



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

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COMMITTEE DATE: May 15, 2025

SUBJECT: Health Equity Program Description 2025 CalViva Health – Change Summary

Program Description Change Summary:

Redline Page #	Section/Paragraph Name	Description of Change	New Page #
Page 2	Table of Contents	Edit page numbers.	Page 2
Page 9	Demographic Data Collection for Members	Added member’s preferred pronouns as data we collect.	Page 9
Page 11	Monitoring for LAP Quality	Added Arabic as a threshold language.	Page 11
Page 12	Culturally Competency Training Program	Added Services in Support Staff to section.	Page 12
Page 12	Cultural Competency Training for Staff	Added additional information regarding to CLAS Month.	Page 12
Page 14	Cultural Competency Education for Providers	Listed training topics for providers.	Page 13
Page 15	Clear and Simple Guide	Added the Health Literacy Toolkit and what it consists of.	Page 15
Page 17	Health Equity Interventions	Edit and updated the Health Equity core levels changing local to community, data to provider, and included member as the third core area.	Page 16

2025
Health Equity
Program Description



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1.0 EXECUTIVE SUMMARY

The Fresno-Kings-Madera Regional Health Authority (RHA) is a local public agency, created through a joint exercise of powers agreement by the Counties of Fresno, Kings, and Madera in California. Under California’s Medi-Cal Managed care program, the RHA dba CalViva Health is designated as the Local Initiative. CalViva Health is contracting with Health Net Community Solutions (HNCS) to provide cultural and linguistic services and programs for the CalViva Health’s membership. CalViva Health (“CalViva” or “Plan”) may also contract with other entities or health plans to provide or arrange cultural and linguistic services and programs for members enrolled with CalViva Health. CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, provider networks, and CalViva Health and HNCS.

The HNCS Health Equity Department develops programs and services to facilitate understanding, communication and cultural responsiveness between members, providers, and Plan staff.

The Health Equity Department, on behalf of CalViva Health, utilizes the Cultural and Linguistic Appropriate Services (CLAS) Standards, developed by the Office of Minority Health, as a guide for provision of culturally and linguistically appropriate services. CLAS Standards assure that services comply with the Office of Civil Rights Guidelines for culturally and linguistically appropriate access to health care services. Health Equity’s objective is to promote effective communication with limited English proficient members by assuring access to culturally appropriate materials, print translations of member informing materials, telephonic and in-person interpreter services, and through trainings, and in-services on a wide range of health equity and cultural and linguistic (C&L) topics that impact health and health care.

Services offered include cultural and language information for providers and their staff, as well as for Plan staff; trainings on language assistance requirements imposed by state and federal regulatory agencies; interpreter support for members and providers; culturally appropriate translation and review of member materials; and cultural responsiveness education.

Health Equity services are part of a continuing quality improvement endeavor. The Health Equity program description, work plan, language assistance utilization and end of year reports are all submitted to the CalViva Health Quality Improvement/Utilization Management (QI/UM) committee for review and approval.

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2.0 Staff Resources and Accountability

2.1 Staff Roles and Responsibilities

A detailed description of staff roles and responsibilities is included in Appendix 1.

3.0 VISION, MISSION, GOALS AND OBJECTIVES

The organization's health equity mission and vision are led by the Chief Health Equity Officer and are implemented through cross-functional collaboration and partnership. The mission and vision are aligned with regulatory requirements and implemented across the plan.

The Health Equity program structures are organized to meet program goals and objectives through formal processes that objectively and systematically monitor and evaluate the quality, appropriateness, efficiency, safety and effectiveness of care and services to meet the needs of multicultural populations, reduce social risks in the community, and address social needs of individuals. The program's multidimensional approach enables the organization to focus on opportunities for improving operational processes, services, health outcomes, experiences, and community partnerships. The Health Equity Accreditation program is formulated and operated based on foundational structures that include the program description, an annual work plan, and an annual evaluation. Programming focus and initiative development is based on assessment of the population and individuals' personal characteristics (race/ethnicity, preferred languages, gender identity, sexual orientation, age, socio-economic status, geographic location), social risks, and social needs through community-level and individual-level data collection to determine high volume, high risk, and problem-prone clinical and service bias and discrimination issues leading to uneven care outcomes. Performance goals and thresholds are established for all measures and are trended over time. At a minimum, the HEA program monitors and evaluates CLAS, individual demographic/personal characteristic data, network responsiveness, individual experience, practitioner experience, staff feedback, service performance, stratified clinical performance measures (i.e., HEDIS), and stratified individual experience measure (i.e., CAHPS).

3.1 Vision

To help all the people and communities we serve achieve the highest level of health by advancing equity in health and health care.

The organization implements an overarching vision of diversity, equity, and inclusion that works to:

- Eliminate disparities and improve quality of care and health outcomes.

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- Eliminate systemic organizational marginalization.
 - Promotes inclusion and anti-racist practices, that will be evidenced through our structures, customs, and leadership.
 - Driving systemic strategy to ensure all of our members have access to equitable health outcomes.
 - Expanding current and develop new community partnerships to elevate the health of the communities we serve.
 - Informing policy discussion as well as investments to close the gap in equity.

