



2026 Health Equity Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Senior Director Medical Management

Mission:

CalViva Health's Health Equity mission is to be an industry leader in ensuring health equity for all members and their communities.

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. To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
2. To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
3. To advance and sustain cultural and linguistic innovations.

Objectives:

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

- 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).
- B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

Selection of the Cultural and Linguistics Activities and Projects:

The Cultural and Linguistics Work Plan activities and projects are selected based on the results from the CalViva 2022 Population Needs Assessment Report (PNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

The Health Equity Work Plan supports and maintains excellence in the cultural and linguistics activities through the following strategies:

- A. 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;
- B. 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;
- C. Support information-gathering and addressing needs through Population Needs Assessment (PNA), data analysis, and participation in the CalViva Health Public Policy Committee (PPC);
- D. Interacting with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The Health Equity Work plan is divided into the following areas in support of the Principal CLAS Standard (To provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs): 1) Language Assistance Program Activities, 2) Compliance Monitoring, 3) Communication, Training and Education and 4) Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity.

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	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/26 - 6/30/26)	Year-End Update (7/1/26 - 12/31/26)
	Language Assistance Program Activities					
1	Rationale	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. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. ¹				
2	Responsible Staff:	Primary: P. Lee, I. Diaz	Secondary: D. Fang, L. Espinoza			
3	Audit	Assure Health Equity/C&L audit readiness to support DMHC and DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: review of TAG to identify risk areas, collecting requested documentation, submitting documents to regulator as requested, preparing all supporting documents for on-site visit by regulator, fill out DHCS C&L questionnaire Conduct internal audit to ensure compliance with Medi-Cal and LAP requirements (ensure systems are capturing provider and office language capabilities per SB137)	Vary by year		
4	Contracted Vendors	Conduct language assistance vendor management oversight. Review and update vendor contracts to ensure alignment with requirements; participate in vendor oversight calls; align and submit reports as needed. Ensure risk assessments are completed, annually.	Number of vendor contracts updated or amended; date of JOC meetings; number of risk assessment completed	Ongoing		
5	Data	Collect and conduct analysis of language utilization and demographic data to identify emerging language needs and threshold languages.	Updated LAP utilization report to contain monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log. Production of report showing emerging language need and threshold languages.	Semi-annual		

6	Operational	Document emerging and threshold language for fiscal year and deploy process and timeline for incorporation of languages into member materials. Specifically identify whether new languages meet threshold criteria and write on document that threshold analysis was completed.	Documentation of notification to impacted departments; documented process and timeline for incorporation of emerging and threshold languages	March		
7	Data	Facilitate alignment and collection of demographic data for reports. Coordinate race/ethnicity/language membership data and document.	Validated membership reports. Coordinate 5579 report and review monthly membership data pulls.	Monthly		
8	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing		
9	Regulatory	Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials.	Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on Health Equity SharePoint. Also maintain inventory and organization of public and working files.	June and December		
10	Member Communication	Coordinate, write/review articles for LAP, findhelp, Privacy, and other content as needed to assure Cultural and Linguistic appropriateness and to meet NCQA Health Outcomes Accreditation and Community-Focused Care Accreditation Standards requirements for members' newsletter Annual LAP mailing to survey REAL and SOGI.	The member newsletters are mailed to members once a year.	Annual		
11	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified or recertified annually	Annual		

