, the Taglines must be submitted to and approved by the Centers for Medicare and Medicaid Services:
<https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>
- 9.7 For KPIC, the Taglines must be approved by the California Department of Insurance:
<https://sites.sp.kp.org/services/cusmemsvc/hppsa/kpic/reg/Grids/Forms/AllItems.aspx>

10.0 Documents Received in a Non-English Language

- 10.1 Entities subject to this policy cannot require a member or patient to submit correspondence or complete forms in English.
- 10.2 If information is received in a non-English language, it must be translated into English using the Quality Translation Process (refer to Section 13.1) and at no cost to the member.

11.0 Provisions for Quality Translation

- 11.1 Translation quality is supported by the use of tools that promote consistency and apply quality standards to all translation jobs, whether standard or non-standard in nature. Health Plan's quality translation standards include, but are not limited to the use of the following tools:
 - 11.1.1 Glossary of Terms
 - 11.1.2 Style Guide
 - 11.1.3 Editor Review Checklist
 - 11.1.4 Translation Memory



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- 11.2 Translation quality is also supported by infrastructure and processes to monitor the quality of translations performed. It is the responsibility of the requesting department (shared responsibility with Northern California Regional Language Access Program and Southern California Regional Diversity & Inclusion) to complete the following steps to support translation quality:
- 11.3 Requesting department verifies that the document meets the following criteria for translation:
 - 11.3.1 It is a vital document
 - 11.3.2 It will be used by a significant number of members, addresses a high-risk diagnosis, or translation of the document is required for regulatory compliance
 - 11.3.3 It is being translated into a threshold language
 - 11.3.4 It has not already been translated by another facility with similar demographics and is not available through a regional department (such as Document Services, Regional Health Education, or Health Plan Regulatory Services) (for standard documents)
- 11.4 If the document does not meet the above criteria, the requesting department provides additional information to confirm that the translation is needed.
 - 11.4.1 The requesting department verifies that the source document is ready for translation:
 - 11.4.1.1 It is the most up to date version
 - 11.4.1.2 It is written at an appropriate reading level
 - 11.4.1.3 It has been approved through the appropriate bodies.
 - 11.4.2 If the document requires revision prior to translation, the department requesting the translation revises the document or requests that the document owner revise the document (as appropriate).
- 11.5 Health Plan contracts with preferred translation vendors to consolidate translation volume and manage quality control of translated work. It is the responsibility of the preferred translation vendors to utilize the quality Translation tools mentioned in 11.5.1 and a three-step translation process (Translation, Editing and Proofreading) using three separate qualified linguists to complete translation of all documents. :
 - 11.5.1 Vendors must use Health Plan proprietary tools to complete translation requests. These tools include:
 - 11.5.1.1 Glossary of Terms
 - 11.5.1.2 Style Guide
 - 11.5.1.3 Editor Review Checklist



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11.5.1.4 Translation Memory

- 11.6 Upon completion of each translation request, the vendor must return to Health Plan a list of new terms, if any, to be added into the Glossary as well as new content to be added to Translation Memory.
- 11.7 Health Plan contracts with preferred translation editors and reviewers to review completed translations when applicable to ensure quality and accuracy.
 - 11.7.1 Editors and reviewers must use Health Plan proprietary tools to review translated content against source content. These tools include:
 - 11.7.1.1 Glossary of Terms
 - 11.7.1.2 Style Guide
 - 11.7.1.3 Editor Review Checklist
 - 11.7.1.4 Translation Memory
- 11.8 Upon completion of each review, the editor/reviewer must provide feedback using a proprietary Editor/Reviewer Checklist which requires review of grammar, formatting and translation accuracy.
- 11.9 Disputes between editors and translators are resolved using an issue resolution process facilitated by the Translation Project Manager to ensure that documents are translated accurately and any needed corrections occur.