3.2 Mission

CalViva Health's Health Equity mission is to:

- Improve structural determinants of health equity, by working within and across societal institutions and systems
- Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities
- Improve institutional drivers of health equity, by working within our institution, all lines of business, with providers, and with other key stakeholders
- Improve individual & household-level social needs & networks, by improving access, quality, and value of services for our members

3.3 Goals

CalViva Health's Health Equity goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers. The goals are equally important and reinforce each other to fulfill the mission:

1. Ensure language services meet regulatory requirements and achieve metric goals.
2. Achieve appropriate reading grade level requirements and cultural appropriateness at market and product levels.
3. Complete staff and provider trainings for required topics.
4. Address health disparities through targeted cross-collaborative projects.
5. Implement social needs assistance strategies with integrated approaches for mitigating social risks.

3.4 Objectives

To meet these goals, the following objectives have been developed:

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A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).

- Develop and implement Policies and Procedures (P&Ps) related to the delivery of culturally and linguistically appropriate services.
- Utilize and implement the Culturally and Linguistically Appropriate Services (CLAS) Standards developed by the Office of Minority Health, to address Health Care disparities.
- Collect and analyze health equity and C&L information and requirements as identified by DMHC and DHCS and other regulatory or oversight entities.
- Adhere and implement HHS guidelines for Section 1557 of the ACA for C&L services and requirement for non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.
- Collect, analyze and report membership language, race and ethnicity data.
- Inform members of interpreter services via the member newsletter, the Member Handbook/Evidence of Coverage (EOC), and other communication sources at least once annually.
- Maintain information links with the community through Public Policy Committee (PPC) meetings, Population Needs Assessment (PNA) and other methods.
- Inform contracted providers annually of the health equity and C&L services available via Provider Updates, online newsletter articles, the Provider Operations Manual, in-services, trainings, conferences, and other communication sources.
- Monitor the use of taglines and Non-Discrimination notices in all required communications.

B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.

- Provide C&L information and support for HNCS and CalViva Health staff in their efforts to provide excellent customer relations and services.
- Collaborate with other departments, where appropriate, to further the mutual attainment of culturally and linguistically appropriate healthcare services received by members.
- Support efforts of contracted providers to deliver culturally and linguistically appropriate health care services by providing informative materials, cultural competency workshops, and in-services.
- Promote effective communication by staff and contracted providers with LEP members by providing them with easy access to culturally and linguistically appropriate materials, quality translations of member-informing materials, high quality interpreter services, and culturally responsive staff and health care providers.

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- Address health equity through development and implementation of an organizational and member level strategic plan to improve health disparities.
 - Sustain efforts to address health literacy in support of CalViva Health members.
 - Provide oversight for the assessment of bilingual capabilities of bilingual staff and provide ongoing education and support.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- Continue involvement with local community-based organizations, coalitions, and collaborative efforts in counties where CalViva Health members reside and to be a resource for them on C&L issues.
 - Participate actively and leverage resources from community and government committees including Health Industry Collaboration Effort (HICE), and America’s Health Insurance Plans (AHIP).
 - Participate in employee inclusion groups (EIG) for veterans, military families, women, LGBTQ community, MOSAIC (multicultural network), and people with disabilities. The EIG’s help expand sharing of knowledge and resources.
- D. To promote and be champions for diversity of CalViva Health members, providers, and Plan staff. This includes:
- Provide C&L services that support member satisfaction, retention, and growth.
 - Provide subject matter expertise and training resources to meet the needs of seniors and persons with disabilities (SPD) and other population groups.
 - Increase cultural awareness of Plan staff through trainings, newsletter articles, annual “Heritage / CLAS Month”, and other venues.

4.0 HEALTH EQUITY WORK PLAN

The goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities. The work plan objectives and activities reflect the Office of Minority Health’s national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements. The CLAS standards represent 15 different standards that serve as the foundation for the development of the Health Equity Department strategic plans. CLAS standards are “intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States” (Think Cultural Health).

CLAS Standards ensure that services comply with the Office of Civil Rights Guidelines and Section 1557 of the Affordable Care Act (ACA) for culturally and linguistically

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appropriate access to health care services (Title VI of the Civil Rights Act), which cover three major areas: 1) Culturally Competent Care; 2) Language Access Services; and 3) Organizational Supports. In addition to CLAS, Health Net on behalf of CalViva Health, ensures implementation activities and compliance with National Council on Quality Assurance (NCQA) Health Equity (HE) Accreditation guidelines and multiple requirements from the state and federal government, including 2 CFR section 438.10, Exhibit A, Attachment III, Section 5.2.10 (Access Rights) of our contract with the State of California, and DHCS APL 21-004.