12	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis. Report to summarize utilization of LAP services, number of bilingual staff and provide year-over-year trends for the utilization of LAP services.	Reports submitted to committees	Q2 & Q3		
13	Operational	Coordinate Health Net LAP Oversight operational meetings with Centralized Unit and Behavioral Health.	Quarterly meetings and review of metrics, interpreter and translation issues, grievances discussion, billing and invoice changes and system upgrades	Quarterly		
14	Operational	Request interpreter service complaint/exempt grievance logs from call center and conduct trend analysis. Provide complaint information to impacted areas for resolution, e.g., vendor, internal process.	Monitor interpreter service vendors through service complaints.	Biannual (trend)		
15	Operational	Coordinate and facilitate quarterly Health Equity Department/LAP meetings to review requirements and department procedures for language and health literacy services.	Minutes of meetings	Quarterly		
16	Operational	Support Population Health Management (PHM) with Population Analysis Report with demographic and social needs data for presentation.	Data provided to PHM.	Annual, as needed		
17	Access and Availability	Implement activities to meet the 2027-Geo Access action plans	Report on Geo Access action plan activities and metrics	May		
18	Member Experience	Provide consultation and support on reasonable accommodation requests.	Number of reasonable accommodation requests supported	Ongoing		
19	Operational	Develop, update and maintain Health Equity P&Ps including LAP, translation, alternate formats, interpreter services, bilingual assessment, and others.	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health Health Equity P&Ps	Annual and as needed		

20	Operational	Complete Health Equity Geo Access report including cultural analysis to meet NCQA requirements. To be completed every two years.	Data collection and data analysis for Health Equity GeoAccess report.	Q3 2025		
21	Operational	Attend workgroup meetings and contribute to solutions for improving Access and Availability, produce annual or quarterly (as needed) and annual TAR reports.	Annual TAR report completed and Access and Availability meetings attended	Quarterly/Annually		
22	Operational	Provide subject matter guidance to other departments on LAP content and review of materials.	Materials reviewed and consultation provided			
23	Operational	Oversee SOGI data collection tracking; Maintain Member Portal data collection expertise; Contribute to SOGI data collection planning throughout the Enterprise.	Update P&P (CA.CLAS.14) with SOGI collection information, as needed; Track SOGI data by line of business			
24	Operational	Manage the translation review process and resources.	Number of translation reviews completed annually	Ongoing		
25	Operational	Lead IT projects related to language assistance services such as standing requests and website modifications. Submit JIRA (name of the system, Jira) and PID (project identification) requirements when appropriate and ensure C&L requirements are represented through project. Maintain SME knowledge for REAL and SOGI codes and categories.	Successful implementation of IT projects	Ongoing		
26	Operational	Participate in CAHPS Action Plan Meeting with Health Equity to identify potential actions to improve member experience.	CAHPS Action Plan Meetings attended, and action plan/activities implemented	Quarterly		
27	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Monitor strategic partners and specialty plans for compliance with LAP program. Request information from specialty plans and strategic partners semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing		

28	Translation and Alternate Format Management	Vital documents management is inclusive of annual reminders to dept. managers, confirm placement of vital docs info on TAFT master spreadsheet, request annually from departments which vital documents they produce (including adverse benefit determination notices) and request desktop/policy from departments (when appropriate) on vital document process. Use information obtained from business unit to update the vital document spreadsheet and glossary. Oversee implementation and management of TAFT master spreadsheet.	Master spreadsheet of Vital Documents	Ongoing		
29	Compliance and Accreditation	Manage the Health Education material field testing process and resources for the Field Testing Workgroup.	Number of materials field tested completed annually	Ongoing		
30	Compliance and Accreditation	Provide oversight to translation projects and coordinate ad hoc multi department requests and provide overall coordination support between the vendor and internal departments	Number of materials translated	Ongoing		
	Compliance Monitoring					
31	Rationale	Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the Health Equity and C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.				
32	Responsible Staff:	Primary: P. Lee, A. Said	Secondary: I. Diaz			

