



CULTURAL AND
LANGUAGE ASSISTANCE
PROGRAM TRAINING

2025

AGENDA

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Language Assistance Program Overview

Health Care State and federal laws and regulations established specific requirements regarding the availability of language assistance to health plan and health insurance enrollees. These regulations are intended to help reduce language and cultural barriers that may impact the Member's use of services and programs and to better manage the Member's health and well-being through enhanced communication and increased knowledge. These regulations apply to health plan/insurer interactions with Members as well as provider/practitioner interactions at the point of service. Health plans/insurers are obligated to require practitioners to comply with the health plan's Language Assistance Program. A summary of the practitioner requirements is found below.

Details of the Language Assistance Program can be found in the policy accessed through your ASHLink account login at www.ashlink.com on the **Resources > Practitioner Education Library > Policies** page.



Language Assistance Program Services

Language Assistance Program services help alleviate barriers that LEP, hearing, and/or vision impaired patients face when seeking services.

- Services are **free** to the patient and provided by **qualified vendors** only. Interpretation services are available 24 hours/day 7 days/week.
- ASH staff, contracted practitioners and their employees should not speak to members in a non-English language.
- For CA Providers Only: If a Contracted Practitioner or their staff prefer to speak in a non-English language with ASH members, a certification of proficiency must be obtained from a language vendor and be kept on file by the Contracted Practitioner in their office and available for audit if requested by ASH or third-party auditor.
 - Interpretation – **verbal or sign language** conversion of information from one language to another.
 - Translation – **written** conversion of information from one language to another.
 - Alternate Formats – large font, braille, audio support for vision impaired members.
 - TTY/TTD and Relay Services – support services to communicate with hearing impaired callers.
- Interpretation, translation, and alternate format requests can be made by contact ASH at 1-800-678-9133 or using CA Relay Services at 711.

Identification of Limited English Proficient Members

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient (LEP).

The most common non-English threshold languages in the country are:

- Spanish
- Tagalog
- Chinese
- Navajo

In California, the most common threshold languages are:

- Spanish
- Chinese
- Japanese
- Vietnamese
- Tagalog
- Korean
- Armenian
- Farsi-Persian
- Russian
- Arabic
- Punjabi
- Hmong
- Hindi
- Thai
- Cambodian
- Ukrainian
- Laotian
- Mien
- French
- German
- Portuguese
- Italian

Identification of Limited English Proficient Members

If you identify a Member who has limited English proficiency or has difficulty communicating with you or your office staff regarding their health care, you are required to offer language assistance at all points of contact where the need for interpretation is reasonably anticipated.

(Note: ASH maintains ongoing administrative responsibility for implementing and operating this language assistance program for Member interpretation services. As such, there is no charge to the Contracted Practitioner or Member for utilizing such services.)

As a best practice, ASH strongly recommends posting translated signage in your office to inform members of the availability of free language assistance services. A sample sign, Interpretation Services Available, has been included on **ASHLink** on the **Resources > Forms** page for your use.

Identification and Support for Hearing Impaired Members

For Members that need assistance due to hearing impairment, ASH offers TTY/TDD and other relay services for Members to communicate with ASH Group Customer Service. In California, relay services are available by dialing **711** or **800-735-2922**.

As a Contracted Practitioner, you must also provide or arrange for auxiliary aids and services that are necessary to ensure equal access to services, unless an undue burden or fundamental alteration would result. Auxiliary aids and services include, but are not limited to, qualified sign language interpreters, computer-aided transcription services, written materials, assistive listening devices, captioning, or other effective methods of making aural information and communication accessible.

Identification and Support for Visually Impaired Members

For Members that need assistance due to visual impairment, ASH offers and/or works with health plan clients to provide alternate formats to effectively communicate printed information to Members who are blind or have low vision or have other functional impairment. Auxiliary aids include, but are not limited to, text produced in audio formats, large print, Braille, and accessible PDFs.

If members request assistance, please refer them to ASH Customer Service by calling 1-800-678-9133.