The work plan also supports information-gathering through PNA updates, data analysis, and participation in the CalViva Health Public Policy Committee (PPC). In addition, the Plan interacts with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The work plan is divided into the following areas:

- Operational Areas Subject Matter Experts
- Language Assistance Program
- Health Literacy
- Cultural Competency
- Health Equity, Social Determinants of Health, & Social Needs
- General Compliance Activities

The work plan activities are evaluated twice a year by CalViva Health's QI/UM committee. The work plan activities are also shared as information to CalViva Health's PPC. The mid-year review monitors the progress of each activity and assesses if it is meeting the established objective. The end of year evaluation assesses if the activity has met the objective, its successes, identifies the challenges and barriers encountered and how they were addressed, and is also an assessment for the future direction of health equity and C&L services. This work plan review and approval process assures that a standard of excellence is maintained in the delivery of cultural and linguistic and health equity services. The work plan has more detailed information and activities in these areas.

5.0 SCOPE OF PROGRAMS AND SERVICES

The Plan is committed to ensuring quality care and services that meet the needs of diverse communities within the CalViva Health service area. CalViva Health, in collaboration with the Health Net Community Solutions (HNCS), ensures that all services provided to members are culturally and linguistically appropriate. There are some aspects of language assistance services that are delegated to HNCS with oversight by CalViva Health. The collaboration and coordination between both plans ensure that there is dedicated staff providing overall support and guidance to health equity and C&L program and services.

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5.1 Language Assistance Program

The Plan established and monitors the Language Assistance Program (LAP) for members and providers. The LAP is a comprehensive program that ensures language assistance services are provided for all members and that there are processes in place for training and education of Plan staff and providers. The LAP ensures equal access to quality health care and services for all members. Health Equity provides oversight for LAP operational activities and directly provides LAP services related to member and provider communication.

The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. The mandated standards (4, 5, 6, and 7) provide the basics for language support services for CalViva Health members.

The LAP main elements include:

- **Demographic Data Collection for Members**

The standards for direct collection of members' race, ethnicity, preferred pronouns and name, alternate format, spoken and written language needs consist of informing members of the need to collect information, requesting information from members, capturing the information accurately in the membership databases and monitoring the information collected. Members are informed of the need to collect this information through a variety of methods such as the member newsletter. Providers may request the information collected for lawful purposes.

- **Interpreter Services**

Interpreter services range from ensuring contracted vendors are in place, monitoring the provision of services and annual communication with members and providers on how to access these services. Interpreter services are available in over 150 languages supported by the contracted vendors and bilingual staff. Interpreter services are guided by the Interpreter Services and Assessment of Bilingual Staff policies and procedures and meet the national quality standards for interpreter support. Interpreter services facilitate communication with members with limited English proficiency (LEP) to speak with Plan staff and/or its contracted providers. Bilingual staff and contracted telephone interpreter services vendors are used to assist members with LEP.

Providers and members may request an interpreter 24 hours a day, 7 days a week at no cost. Interpretation services may be delivered either through telephone, face-to-face, video remote interpreting, closed caption services or sign language (SL) depending on the nature of the appointment and need. As a result of COVID-19 changes in patient care delivery, the Plan continues to provide direct access to telephone interpreters for pre-

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scheduled interpreter requests and video remote interpreting services are available on the same day of the appointment. Interpreter services also include oral translation services of print documents upon request from a member, which may be provided by either a bilingual staff or contracted interpreter vendor. Quality standards for contracted interpreter services are incorporated into the vendor scope of work agreements and include demonstrating that the interpreter is versed in health care and medical terminology as demonstrated by a validated test instrument, familiarity with interpreter ethics, and verification process for basic interpreter skills such as sign translation, listening and memory skills, commitment, confidentiality, and punctuality. Interpreter quality standards are fully compliant with the interpreter quality definitions from the federal requirements in Section 1557 of the ACA and with CA SB223, Language Assistance Services.

The Plan also supports provider groups and individual providers' efforts to supply interpreter services for CalViva Health's members with LEP. Providers may call the Provider Services toll free number and request interpreter assistance. Updates on Health Equity and C&L services available are sent regularly to all contracted providers.

▪ **Translation Services**

Translation services are guided by the Translation of Written Member Informing Materials P&P and are based on industry translation standards. Translation services includes quality standards for translators, a style guide to promote consistent translation quality, a glossary of common terms in each threshold language, provision of materials in Alternate Formats, a review process to prepare English documents for translation, and a process to monitor translations for quality, timely delivery, and accuracy. Translation services ensure that member informing documents are provided in the threshold languages of English, Spanish and Hmong and that a tagline and Non-Discrimination Notice (NDN) are included in member mailing when required. The translation services includes oversight of the use of the Non-Discrimination Notices and taglines with English and translated documents as required by federal rules (Section 1557, 45 CFR 155.205).

- **Alternate Formats** – CalViva Health provides alternate formats of member informing documents to members as required by regulation, law, and upon member request. Alternate formats include but are not limited to Braille, large print, and accessible PDF documents. The quality of the documents and the time to fulfill member requests for these documents are monitored to assure timely access of benefit information to CalViva Health members. The provision of alternate formats is compliant with Section 1557 of the ACA and DHCS All Plan Letters 21-004 and 22-002. This consists of informing members of the need to collect information on their preferred alternate format, requesting the information, capturing the information accurately in the membership databases and monitoring the information collected. For example, if a member states their preferred alternate format is Braille, CalViva Health will provide all required member information material to this member in this format moving forward.