33	Complaints and Grievances	Oversight of complaints received on LAP or C&L services, including monitoring and responding to C&L grievances. Develop and maintain desktop for grievance resolution process. Collect grievance and call center reports. Maintain quarterly contact with the call center to ensure they monitor C&L complaints. Conduct monthly reconciliation meetings with A&G.	Number of grievances, complaints, and interventions.	Quarterly		
34	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers to gauge the effectiveness of the LAP program	Production of trend analysis report	August		
35	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December		
36	Oversight	Participate in CalViva required workgroups and committees. Attend weekly QI/UM meetings. Write and present annual work plan and program description, mid-year work plan evaluation, LAP report, end of year work plan evaluation, and end of year LAP report. Support PNA report and updates. Assist with DHCS and DMHC Cultural and Linguistic Services audits.	Dates documents were submitted and approved by Committee. Number and dates of QI/UM Committee and ACCESS Workgroup meetings attended.	Ongoing		
37	Liaison to Plan Partner	Attend community events and providers meetings as needed to sustain local relationships and develop partnership with CVH staff.	Document and provide details of meetings and community events, number and dates of meetings.			
38	Member Support	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings with presentations and/or materials as needed.	Quarterly		
39	SDoH/Community Resources	Work with Marketing to develop new/rebrand findhelp materials for members and findhelp website, as needed. Update provider training guide to include the latest Cozeva integration.	Rebranding findhelp materials and websites	Ongoing		

40	Operational	Collaborate with community and health plan partners on SDoH and social needs support programs, including biweekly meetings with findhelp.	Attend meetings, conduct presentations and support activities	Biweekly As needed		
41	Regulatory	Provide oversight of findhelp platform and coordination of social service referrals for members.	Provide 2 training on findhelp to internal departments, members, and providers on to promote the Social Needs Self-Assessment, quarterly. Update training to align with Cozeva integration by creating an online findhelp course for staff and an on-demand recording for providers. Produce analytics and segmented utilization reports to ensure 40 social needs assessments are completed each quarter. Review completed social needs assessments monthly and ensure that at least 85% of qualifying members are referred to an appropriate internal program; 60% referrals are closed. Add 50 social need programs within Findhelp to address social risks within each month.	Ongoing		
42	Collaboration-External	HN collaboration and consultation to external forums such as DHCS HECL workgroup, AHIP health equity workgroup, NCQA expert workgroup on health equity and other SDoH collaborative forums, as needed.	Minutes of meetings that reflect HN consultation and shared learning	Quarterly		
	Communication, Training and Education					
43	Rationale	To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity.				
44	Responsible Staff:	Primary: P. Lee, S. Rushing	Secondary: L. Espinoza, N. Buller			

45	Training and Support	Train and provide support to A&G on coding and resolution of grievances related to C&L codes; re-align coding per 1557 non-discrimination reporting	Development of scripted responses and/or training for A&G associates regarding grievance responses, coding, when to send to Health Equity	Annually		
46	Staff Training	Provide Health Equity in-services for other departments as requested (e.g., Call Center, Provider Relations). Update training deck with specific data slides at mid-year and EOY. Update interpreter and translation quick reference guides with any system updates or process changes and collect the reference guides from the call center.	Create and post to share drive: curriculum, power point, list of participants from Call Center and Provider Relations who attended the in-service. Ensure material is shared with attendees and post trainings. Update and collect interpreter and translation quick reference guides with any system updates or process changes	Ongoing		
47	Staff Communication	Maintenance and promotion of Health Equity SharePoint site	Timely posting of important information on Health Equity SharePoint e.g., vendor attestation forms, threshold languages list, etc.	Ongoing		
48	Provider Communication	Provider Update to cover the following required topics: 1. LAP services 2. Race/ethnicity and language diversity of members 3. Culture and health care topic 4. Promote on-line cultural competence/OMH training 5. Health literacy	Provider Updates distributed and fax/email distribution proof from Marketing	Ongoing		
	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
	Health Literacy					
49	Rationale	To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.				
50	Responsible Staff:	Primary: A. Kelechian	Secondary: A. Said, M. Quan			
51	English Material Review	Conduct English Material Review (EMR). Include: review content and layout of materials for reading grade level and cultural and linguistic appropriateness.	All EMRs are completed within a 5 business day turnaround as tracked through Workfront. Exception: Content heavy and high-volume requests are completed within 7 business days.	Ongoing		