12.0 Provisions for Compliance Monitoring

12.1 Responsibilities of Health Plan Departments

- 12.1.1 Health Plan departments are responsible for identifying those Vital Documents required to be translated. For additional vital document guidance, refer to Northern California Regional Language Access Program and Southern California Regional Diversity & Inclusion website.
- 12.1.2 Health Plan departments are responsible for maintaining an inventory of all translated documents and the languages in which they are available.
- 12.1.3 Health Plan departments are responsible for tracking enrollee requests for translation of vital documents.
- 12.1.4 Health Plan departments are responsible for ensuring that enrollee requests for translation of Non-Standard Vital Documents for commercial enrollees are fulfilled within 21 calendar days.
- 12.1.5 Health Plan also ensures that KFH, TPMG, and SCPMG provide Standard Vital Documents to Medi-Cal enrollees in the appropriate threshold languages described in Section 6.2.3 of this policy.



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12.2 Responsibilities of KFH and TPMG/SCPMG

12.2.1 Hospital and Medical Group departments conduct performance monitoring with provisions in this policy that apply to them.

12.3 Responsibilities of Regional and National Compliance

12.3.1 The California Regional Compliance offices and National Compliance office partner to periodically audit Health Plan departments for compliance with provision outlined in this policy.

12.4 Responsibilities of Health Plan Regulatory Services

12.4.1 Health Plan Regulatory Services Survey Readiness Unit is responsible for auditing 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 policy.

12.5 Responsibilities of Northern California Regional Language Access Program and Southern California Regional Diversity & Inclusion

12.5.1 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 annually reports results to the Northern California Quality Oversight Committee (QOC) and ECC (Executive Compliance Committee)

12.5.2 Health Plan Southern California Regional Diversity & Inclusion (D&I) 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 the Language Assistance Program, including delegated programs if applicable. Regional D&I annually reports results to the Southern California Quality Committee (SCQC).



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Approving Committee:	Policy & Procedure Committee Joint Leadership Team

13.0 References/Appendices

- 13.1 Requesting Department completes a Translation Request Form and sends form, with source documents for translation, to the Translation Project Manager via Lotus Notes address: Translation.Services@kp.org. Requesting Department may also submit the request(s) directly to preferred translation vendors via email or using the Translation Services online request form available: <http://mc.ca.kp.org/kptranslationrequestform>.
 - 13.1.1 If request is sent to Translation Services, Translation Project Manager reviews the request and consults with Requesting Department as needed before sending the request to a preferred translation vendor for a price quotation.
 - 13.1.2 Vendor reviews request and provides a Quote Proposal to the Requesting Department and/or the Translation Project Manager for approval.
 - 13.1.3 Upon approval of the quotation by the requester, the Vendor completes the 3 step document translation process (Translation, Editing and Proofreading) using KP Glossaries, Translation Memory and Style guides. During the translation process, Translation, Editing and Proofreading (TEP) is performed by three separate qualified linguists. Requesting Department (requester and/or identified Subject Matter Expert) is available to Translation Project Manager and Translation Vendor throughout the translation process, should questions arise.
 - 13.1.4 Requesting department may coordinate an additional round of linguistic review of preliminary completed translation, if necessary (text only or formatted text, depending on Requesting Department). Vendor will review and incorporate feedback reported from additional document review, and will perform final proofreading of the document. Proofreading is performed by a separate qualified linguist other than the translator or editor.
 - 13.1.5 Vendor delivers final published translated documents, Certificate of translation accuracy (i.e., attestation) upon request, and Invoice to the Requester for appropriate processing and archiving. Vendor updates project Translation Memory and delivers it to the Translation Project Manager.



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14.0 Addendum for Worker Safety

Employees shall adhere to the appropriate safety statement(s) as applicable.