Offer of Language Assistance

If a Member appears to be limited-English proficient need support, language assistance should be offered even if the Member has a friend or family Member that can provide interpretation services. The intent of these regulations is to discourage the use of family members and friends and strongly discourage the use of minors as interpreters; however, nothing is intended to create a barrier to care for Members:



A Member may request the use of an adult family member or friend as an interpreter. Once the Member has requested the use of an adult family member or friend as his or her interpreter, the Member shall be fully informed, through interpretation by the family member or friend in his or her primary/preferred spoken language, that a qualified interpreter is available at no charge to the Member. If the Member declines the offer of the qualified interpreter, the offer of a qualified interpreter and the Member's decision to use a family member or friend must be documented in the medical record file.

Offer of Language Assistance

A minor may be used as an interpreter if the following conditions are met:

- The situation is emergent/urgent
- The minor demonstrates the ability to interpret complex medical information in an emergency/critical situation
- The Member is fully informed by the minor in his or her primary/preferred spoken language that a qualified interpreter is available at no charge to the Member. If the Member declines the offer of the qualified interpreter, the offer and the Member's decision to use the minor as the interpreter must be documented in the medical record file.

Member Acceptance of Offer for Interpretation Services

If the Member chooses to accept language assistance, interpretation services must be arranged in a timely manner.

Interpretation services (not including sign language) must be arranged by calling ASH Customer Service at **800-678-9133**, regardless of individual language skills.

A Customer Service Agent will conference in a qualified interpreter from the contracted language interpreter service to provide interpretation services between you and the member.



Documentation of Offer

The offer of a qualified interpreter, along with acceptance or denial of interpretation services, must be documented in the Member's medical record. Documentation regarding language assistance may be requested in support of medical record audits. An optional form, the Language Assistance Offer of Interpretation Services, has been included on ASHLink on the **Resources > Forms** page to assist in the documentation process.

Non-Discrimination

Section 1557 (Nondiscrimination provision of the Affordable Care Act)

The Department of Health and Human Services (HHS) issued the Final Rule under Section 1557 of the Patient Protection and Affordable Care Act (ACA). It is **unlawful** for ASH contracted practitioners/providers to discriminate or deny services to members **on the basis of race, color, national origin, sex, age or disability** in health programs or activities. As a reminder, protections under the final rule includes men and women being treated equally in the health care they receive, and treatment should be consistent with the patient's gender identity.

Accommodations must also be made for members with a disability to prevent barrier to receiving care. Ensuring physical facilities are accessible and readily making alternative means of communication or providing auxiliary aids are some steps to take in this regard. The final rule also requires your office to take the necessary steps to ensure effective communication for individuals with limited English proficiency (LEP). Posting signage about interpretation options and readily arranging interpretation services are key steps to take. Interpretation services must be arranged in a timely manner. Where appropriate, telephonic interpretation services are available by calling ASH Customer Service at 800-678-9133. ASH Customer Service will conference in a qualified interpreter from ASH's contracted language interpreter service to provide interpretation services between you and the member.

Section 1557 helps prevent discrimination in health care. We hope this reminder will help you adopt the new standards to fully implement Section 1557.

Non-Discrimination

Key Requirements:

- Not to discriminate based on race, color, national origin, sex, age, or disability in providing your services
- Post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services
- Assist individuals with Limited English Language Proficiency by offering language assistance services. For ASH members this process involves:
 - Arranging interpretation services appropriately ahead of time. Telephonic interpretation services are available by calling ASH Customer Service at **800-678-9133**
 - Customer Service will conference in a qualified interpreter from ASH's contracted language interpreter service to provide interpretation services between you and the member
- Make sure all electronic patient programs and activities allow for people with disabilities to access them
- All newly constructed or altered provider facilities must be physically accessible for individuals with disabilities
- Provide proper auxiliary aids and services for individuals with disabilities to enable access to programs and services your office offers
- Ensure and enforce non-discrimination on the basis of sex in health programs and activities

These are some of the key requirements of Section 1557. For more information you can visit <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>.

How to Identify a Limited English Proficient Patient

Any patient who is having trouble communicating should be offered language assistance (interpretation services).