52	Operational	Review and update Health Literacy materials and toolkit as needed inclusive of list of words that can be excluded during the readability assessment, database guide, checklists, readability assessment guide and other relevant materials.	Update and post materials on Health Literacy SharePoint	Ongoing		
53	Training	Training and resources for staff on how to use the C&L database and write in plain language. Update online training as needed.	Quarterly training and resources production.	Quarterly		
54	Training	Conduct activities and promotion of National Health Literacy Month (NHLM)	Production and tracking of action plan for NHLM and summary of activities completed.	October		
	Cultural Competency Training Program					
55	Rationale	To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.				
56	Responsible Staff:	Primary: A. Said, L. Espinoza	Secondary: D. Fang, A. Kelechian			
57	Collaboration-External	Representation and collaboration on Health Industry Collaboration Efforts (HICE) external workgroup. Attend ad hoc/subgroups on training requirements and shared resources (where applicable) per APLs (SB923; DEI)	Minutes of meetings that reflect consultation and shared learning	Ongoing		
58	Provider Training	A. Conduct cultural competency training for contracted providers. B. Trainings to address required cultural competency topics per regulations and contracts. C. Update trainings as warranted. D. Review assignment criteria for LAP and Cultural Competency/DEI trainings and ensure that required providers are represented.	A. Cultural Competency Core meeting minutes B. Training curricula, training tracker regulations and contracts met, P&P updates C. Updated training curricula D. Relias provider training lists	Annual		

59	Provider Training Program Oversight	A. Work with provider engagement to publish invites for trainings and as warranted create OnDemand trainings. B. Work with provider communication to implement available computer-based trainings through provider update(s) and/or provider newsletters and medical directors. C. Promote Office of Minority Health (OMH) cultural competency training through provider operational manual and provider updates (to be included in annual provider LAP update).	A. Training invites B. Provider updates, newsletters, and communications C. Provider update, operational manual			
60	Staff Training Program Oversight	A. Coordinate and conduct cultural competency training series for staff. B. Trainings to address required cultural competency topics per regulations and contracts (APL 24-018 training and SB923 DMHC training). C. Update trainings as warranted. D. Review assignment criteria for LAP and Cultural Competency/DEI trainings and ensure that required departments are represented.	Cultural Competency Core meeting minutes A. Training schedule for the year along with attendance # B. Cultural competency/DEI training deck C. Any changes/updates that were made to training D. Attendance for Bridging and DEI trainings from WDL			
61	Provider Training	Implement <i>Cultural Humility, Competency, and Equity in Healthcare</i> (DEI APL 24-016 training) for all LOB providers annually to include downstream sub-contractor and vendor.	Number of attendees/participants and training evaluation			
62	Provider Training	Implement <i>Transgender, Gender Diverse, & Intersex Affirming Care & Equity</i> (TGI/SB923) training to downstream PPG and Vendor STAFF with delegated HN functions that are member facing.	Number of attendees/participants and training evaluation			

63	Provider Training	Implementation of Language Assistance Programs and the Use of Plain Language for Health Literacy training for providers. Topics: Language Assistance Program, health literacy, plain language communication, health literacy/plan language resources	Number of attendees/participants and training evaluation	Q4		
64	Accreditation	Obtain NCQA Health Outcomes Accreditation and Community-Focused Care Accreditation	Procurement of NCQA Health Outcome Accreditation and Community-Focused Care Accreditation (renewal) and lead collection and preparation of materials during non-renewal years	Ongoing		
65	Report	Complete reports for NCQA Health Equity Accreditation and HEA Plus. Reports include Defining the Community, Annual Referral Disparity Tracking, Social Risk and Social Needs Analysis and Prioritization, and Social Risk and Social Needs Resource Assessment Analysis.	Timely completion of reports. Submitted to NCQA HEA Plus.	Q1		
	Health Equity					
66	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.				
67	Responsible Staff:	Primary: P. Lee	Secondary: N. Chand			
68	Operational	Lead quarterly Health Equity Collaborative Workgroup. Workgroup aligns QI, population health, SDoH, cultural competency and disparity initiatives across departments. It is inclusive of reporting out and supporting disparity reduction projects, Health Equity updates and reporting to support NCQA and other regulatory requirements.	Facilitate at a minimum quarterly meetings, take minutes and attendance and share out workgroup presentation decks.	Quarterly		