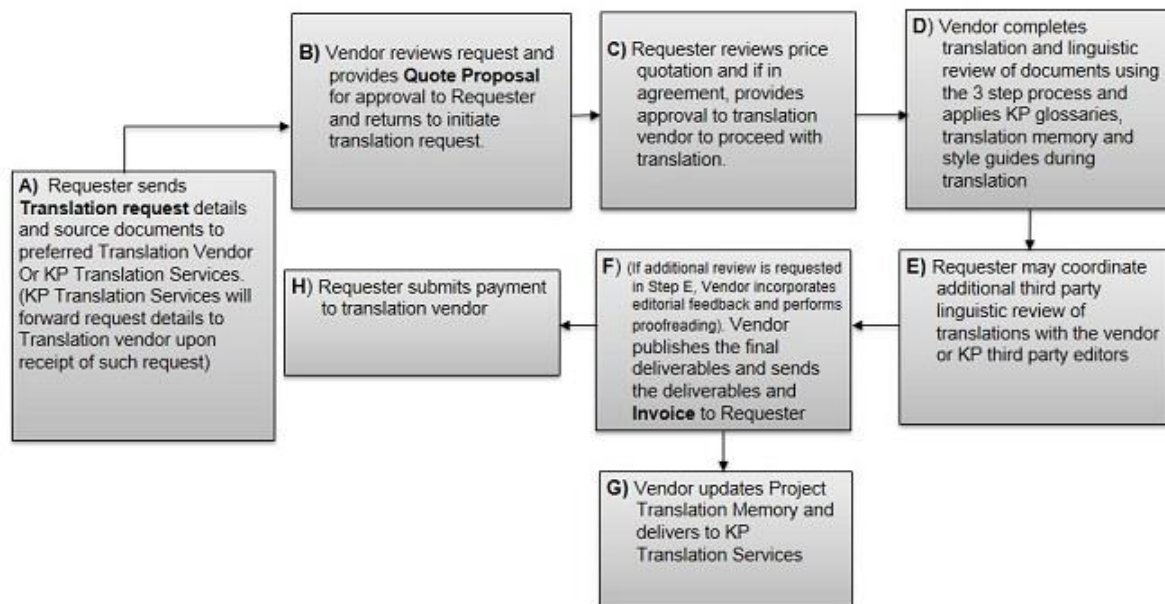
Applies to Policy	Safety Category	Recommendations
<input type="checkbox"/>	Biological Exposures:	Wear appropriate PPE (gloves, gowns, goggles, masks)
<input type="checkbox"/>	Chemical Exposures:	Wear appropriate PPE when handling chemicals (gloves, goggles, gowns, masks)
<input type="checkbox"/>	Electrical Safety:	Assure all cords are intact, insert plug safely, do not pull on electrical cord; remove malfunctioning device from service and label for Clinical Technology removal.
<input checked="" type="checkbox"/>	Environmental:	Avoid rushing and be aware of surroundings especially in close quarters. Clear clutter, equipment, supplies. Report facility issues.
<input checked="" type="checkbox"/>	Ergonomics:	Avoid awkward positions/postures, twisting. Maintain good body mechanics.
<input type="checkbox"/>	Extreme Hot or Cold Surface/Substance Exposure:	Use appropriate PPE and maintain situational awareness.
<input checked="" type="checkbox"/>	Material Handling:	Use proper body mechanics by maintaining a straight back and using legs to lift. Do not bend or twist.
<input type="checkbox"/>	Patient Mobilization:	Use appropriate lift equipment and/or positioning device; ask for help/wait for help.
<input type="checkbox"/>	Radiation/ Laser Exposure:	Maintain safe distance and use lead protection devices/ facility. Wear PPE, including eyewear for laser use.
<input type="checkbox"/>	Sharps Exposure:	Use neutral zone in procedural area. Use needleless or other sharps safety devices. Do no re-sheath any needle or sharp. Dispose of sharps in designated containers.
<input checked="" type="checkbox"/>	Slips Trips Falls:	All cords must be secured; room to be clear of clutter; spills will be cleaned up, use wet floor signage.
<input checked="" type="checkbox"/>	Workstation Ergonomics:	Position height of keyboard and monitor appropriately; adjust seat height (if sitting); take stretch breaks; use keyboard shortcuts



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ATTACHMENT

KP Translation Workflow





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15.0 Signatures

This policy was approved by the following representatives of Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals and their subsidiaries, The Permanente Medical Group, Inc., and Southern California Permanente Medical Group.

Southern California

Arlene F. Peasnall, Sr. Vice President, Human Resources, KFHP/H

Signature: _____ Date: _____

Annie J. Russell, Chief Operating Officer, SCPMG

Signature: _____ Date: _____

Northern California

Debora L. Catsavas, Sr. Vice President, Human Resources, KFHP/H

Signature: _____ Date: _____

Mike McClure, Director, TPMG Human Resources

Signature: _____ Date: _____

Revision History

Original Approval Date: 11/28/08	Revision Approved Date: 11/25/10
Original Effective Date: 11/28/08	Revision Effective Date: 11/26/10
Original Communicated Date: November 2008 (NCAL), December 2008 (SCAL)	Revision Communicated Date: November 2010
	Revision: February 28, 2013, June 5, 2015, June 1, 2016, September 5, 2017

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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. 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.
- 1.3. Regional standards are in place to support the delivery of qualified interpreter services to members, patients, and caregivers.
- 1.4. 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.