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- **Oversight of Contracted Specialty Plans and Health Care Service Vendors**

The Health Equity Department is responsible for monitoring its Language Assistance Program (LAP), including plan partners, specialty plans and delegated health care service vendors, and to make modifications as necessary to ensure full compliance. Monitoring includes assurance that all language assistance regulations are adhered to for members at all points of contact.

- **Staff Training on LAP**

All Plan staff who have direct routine contact with members with LEP and whose duties may include elements of CalViva Health's language services must be trained on the LAP and on the P&Ps specific to their duties. Training is conducted annually and is done either live, and/or on-demand online learning.

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- **Monitoring for LAP Quality**

The quality of the LAP is assured through quarterly monitoring of the utilization of language services such as interpreter requests by language, telephone interpreter utilization by language, and the number of members requested translations. All translation vendors are provided with a translation and alternate format style guide and a glossary of preferred terms in each of the threshold languages. The quality of Spanish, Hmong, Armenian, Chinese, and Arabic translations are additionally monitored by reviewing translated documents. Quality of translations and interpreters is monitored through quarterly review of linguistic grievances and member complaints that are related to language.

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The Health Equity Department also oversees and monitors the delegation of LAP services with our specialty plans and ancillary vendors. The Health Equity Department in collaboration with other departments ensures LAP services are available to all members at all points of contact and that the specialty plans and ancillary vendors have processes in place to adhere to the regulations. To assure that all language assistance regulations are adhered to members at all points of contact, Health Equity requests/obtains a semi-annual report from each specialty plan or health care service vendor. The Health Equity Department provides consultation services to these plans and vendors as necessary.

- **Communication for LAP**

The Plan has implemented processes to assure routine member and provider communication promoting the LAP. The Plan advises members annually of no-cost language services (inclusive of interpreter and translation support) that are available to them. Methods of member communication are inclusive of PPCs, community-based organizations, member service representatives and/or other Plan staff, member newsletters, call center scripts, and provider relations representatives.

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Providers receive an annual reminder of the language assistance services that are available to them in support of CalViva Health members which includes how to access the LAP at no cost to members. Methods for communication are inclusive of the online Provider Operations Manual, Provider Updates, Operational Toolkits (including the Rainbow Guide), mailings, in-person visits, and/or trainings/in-services.

5.2 Cultural Competency Training Program

CalViva Health integrates culturally competent best practices through provider and Plan staff in-services, training, education, and consultation. The training program offers topic specific education and consultation as needed by Plan staff and contracted providers. The cultural competency training program covers non-discrimination based on sex, race, color, national origin, ethnic group identification, ancestry, religion, language, age, gender, gender identity, marital status, sexual orientation, medical condition, genetic information, mental disability or physical disability.

▪ Services in Support of Staff

Cultural Competency trainings and services for staff are designed to help support staff in meeting our diverse members' needs in a culturally sensitive, empathic and efficacious manner. Support services focus on resources, such as, trainings, in-services, scripts, and language access services available through SharePoint, on demand trainings and by request.

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▪ **Cultural Competency Training for staff**

Support for staff includes workshops, training, in-service, and cultural awareness events. Training and education on C&L services and/or cultural competency is provided on ongoing basis to Member Services, Provider Engagement, Health Education, Quality Improvement department staff, etc. The goal of these is to provide information to staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP, C&L resources, and member diversity.

Annually, the Plan hosts a Best in CLAS Month event for Plan staff as the main cultural competency training activity. Staff engages in training, interactive learning and events related to cultural competency. CLAS Month events also highlight current and emerging needs of our members across populations most impacted by health inequities as well as special health care needs populations. Cultural competency training courses include content on access to care needs for all members regardless of their gender, sexual orientation or gender identity. The event demonstrates CalViva Health's commitment to being a culturally competent organization by providing a forum for Plan staff to learn about diverse cultures, which increases their understanding of the diverse cultures represented in CalViva Health's membership. This understanding also serves to build sensitivities that promote a non-discrimination environment.

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▪ **Cultural and Linguistic Consulting Services**

Each Health Equity staff member has a cultural subject matter area of expertise that includes: cultural issues that impact seniors and persons with disabilities, cultural issues that impede health care access for Lesbian, Gay, Bisexual & Transgender (LGBT+) populations, cultural disconnects that may result in perceived discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, health status, and the cultural issues that impede accessing health care services for recent arrivals to the United States. Health Equity staff also offers specialized consultation on many other areas including:

- Case managers to assist in building trust with patients who are recently arrived immigrants and refugees
- Quality improvement coordinators to help identify cultural issues and strategies to help improve preventative access to care
- Grievance coordinators and provider relations representatives to address perceived discriminations including but not limited to those due to members' gender, sexual orientation or gender identity
- Care coordinators trying to obtain medical information for patients hospitalized outside of the U.S.

▪ **Cultural Competency Education for Providers**

The Plan supports contracted providers in their efforts to provide culturally responsive and linguistically appropriate care to members. The services that are offered to contracted providers are intended to:

- Encourage cultural responsiveness and awareness
- Provide strategies that can easily be implemented into a clinical practice
- Foster improved communication and health outcome for patients from diverse cultural and ethnic backgrounds, with limited English proficiency, disabilities, regardless of their gender, sexual orientation or gender identity
- Foster non-discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or language.