69	Operational	Implement disparity model for PIP projects (W30-6+) include formative research, community, member and provider interventions. Partner with Fresno Black Infant Health to improve compliance rate among Black infants 0-30 months. By 8/31/2026, use targeted interventions for CalViva Health Black or African American members in Fresno County that lead to statistically significant improvement: 1. To the percentage of at least six infant well care visits by 15 months of life from a baseline rate. 2. To the percentage of three or more infant well care visits within 120 days of life from a baseline rate.	Development of modules; Support with barrier analysis and interventions to help meet health disparity reduction targets. Attend bi-weekly meetings.	Ongoing		
70	Operational	Provide support for SUD/MH non-clinical PIP project. Partner with hospitals to ensure timely notification for providers. During the measurement period, CalViva Health will carry out targeted interventions that will result in improvement in the percentage of provider notifications for members with SUD/MH diagnoses following or within 7 days of an emergency department visit in Fresno and Madera Counties.	Disparity reduction project work plan; evaluation, documentation of process outcomes. Support with barrier analysis and interventions such as cultural competency training. Attend bi-weekly meetings.	Ongoing		

71	Operational	Provide support for Madera Lean FUA/FUM QMIP project. Partner with local hospitals to improve rates among members' follow up care after 30 days of an emergency visit. During the measurement period, CalViva Health will carry out targeted interventions that will result in improvement in the percentage (from MY2023 9.84% to 24.51% for FUA and 40.59% for FUM) of members who receive follow up services after an ED Visit for SUD/MH diagnoses following or within 7 days of an emergency department visit for Madera County members.	Support with barrier analysis and interventions such as cultural competency training. Development of modules; meet health disparity reduction targets. Attend bi-weekly meetings.	Ongoing		
72	Operational	Provide support for IHI/DHCS Child Health Equity Sprint project to improve W30-6+ rates. By September 2026, we will increase the W30-6+ WCV rate for non-Spanish-speaking children aged 0–15 months at CSV-Elm Clinics (2) & CSV-RMC Clinic in Fresno County from 61% to 78% and the W30-2+ WCV rate for non-Spanish-speaking 15–30 months from 71% to 88%, in alignment with the overall collaborative goal.	Disparity reduction project work plan; evaluation, documentation of process outcomes. Attend internal meetings and IHI/DHCS learner monthly calls.	Ongoing		
73	Report	Conduct annual disparities analysis for each county.	Conduct disparities analysis for NCQA and DHCS measures by REL and share with internal stakeholders.	Q4		
74	Reprt	Complete Disparity Project Report. Report is inclusive of disparity reduction projects annual write ups. Report is completed annually or bi-annually.	Report for NCQA including annual disparity gap analysis and prioritized opportunities for intervention. Disparity reduction project write-ups demonstrating implementation of member, community and provider level initiatives and evaluation.	Q3		
75	Responsible Staff:	Primary: S. Xiong-Lopez	Secondary: J. Nkansah			