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

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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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.
- 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.
- 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.



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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 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.



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- 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.
- 4.23 Video Remote Interpreting (VRI)** - A video telecommunication service that uses devices such as web cameras or videophones to provide sign language or spoken language interpreting services. This is done through a remote or offsite 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:

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- 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: <http://qos.appl.kp.org/index.html>

Southern California: <https://epf.kp.org/wps/portal/hr/kpme/diversity>

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.

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 KFH 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.



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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.
- 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

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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)
 - Qualified Bilingual Staff/Status employee
 - Bilingual provider who has demonstrated language proficiency in the target language

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.

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5.8 Use of Qualified Interpretation Resources by Situation

- 5.8.1 Face-to-Face On-site KP Professional/Dedicated Staff Interpreters or Contracted Vendor Interpreters: When the communication required is lengthy, 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 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 shorter 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).
- 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.

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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 Regional Diversity & Inclusion 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 Regional Diversity & Inclusion Department, Quality groups and the Member Concerns Committee in accordance with the Cultural and/or Linguistic Member Complaints, Grievances and Appeals process.

5.12 Confidentiality

5.11.1 All individuals providing qualified interpreter services to members and patients from Health Plan, KFH, TPMG or SCPMG protect confidentiality of member/ patient information.

5.11.2 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.

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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 Regional Diversity & Inclusion 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 annually reports results to the Quality Oversight Committee (QOC) and Executive Compliance Committee (ECC).
 - 5.13.4.2 Health Plan Southern California Regional Diversity & Inclusion (D&I) 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



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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 Regional Diversity & Inclusion 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 Regional Diversity & Inclusion websites:

NCAL:

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

SCAL: <https://epf.kp.org/wps/portal/hr/kpme/diversity>

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)
- Department/Location
- Phone number
- Shift available

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

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- 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 Regional Diversity & Inclusion 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 Regional Diversity & Inclusion 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 Regional Diversity & Inclusion 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:
 - 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

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- 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.

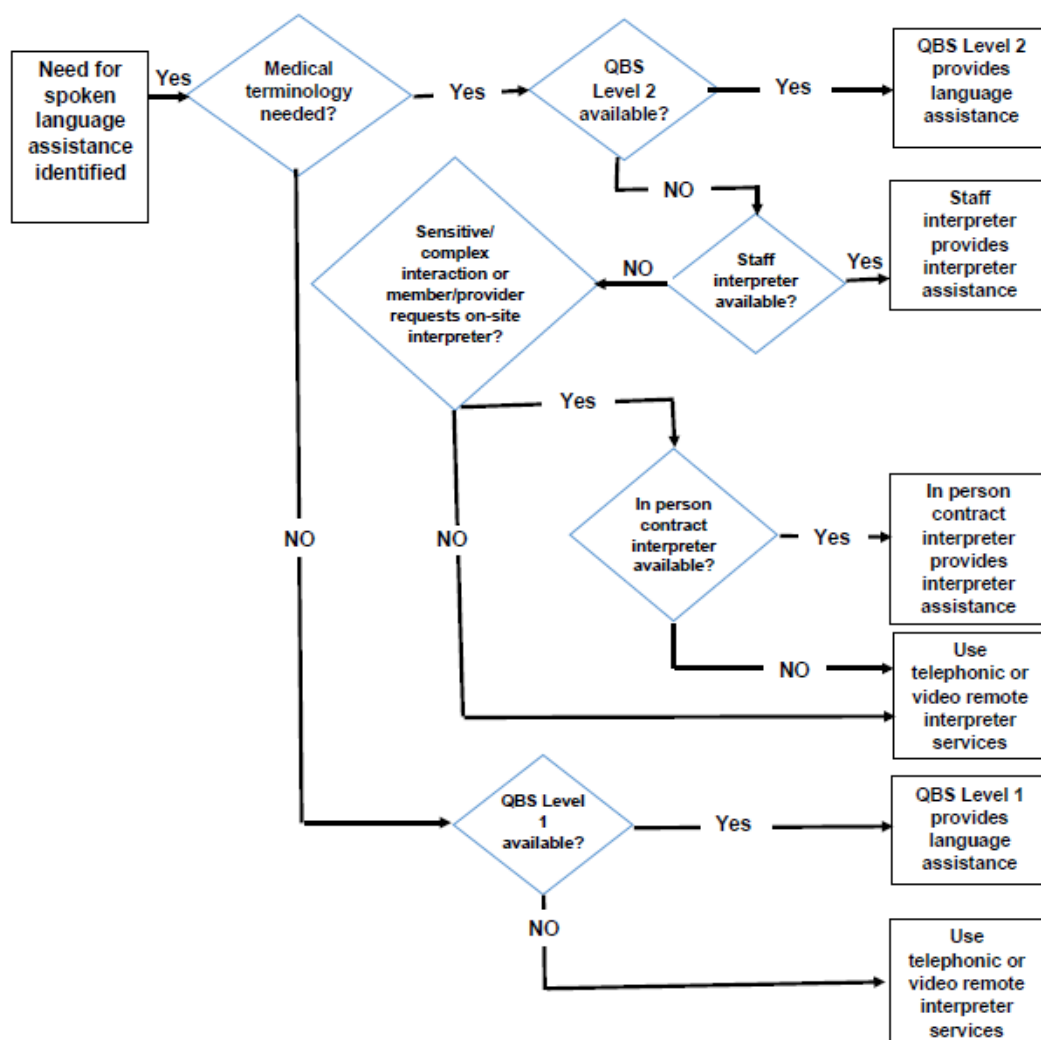
6.2 Use of Interpretation Resources by Encounter Type