The following are additional tips for identifying those patients that may need assistance:

- Patient is quiet or does not respond to questions
- Patient simply says yes or no, or gives inappropriate or inconsistent answers to your questions
- Patient may have trouble communicating in English or you may have a very difficult time understanding what they are trying to communicate
- Patient self identifies as a LEP by requesting language assistance



Tips for Successful Communication

- Create a safe environment where people feel comfortable talking.
- Focus on communicating 3–5 main points with short sentences and active verbs.
- Use plain language instead of medical jargon.
- Speak slowly and repeat statements using different words, and also allow time for people to ask questions.
- Written materials should be at 5th–6th grade level.
- Be very clear and specific when giving instructions.
- Recognize that a “yes” or a nod might mean that the member is simply being polite.
- If possible, use pictures and models when giving instructions.

Working Effectively with Interpreters

- Tell the interpreter the purpose of your call. Describe the type of information you are planning to convey.
- Enunciate your words and try to avoid contractions, which can be easily misunderstood as the opposite of your meaning, e.g., “can’t – cannot”.
- Speak in short sentences, expressing one idea at a time.
- Speak slower than your normal speed of talking, pausing after each phrase.
- Avoid the use of double negatives, e.g., “If you don’t appear in person, you won’t get your benefits.” Instead, “You must come in person in order to get your benefits.”
- Speak in the first person. Avoid the “he said/she said.”
- Avoid using acronyms, e.g., “CPT Code.” If you must do so, please explain their meaning.
- Provide brief explanations of technical terms
- Pause occasionally to ask the interpreter if he or she understands the information that you are providing, or if you need to slow down or speed up in your speech patterns. If the interpreter is confused, so is the patient.
- Ask the interpreter if, in his or her opinion, the patient seems to have grasped the information that you are conveying. You may have to repeat or clarify certain information by saying it in a different way.

Culturally Competent Care

Culture refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.

- We become assimilated into our culture and the way we reflect our culture is often without conscious thought.
- Cultural factors include, but not limited to, geography, age, socioeconomic status, religion, gender, education, politics, sexual orientation, gender identity, race, and ethnicity.



Culturally Competent Care

Cultural Competence is the capability of effectively dealing with people from different cultures.

- Having a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professional to enable them to work effectively in cross-cultural situations.
- An active learning process-becoming more culturally competent and promoting cultural engagement.
- Effectively using a combination of knowledge, attitude, and skills.

How does culture impact the care that is given to patients?

- Culture informs on:
- Concepts of health, healing
- How illness, disease, and their causes are perceived
- The behaviors of patients who are seeking health care
- Attitudes toward health care providers.

Culture impacts every health care encounter

- Culture defines health care expectations:
- Who provides treatment
- What is considered a health problem
- What type of treatment
- Where care is sought
- How symptoms are expressed
- How rights and protections are understood.

Managing Cultural Differences

When working with Limited English Persons (LEP) remember:

- **Cultural Sensitivity.** An LEP's culture, traditions and experiences may be very different from your own. Understand differences exist. Be non-judgmental.
- **Indirect Communication.** English is a direct language. In other languages and cultures, it often takes longer to get to the point. Understand this issue and be patient.
- **Simple Language.** To improve understanding, use simple language and ask for clarification if needed.
- **Your manner.** Be respectful and speak in a neutral tone.



Interview Guide: Hiring Office/Clinic Staff with Diversity Awareness

The following set of questions is meant to help you determine whether a job candidate will be sensitive to the cultural and linguistic needs of your patient population. By integrating some or all of these questions into your interview process, you will be more likely to hire staff that will help you create an office/clinic atmosphere of openness, affirmation, and trust between patients and staff. Remember that bias and discrimination can be obvious and flagrant or small and subtle. Hiring practices should reflect this understanding.

Q. What experience do you have in working with people of diverse backgrounds, cultures and ethnicities? The experiences can be in or out of a health care environment.

The interviewee should demonstrate understanding and willingness to serve diverse communities. Any experience, whether professional or volunteer, is valuable.

Q: Please share any particular challenges or successes you have experienced in working with people from diverse backgrounds.

You will want to get a sense that the interviewee has an appreciation for working with people from diverse backgrounds and understands the accompanying complexities and needs in an office setting.