Trainings for providers and their office staff include the following:

- Advancing Health Equity: Cultural Humility, Diversity and Equity in Healthcare
- Language Assistance Program/Services and Health Literacy
- Gender Inclusive/Affirming Care
- Community Connect Program- Social Needs Support
- By request trainings on specialty topics

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To identify the cultural needs of providers, the Plan collects information from providers using a variety of methods, including the annual provider survey conducted by the Quality Improvement Department.

Cultural competency services are also promoted to providers through the provider website, the HICE provider toolkit, "Better Communication - Better Care" and tailored cultural competency workshops. Many topic areas for presentations on cultural aspects of health care, and provider group in-services on interpreter services, cultural and linguistic requirements and working with Specialty Healthcare Needs populations are available to providers upon request. Cultural Competency training for providers is documented in the provider directory.

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Additionally, the Plan has developed materials for use in provider offices that specifically address cultural background and clinical issues. CalViva Health recognizes that diverse backgrounds include culture, ethnicity, religion, age, residential area, disability, gender, sexual orientation and gender identity. Because diversity is complex and an important component for individuals as they access and utilize services, emphasis is placed on developing materials that are researched and field-tested to assure quality and cultural appropriateness. Providers may access the materials by calling the Health Equity Department toll free number during business hours at (800) 977-6750 or emailing their inbox Cultural.and.Linguistic.Services@health.com.

▪ **Collaborations**

Representatives of the Plan have been an active participant and co-chair/lead on the Health Industry Collaboration Efforts (HICE). Participation on this collaboration has provided the Plan with suggestions to implement new cultural or linguistic legislation. It has also provided a forum to discuss language assistance program challenges faced by providers and other health plans that result in a more consistent experience for members with LEP.

5.3 Health Literacy

The Plan continues to make strides in the promotion of health literacy through the implementation of the health literacy initiative *Clear and Simple*. The Initiative offers: a) Plain Language on-line training b) Plain Language tip sheets, c) Support in development of documents at appropriate grade level, d) Access to plain language readability software, e) Readability software training, f) Cultural Competency and Plain Language checklists for materials production, g) A database that streamlines the English Material Review process, h) Participation in National Health Literacy Month, and i) Provider training on motivational interviewing/reflective listening and plain language resources.

▪ **Plain Language 101 Training**

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The available training provides Plan staff with a basic understanding of health literacy and its impact on health care access. For example, trainings cover useful tips on how to write in plain language such as avoiding jargon, using simple words, and giving examples to explain difficult concepts. This ensures that communications available to members are clear and easy to understand.

▪ Readability Software and Training

In an effort to sustain the Clear and Simple initiative, the Readability software was made available to staff developing member informing materials. The software supports staff in editing written materials so that they are easily understandable for members. Staff that produces written materials for members are required to utilize readability studio, edit their documents and provide the grade level analysis to the Health Equity Department prior to a request for English Material Review.

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The Health Equity Department has developed and implemented Readability Studio training so that staff have the support to effectively navigate the software and produce member materials developed following the plain language guiding principles. The training is delivered utilizing adult learning theory and provides hands-on experiential learning in operating the software and editing written materials to a 6th grade reading level.

▪ Clear and Simple Guide

The Health Equity Department produces a Plain Language Guide that provides 15 tips for staff to follow when preparing member materials and as well as a document checklist to confirm plain language standards were applied. The guide is provided during training and is also available online.

[Health Literacy Toolkit: The Health Equity Department produces a Health Literacy Toolkit that consists of](#)

- [Clear and Simple Plain Language Guide](#)
- [Readability Studio Tips and Tricks](#)
- [Content and Layout Review Checklists](#)
- [Health Equity Review Grid](#)
- [Many other resources](#)

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[The guide is provided during training and is available on the Health Literacy SharePoint site.](#)

▪ English Materials Review (EMRs)

The Health Equity Department conducts English material reviews through the EMR database. EMRs are conducted on all member informing materials to ensure that the information received by members is culturally and linguistically appropriate. Readability levels are assessed on the original document and revised accordingly to ensure they

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comply with required readability levels mandated by regulatory agencies. The review process ensures that document layouts are clean, easy-to-read, well organized, and that images are appropriate and culturally relevant and prepares documents to be ready to be translated, when indicated. Cultural competency and plain language checklists are required to be submitted with all EMR requests.

▪ **National Health Literacy Month**

National Health Literacy Month is promoted internally by Plan staff every October and offers an opportunity for staff to participate in various contests to exemplify how they are using the Clear and Simple principles in their everyday work.

5.4 Health Equity

CalViva Health is committed to supporting the health of our members and promoting the reduction of health disparities across our membership. In order to accomplish this, Plan staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.