- 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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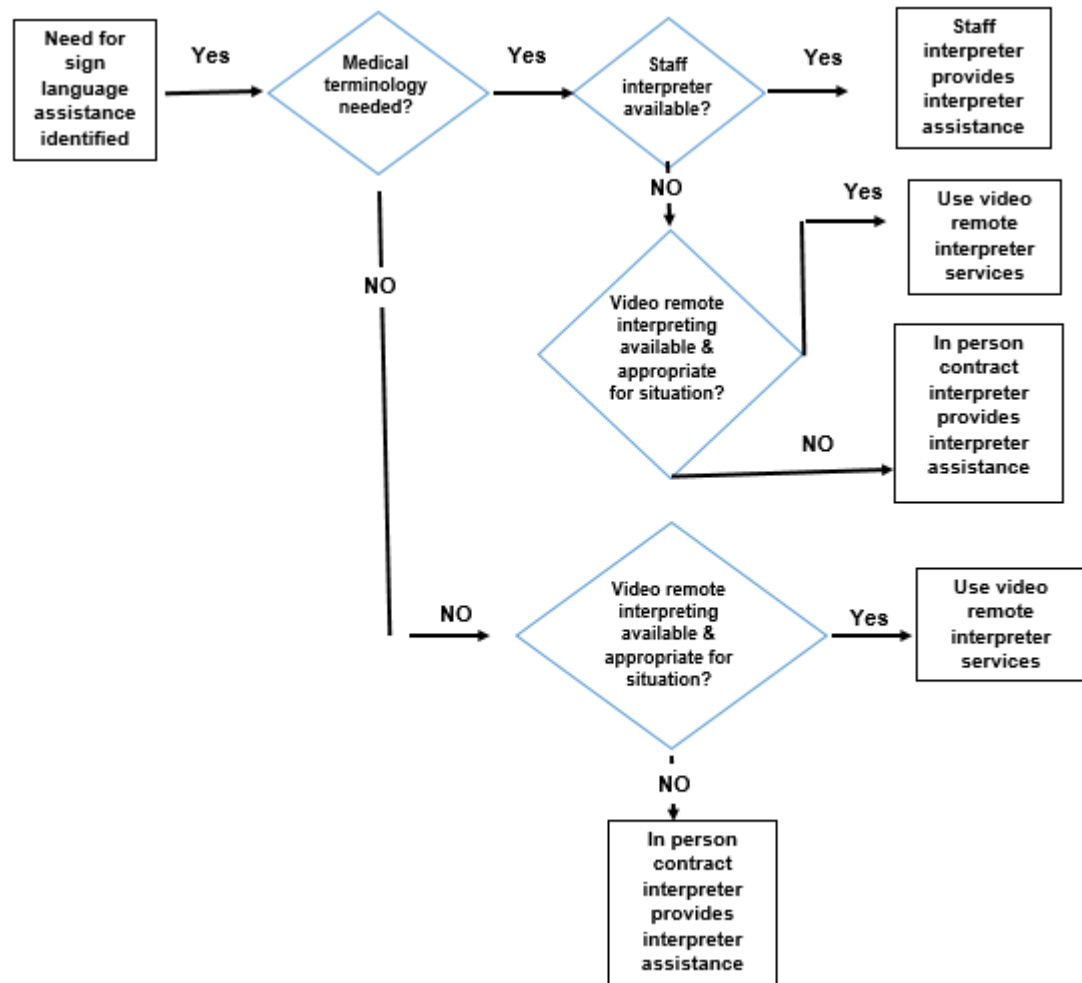
ATTACHMENT