Interview Guide: Hiring Office/Clinic Staff with Diversity Awareness (continued)

Q. In the health care field we come across patients of different ages, language preference, sexual orientation, religions, cultures, genders, and immigration status, etc. all with different needs. What skills from your past customer service or community/healthcare work do you think are relevant to this job?

This question should allow a better understanding of the interviewees approach to customer service across the spectrum of diversity, their previous experience, and if their skills are transferable to the position in question. Look for examples that demonstrate an understanding of varying needs. Answers should demonstrate listening and clear communication skills.

Q. What would you do to make all patients feel respected? For example, some Medicaid or Medicare recipients may be concerned about receiving substandard care because they lack private insurance.

The answer should demonstrate an understanding of the behaviors that facilitate respect and the type of prejudices and bias that can result in substandard service and care.

Additional Resources

Office of Minority Health (OMH)

OMH offers a computer-based training (CBT) program, A Physician's Practical Guide to Culturally Competent Care, on cultural competency for health care providers. The training was developed to furnish providers with competencies that enable them to better treat an increasingly diverse population.

This no-cost educational program is available to providers through the OMH Think Cultural Health website at <https://cccm.thinkculturalhealth.hhs.gov>

In addition, the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

To learn more about these standards to help advance and sustain culturally and linguistically appropriate services visit: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

Seniors and Persons with Disability Sensitivity

Under the American with Disabilities Act (ADA), a person with a disability is:

- A person with a physical or mental impairment that substantially limits one or more major life activities (e.g. breathing, walking, concentrating, etc.)
- A person with a record of such physical or mental impairment
- A person who is regarded as having such impairment

Some important facts about disabilities include:

- Each person's experience is different
- Some people are born with a developmental disability
- Traumatic experiences can cause disability
- Some people have adult onset disability
- Chronic conditions can become disabling

Interacting with Seniors and People with Disabilities

General Tips

- Focus on the person, not on the disability
- Offer people with a disability the same dignity, consideration, respect, and rights you expect for yourself.
- Do not be afraid to make a mistake. Relax.
- Do not patronize people by patting them on the head or shoulder.
- Address people with disabilities by their first names only when extending the same familiarity to all others present.
- Do not assume that a person with disability needs assistance. Ask before acting. If you offer assistance, wait until the offer is accepted. Then wait for or ask for instructions. Respect the person's right to indicate the kind of help needed. Do not be offended if your help is not accepted. Many people do not need help. Insisting on helping a person is the same as taking control away from them.
- If the person with a disability is accompanied by a friend or family member, look at and speak direct to the person with disability rather than to or through the other person.
- If service counters are too high for some user, such as people of short stature and people using wheelchairs, step around counters to provide service. Keep a clipboard or other portable writing surface handy for people unable to reach the counter when signing documents.
- Know the location of accessible routes including parking spaces, rest rooms, drinking fountains, dressing rooms, and telephones.
- Be flexible with office policies, such as allow more time for an office visit.
- Have communication aids ready and available such as assistive listening devices, sign language interpreters, and print materials in accessible formats

General Considerations In Engaging with Seniors and Persons with Disabilities



- Ask the person with the disability what they need to access their care, for example: “Is there anything about our conversation that you did not understand?”
- Use person first language when addressing the person, for example:
- “a person with a disability” rather than “a disabled person”
- “a person who uses a wheelchair” rather than “someone wheelchair bound”
- “a person who is blind” rather than “a blind person”



- Do not refer to the individual’s disability unless it is relevant to discussion or treatment
- Avoid personal questions about their disability. If information is required be sensitive and respectful.

Additional Tips When Communicating with Seniors

- When providing information and recommendations of care, avoid age related assumptions.
- Information should be offered in a clear, direct and simple manner.
- Avoid assumptions that limitations exist based on age alone.
- Appreciate that the Senior is an expert in their own life.