▪ **Health Equity Interventions**

Health Equity Projects: This involves the development and implementation of an action plan to reduce health disparities. Plan staff look systematically and deliberately at the alignment of resources and development of strategies to reduce targeted health disparities. The interventions are aligned with DHCS [Performance Improvement Project \(PIP\)](#) requirements. Disparity reduction efforts are implemented through a model that integrates collaboration across departments, e.g., Quality Improvement, Provider Engagement, Cultural and Linguistics, Health Education, Medical Directors, and Public Programs. The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and [member](#) level initiatives. The following highlights the core components of the disparity reduction model:

- [Assessment](#) inclusive of [member data analysis and member, community, and provider barrier analyses](#). These include key informant interviews, literature reviews, [and focus groups](#).
- Development of community and internal advisory groups
- Budget development
- Implementation of efforts are targeted at 3 core levels:
 1. [Community](#): [Partnerships](#) are formed to identify existing initiatives and leverage support of community feedback to design and implement interventions.
 2. [Provider](#): [Interventions](#) targeting high volume, low performing groups and providers who have disparate outcomes.

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3. **Member:** Internal programs to improve disparities in identification, engagement and outcomes in Case Management and Disease Management.

- Evaluation and improvement of health disparity reduction efforts.
- Social needs and social risks all play into determining appropriate partners, selecting, engaging, and taking initiatives with partners.

Consultation: Plan staff collaborates across departments to provide consultative services for cultural competency and linguistic perspectives in order to improve health disparities. Examples of consultations include partnership on QI intervention development and support of care management programs.

▪ **Collaborations**

CBO's: To support the reduction of health disparities, Plan staff interact with community-based organizations (CBOs) to identify C&L related concerns, obtain feedback on health equity and C&L service needs of the community and promote C&L services to community members.

5.5 Public Policy Committee (PPC)

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan, to obtain feedback and guidance in the delivery of culturally and linguistically appropriate health care, and to establish and maintain community linkages. "Public policy" means acts performed by the Plan or its employees and staff to assure the comfort, dignity and convenience of members who rely on the Plan's facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. The PPC empowers members to ensure the Plan is actively driving interventions and solutions to build more equitable care by:

- Obtaining local level feedback, insights and perspectives to inform and address our quality and health equity strategy. .
- Providing the Plan with the community's perspective on health equity and disparities, population health, children's services, and relevant plan operations and programs.
- Informing the Plan's cultural and linguistic services program.
- Identifying and advocating for preventive care practices.
- Gathering feedback, develop, and update cultural and linguistic policy and procedure decisions including those related to Quality Improvement (QI), education, and operational and cultural competency issues affecting groups who speak a primary language other than English.

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- Advising on necessary Member or Provider targeted services, programs, and training.
 - Making recommendations to the Plan regarding the cultural appropriateness of communications, partnerships, program design and services.
 - Reviewing Population Needs Assessment (PNA) results, discuss and provide input into opportunities to improve performance with an emphasis on Health Equity and Social Drivers of Health.
 - Providing input on the selection of targeted health education, cultural and linguistic, and QI strategies.
 - Ensuring findings, recommendations and actions to/from the QI/UM Committee and Public Policy Committee (PPC) connect to holistic decisions and programming.
 - Recommending strategies to effectively engage members, including but not limited to consumer listening sessions, focus groups, and/or surveys.
 - Reviewing and approving meeting minutes from previous sessions.
 - Providing input and advice, including, but not limited to, the following:
 - a. Culturally appropriate service or program design;
 - b. Priorities for health education and outreach program;
 - c. Member satisfaction survey results;
 - d. Findings of the Populations Needs Assessment (PNA);
 - e. Plan marketing materials and campaigns.
 - f. Communication of needs for Network development and assessment;
 - g. Community resources and information;
 - h. Population Health Management;
 - i. Quality;
 - j. Health Delivery Systems Reforms to improve health outcomes;
 - k. Carved Out Services;
 - l. Coordination of Care; and
 - m. Health Equity;
 - n. Accessibility of Services

The Plan will ensure that PPC meetings are accessible to PPC members and that PPC feedback is meaningfully incorporated in Plan’s operations and governance. Information provided by the PPC members is included in the development of Health Equity Department materials, health education materials and programs and Quality Improvement Projects. They provide critical feedback for Health Net to understand that perception, experience, and satisfaction of services.

The Committee includes a culturally diverse group including CalViva Health members, member advocates (supporters), Commissioner of CalViva Health’s governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

The PPC consist of no less than seven (7) members, who are appointed as follow:

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- One member of the RHA Commission who serve as Chairperson of the PPC;
- One member who is a provider of health care services under contract with the Plan; and
- All others are Plan members (who collectively must make-up at least 51% of the committee membership) entitled to health care services from the Plan. PPC Plan members comprised of the following:
 - Two (2) from Fresno County
 - One (1) from Kings County
 - One (1) from Madera County
 - One (1) At-Large from either Fresno, Kings, or Madera Counties
- Two (2) Community Based Organizations (CBO) representatives appointed as alternate PPC members to attend and participate in meetings of the Committee in the event of a vacancy or absence of any of the members appointed above.
 - The alternates represent different Community Based Organizations (CBO) that serve Fresno, Kings, and/or Madera Counties and provide community service or support services to members entitled to health care services from the Plan.
 - Two (2) alternates from the same CBO not be appointed to serve concurrent terms.
- The Plan members and CBO representatives are persons who are not employees of the Plan, providers of health care services, subcontractors to the Plan or contract brokers, or persons financially interested in the Plan.