*	76	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles/webinars that educate staff on culture, linguistics, and the needs of special populations	Attendance record and tracking. Event summary and activity specific participation totals	Annually		
*	77	HEQ Project/ Activity	Partner with Kings County Department of Public Health to advance Community Health Improvement Plan (CHIP) priorities within the Access to Care, Maternal and Child Health, and Community Health Worker (CHW) workgroups by implementing community-driven, culturally responsive interventions that improve preventive care access and outcomes.	Measure success through consistent monthly participation in CHIP workgroup meetings to identify and advance collaborative opportunities, increased engagement of priority populations, and demonstrated improvements in access and maternal and child health outcomes.	Ongoing		
*	78	HEQ Project/ Activity	Participate in FCHIP to support development and administration of a provider-facing survey to identify system-level health gaps in developmental services and convene a Community Advisory Council by Q3 to elevate community voice and inform improvement strategies.	By Q2, develop a Needs Survey for providers and/or their member participants to assist in identifying health or service gaps.	Ongoing		
*	79	HEQ Project/ Activity	Co-lead the Diabetes and Heart Health workgroup within the Madera County Department of Public Health Live Well Madera initiative to design and implement community-driven strategies that improve prevention, early detection, and management of chronic conditions among priority populations.	Consistent monthly participation, active co-leadership of workgroup initiatives and activities that result in direct community impact and demonstrated increases in engagement and access to diabetes and cardiovascular health services.	Q3		

¹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:

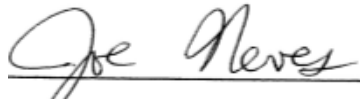
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

^ Indicates revision.

* Indicates new.

Fresno-Kings-Madera Regional Health Authority Commission Approval

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



Joe Neves

Regional Health Authority Commission Co-
Chairperson

May 21, 2026

Date



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

May 21, 2026

Date



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist
Sia Xiong-Lopez, MA, Equity Officer

COMMITTEE DATE: May 21, 2026

SUBJECT: Health Equity 2026 Work Plan – CalViva Health Executive Summary

Purpose of Activity:

Present CalViva Health's Health Equity Work Plan for 2026, to obtain the committee's approval, and evaluate the progress against services to meet the end of the year goals.

Summary:

The Health Equity Work Plan 2026 supports and maintains excellence in Health Equity and C&L Services through the following strategies: provide oversight of Language Assistance Program (LAP), integration and expansion of targeted health disparity efforts, health literacy and plain language standards, supporting CalViva Health in being a culturally competent Health Plan, expanding on consulting services, and maintaining compliance with regulatory, accreditation, and contractual requirements.

The 2026 Work Plan is consistent with the 2025 Work Plan while incorporating and enhancing the following activities:

1. Removed manual collection of members' preferred alternate format as report are now auto-generated (Row #8).
2. Updated NCQA's new accreditation name to Health Outcomes Accreditation and Community-Focused Care Accreditation Standards (Row #10 and #64).
3. Updated measurable objectives for LAP trend analysis (Row 12).
4. Removed PNA from workplan as the Health Equity Department no longer completes this report nor implement activities but instead provides data for the report (Row #16 and #17).
5. Removed activity from Row #21 as it's been incorporated in other activities (Row #19 and #42).
6. Added role as Health Equity SMEs for other departments (Row #22),
7. Added SOGI data collection and act as supporter for enterprise (Row #23).
8. Removed duplicate activity Row #25, as it's been added to Row #61.
9. Removed Row #37, as it is a duplicate activity from Row #36.
10. Added community support as a new activity (Row #37).
11. Added Cozeva integration as a new topic in findhelp provider training guide (Row #39).
12. Removed Row #50 as activity has been added to Row #48.

13. Consolidated health literacy activities into one row (Row #53).
14. Updated description of provider training activity, moving activities to multiple lines (Row #58, 61, and 62).
15. Expand on provider oversight role with other departments (Row #59).
16. Edited W30-6+ indicators to better reflect PIP submission (Row #69).
17. Moved Row #63, CLAS Month Activity, to Row #77, as the staff responsible has changed from Health Net to CalViva Health.
18. Update project goal for Phase 2 for the IHI/DHCS Child Equity Sprint project (Row #72).
19. Remove activity as staff who used to oversee activity is no longer with the Health Equity Department, activity has been moved to Row #22.
20. Removed activities from Row #77-81 as activities ended in 2025.
21. Added new activities to section for 2026 (Rows #76-79).

Next Steps:

Once approved, implement and adhere to the Health Equity Work Plan 2026, and report to the QI/UM Committee.