Spoken Language Decision Tree



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Sign Language Decision Tree





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7.0 Addendum for Worker Safety

Employees shall adhere to the appropriate safety statement(s) as applicable.

Applies to Policy	Safety Category	Recommendations
<input type="checkbox"/>	Biological Exposures:	Wear appropriate PPE (gloves, gowns, goggles, masks)
<input type="checkbox"/>	Chemical Exposures:	Wear appropriate PPE when handling chemicals (gloves, goggles, gowns, masks)
<input type="checkbox"/>	Electrical Safety:	Assure all cords are intact, insert plug safely, do not pull on electrical cord; remove malfunctioning device from service and label for Clinical Technology removal.
<input checked="" type="checkbox"/>	Environmental:	Avoid rushing and be aware of surroundings especially in close quarters. Clear clutter, equipment, supplies. Report facility issues.
<input checked="" type="checkbox"/>	Ergonomics:	Avoid awkward positions/postures, twisting. Maintain good body mechanics.
<input type="checkbox"/>	Extreme Hot or Cold Surface/Substance Exposure:	Use appropriate PPE and maintain situational awareness.
<input checked="" type="checkbox"/>	Material Handling:	Use proper body mechanics by maintaining a straight back and using legs to lift. Do not bend or twist.
<input type="checkbox"/>	Patient Mobilization:	Use appropriate lift equipment and/or positioning device; ask for help/wait for help.
<input type="checkbox"/>	Radiation/ Laser Exposure:	Maintain safe distance and use lead protection devices/ facility. Wear PPE, including eyewear for laser use.
<input type="checkbox"/>	Sharps Exposure:	Use neutral zone in procedural area. Use needleless or other sharps safety devices. Do not re-sheath any needle or sharp. Dispose of sharps in designated containers.
<input checked="" type="checkbox"/>	Slips Trips Falls:	All cords must be secured; room to be clear of clutter; spills will be cleaned up, use wet floor signage.
<input checked="" type="checkbox"/>	Workstation Ergonomics:	Position height of keyboard and monitor appropriately; adjust seat height (if sitting); take stretch breaks; use keyboard shortcuts



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7.0 Signatures

The following representatives of Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals and their subsidiaries, The Permanente Medical Group, Inc., and Southern California Medical Group, approved this policy.

Southern California

Arlene F. Peasnell, Sr. Vice President, Human Resources, KFHP/H

Signature: _____ Date: _____

Annie J. Russell, Chief Operating Officer, SCPMG

Signature: _____ Date: _____

Northern California

Debora L. Catsavas, Sr. Vice President, Human Resources, KFHP/H

Signature: _____ Date: _____

Mike McClure, Director, TPMG Human Resources

Signature: _____ Date: _____

Revision History

Original Approval Date: 11/28/08	Revision Approved Date: 11/25/10
Original Effective Date: 11/28/08	Revision Effective Date: 11/26/10
Original Communicated Date: November 2008 (NCAL) and December 2008 (SCAL)	Revision Communicated Date: November 2010
	Revised: February 28, 2013, June 5, 2015, June 1, 2016, September 5, 2017