In selecting the members and/or CBO representatives of the PPC, the RHA selection committee make a good faith effort to ensure the PPC reflects the general Medi-Cal population in the Plan's service area (i.e., Fresno, Kings and Madera counties). Consideration is given to Seniors and Persons with Disabilities (SPD), persons with chronic conditions (such as asthma, diabetes, congestive heart failure), and those with Limited English Proficient (LEP). To ensure at least 5% of the committee members represent a culturally diverse group of community members, consumers, and individuals, additional factors to be considered are race, ethnicity, sexual orientation, gender identity, SDoH, demography, occupation, and geography. Any such selection of a Plan member or a CBO representative are conducted on a fair and reasonable basis.

6.0 OVERSIGHT AND MONITORING

CalViva Health and HNCS collaborate to ensure that CalViva Health members receive consistent, high quality health equity and C&L services. The collaboration also forms a unity among the plans that permits a uniform message to be delivered to contracted providers and members. This collaboration is an avenue that increases services for the community and increases the impact that Health Equity programs can make. The following processes are in place to ensure ongoing CalViva Health oversight of the Health Equity programs and services delegated to HNCS and the internal monitoring conducted by HNCS.

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6.1 CalViva Health Monitoring and Evaluation

CalViva Health receives, reviews, and if necessary, approves numerous key reports in a calendar year. More information about the RHA Commission and structure is in Appendix 1.

The RHA Commission and QI/UM Committee reviews progress on Health Equity activities and initiatives at least annually. Committee responsibilities include:

- Review and approve the annual Health Equity documents:
 - Program Description
 - Work Plan
 - Work Plan Evaluations (Mid-Year and End of Year)
 - Health Equity End of Year Report
- Provide feedback and approval for program outcomes.
- Review program goals and semi-annual progress.
- Receive/review/analyze status reports from core areas
- Submit reports to the governing body (Board of Directors)
- Health Equity Oversight, including:
 - Monitors, approves, supports, and evaluates the activities for this program, and makes recommendations for improvement.
 - Conducts an annual evaluation of the effectiveness of the language assistance services offered to support members with limited English proficiency and to mitigate potential cultural or linguistic barriers to accessing care in compliance with requirements from the Department of Health Care Services (DHCS).

CalViva Health ensures C&L services, programs, and activities are meeting the required regulatory and compliance requirements through the following methods:

▪ Member and Provider Communications Review

CalViva Health reviews and approves all member materials before distribution to CalViva Health Members. The review process includes but is not limited to ensuring member materials have been approved by HNCS as culturally appropriate and the appropriate reading level. In addition, CalViva Health reviews and approves Health Equity provider communications prior to release to contracted providers.

▪ Reports

CalViva Health reviews and approves key Health Equity reports produced by HNCS including, but not limited to the LAP utilization report, annual work plan and program description, PNA, Geo Access Report, and mid-year/annual evaluations. The reports are

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reviewed, discussed, and if necessary approved by CalViva Health's Quality Improvement (QI) workgroup, QI/UM Committee, Access workgroup and the RHA Commission. In addition, reports are also shared as information to CalViva Health's Public Policy Committee.

▪ **Audits**

CalViva Health conducts an oversight audit of health equity and C&L activities delegated to HNCS. The main elements covered in the audit include but not limited to: C&L/language assistance policies and procedures, assessing the member population, language assistance services, staff training, provider contracts, training and language assistance program, and evaluation and monitoring. The results of the audit are shared with HNCS, the QI/UM Committee, and the RHA Commission.

6.2 HNCS Health Equity Department Internal Monitoring and Evaluation

The Health Equity Department produces numerous key reports in a calendar year. The reports are an integral part of the regulatory and compliance requirements and are used to help identify areas where modifications and corrective measures may be needed. The key reports include but are not limited to the following:

▪ **Language Assistance Program Utilization Report**

The Health Equity Department summarizes the Language Assistance Program (LAP) utilization data on a monthly and quarterly basis. The monthly LAP utilization report summarizes the non-English call volume to the member service call center, interpreter vendor (telephone, face-to-face, ASL) call volume per language, and requests for oral and written translations from member service representatives. Language call volume and identified language preferences are tracked to identify developing trends and possible future member language needs. Health Equity Department produces a LAP report biannually that summarizes LAP data and assesses utilization and usage trends. The end of the year LAP Utilization report compares current usage by language and type of request to previous year's data to allow the Plan to project future language trends. Any notable trends will be reported to the Plans' QI/UM Committee.

▪ **Population Needs Assessment**

The Community Health Education and Health Equity Departments conduct a Population Needs Assessment (PNA) every three years to improve health care outcomes for members. The PNA is conducted through an analysis of CAHPs survey data and follows the DHCS guidance provided in APL 19-011. CalViva's Public Policy Committee members will provide input to the PNA and review the PNA results.

The results of the PNA are used to identify Health Equity program strategies to improve health outcomes and to reduce health disparities. The Health Equity work plan is

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adjusted biannually to include all strategies that have been identified to improve health outcomes and reduce health disparities for members. The Health Equity work plan serves as the PNA action plan that is submitted to DHCS every 3 years.

▪ **Geo Access Report**

The Health Equity Department prepares a report to identify the need for linguistic services using a spatial analysis software program. The purpose of the Geo Access report is to understand if members have access to provider locations where either the provider or office staff speak the preferred language. This analysis is conducted for both PCP offices and Specialist offices. The locations of members and providers are compared across language preference. Using predetermined time and distance parameters, the software measures the time and distance for each member to each provider office by language and by county. Time and distance standards vary by type of place: urban, suburban, and rural. The language capabilities of the provider network are compared to the language needs of CalViva Health members. The availability of linguistic services by contracted providers for members with LEP is analyzed and recommendations made for provider network development. The Geo Access report is produced by the Health Equity Department every two years for review and comment, and submitted to the QI/UM Committee.

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▪ **Data Collection**

The Health Equity Department monitors the demographic composition of members for each CalViva Health county. Demographic information is used to assess the language needs of members; to identify possible cultural and socio-economic background barriers to accessing health care; and to understand the range of diversity within the communities that CalViva Health serves. Collected and analyzed on a regular basis, data is based on existing member language needs, race and ethnicity. The Health Equity Department holds the list of all races, ethnicity and language codes and categories used by all data systems. Health Equity collaborates with IT to assure that all new databases and modified databases can share member race, ethnicity, and language information.

Member individual-level data is collected either directly or indirectly by multiple sources.. Protected electronic data system databases enable collected member race, ethnicity, sexual orientation, gender identity, preferred pronouns, and social needs data to be received, stored, and retrieved. When collecting data directly from patients or members, a direct data collection framework that includes when data will be collected, where data will be collected, how and by whom data will be collected, and what questions will be used to collect data as well as response options that include option to “decline” or “choose not to answer”.

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The Health Equity Department also maintains a log of all cultural or linguistic related grievances received. The logs for culture or language-related grievances and complaints are analyzed to determine if members' cultural and communication needs are being met

and/or addressed by contracted providers. Information from the Appeals and Grievances Department, in conjunction with information from the community demographic profile, help to identify cultural and/or linguistic issues that may act as barriers to accessing health care. Should a communication need be identified, the Health Equity Department develops a provider or member education intervention or program to meet that need.

7.0 SUMMARY

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, diverse provider networks, and CalViva Health and HNCS. CalViva Health's goals and objectives are based on providing support, maintaining compliance, and creating cultural awareness through education, consultation, and support. In addition, the programs and services encompass how we communicate to our members and contracted providers about the health equity and C&L program and services available.

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STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The Health Equity program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee (PPC)

The Public Policy Committee includes CalViva Health members, member advocates (supporters), an RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services and establishing and maintaining community linkages. The Health Equity program description, work plan, language assistance utilization report and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

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B. Chief Compliance Officer

CalViva Health's Chief Compliance Officer's responsibilities include assuring that CalViva Health's programs are in compliance with the DHCS contract, regulatory standards and reporting requirements. A compliance team is under the direction of the Chief Compliance Officer.

C. Equity Officer

CalViva Health's Equity Officer's responsibilities include assuring that CalViva Health's programs prioritize and address Health Equity where possible and also carrying out the strategic work of Equity throughout the organization. The Equity Officer will provide leadership on equity, diversity, and inclusion issues affecting the organization. The Equity Officer will also work collaboratively with the Chief Medical Officer to achieve the goal of equitable access and to reduce disparities in clinical care and quality outcomes. The Equity Officer will also engage and collaborate with internal and/or external stakeholders to advance Health Equity efforts and initiatives.

3. HNCS Health Equity Department Staff Roles and Responsibilities

The Health Equity Department is unique in its cross-functional support structure. The Department's function is to fulfill all cultural and linguistic contractual and regulatory requirements and serve as a resource and support for all health equity and C&L services. The Health Equity Department is staffed by the Director of Program Accreditation, a Manager of Health Equity Department, a Program Manager III, five Senior Health Equity Specialists, one Health Equity Specialist, a Project Coordinator II, and one supplemental staff.

A. HNCS Leadership Team

HNCS is a subsidiary of Health Net LLC. Through a dedicated and qualified staff, important cultural and linguistic services are developed and coordinated within the CalViva Health service area by HNCS. HNCS, as a subsidiary of Health Net LLC., continues to maintain their internal reporting responsibilities (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health's staff and respective committees.

The Chief Health Equity Officer, under the Chief Medical Officer, is responsible for providing leadership in Health Equity efforts across the organization. Under the Chief Health Equity Officer, the Health Equity Department contributes to planning program structure for Health Net. The Chief Health Equity Officer ensures the plan's health equity structure is aligned with Corporate and other state plans, as appropriate.

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A. Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Program Description

David Hodge, MD
Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer
Chair, CalViva Health QI/UM Committee

Date

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