Interacting with People with Hearing Disabilities

- Ask people how they prefer to communicate
- To get the attention of a person, lightly touch the individual or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to establish if the person can read your lips. Not all people can lip-read. For those who do, be sensitive to their needs by positioning yourself facing them and the light source. Keep your hands and food away from your mouth when speaking. Avoid chewing gum while speaking.
- Use a normal tone of voice unless you are asked to raise your voice. Shouting or exaggerating your words will not help.
- Slow your speaking rate if you tend to be a rapid speaker.
- Make sure you have a good light on your face.
- Don't run your words together.
- Avoid complex and long sentences
- Pause between sentences to make sure you are understood
- If you are giving specific information such as a time, place, address or phone numbers, it is a good practice to have it repeated back to you.
- If you cannot understand what is said, ask people to repeat it or write it down. Do not act as if you understand unless you do.
- If the person cannot lip read, try writing notes. Never assume that writing notes will be an effective way to communicate with all people who are deaf. Some may not be strong in written English, since ASL (American Sign Language) is their primary language, which is very different from English as a language.
- If a person who is deaf is using an interpreter, always speak directly to the person, not the interpreter.
- If you cannot make yourself understood, try writing notes or drawing pictures.

Interacting with People with Speech Disabilities

- Do not raise your voice. People with speech disabilities can hear you.
- Give individuals your full attention and take time to listen carefully.
- Always repeat what the person tells you to confirm that you understood.
- Ask questions, one (1) at a time.
- Give individuals extra time to respond.
- Pay attention to pointing, gestures, nods, sounds, eye gaze and eye blinks.
- Do not interrupt or finish individuals' sentences. If you have trouble understanding a person's speech do not be afraid to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.
- If you still cannot communicate, try using paper and pen or ask them to spell the message. Do not guess.
- Ask them to:
 - Show me how you say "YES" Yes – one (1) blink
 - Show me how you say "NO" No – two (2) blinks
 - Show me how you point Help – three (3) blinks
- Teach people to indicate these phrases:
 - "I don't know"
 - "Please repeat"
 - "I don't understand"
- For phone calls try using the Speech-to-Speech Relay Service by calling 711, a form of Relay Service that provides Communications Assistants (CAs) for people with speech disabilities. This includes those who use speech generating devices and who have difficulty being understood on the phone. CA's have strong language recognition skills and trained individuals familiar with many different speech patterns. The CA makes the call and repeats the words exactly.
- Give people time to answer you and consider using open-ended questions.

Interacting with People with Vision Disabilities

- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people's immediate area, tell them, so they will not be talking to an empty space.
- Speak directly facing the person. Your voice will orient the person. Your natural speaking tone is sufficient.
- When giving directions, be specific and describe obstacles in the path of travel. Clock clues may be helpful, such as "the desk is at 6 o'clock." Avoid pointing or using vague terms like "that way".
- Directions should be given for the way they are facing. For example, "the restroom is about 7 steps in front of you."
- When serving as a guide, ask, "Would you like to take my left (or right) arm?" their movements of your arm will let them know what to expect. Never grab or pull people.
- When leading a person through a narrow space such as an aisle, put your arm behind their back as a signal that they should walk directly behind you. Give verbal instructions as well, such as "we will be walking through a narrow row of chairs."
- When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left.
- Before going up or down steps, come to a complete stop. Tell people the direction of the stairs (up or down) and approximate number of steps. If a handrail is available, tell them where it is.
- When showing a person to a chair, place your hand on the back of the chair. They usually will not need any more help in being seated.
- If a person is using a service animal, that animal's attention should not be sidetracked. It is important not to pet or speak to the animal.
- When offering information in alternative formats (Braille, large print, disks, audio) ask people what format works best for them.
- When to help in signing a document, ask if they want you to show them the location of the signature line.

Etiquette

Accessibility: Watch for and remove these common barriers

- Vehicles blocking ramps
- Housekeeping and cleaning carts blocking hallways and restrooms
- Potted plants, benches, trash cans and other items blocking access to ramps, railings and elevator call buttons
- Parking personnel using an accessible parking space as waiting areas

Language Issues

- Avoid referring to people by their disability i.e., “an epileptic.” A person is not a condition. Rather, they are “people with epilepsy” or “people with disabilities.”
- People are not “bound” or “confined” to wheelchairs. Wheelchairs are used to increase mobility and enhance freedom. It is more accurate to say, “wheelchair user” or “person who uses a wheelchair.”

Other words to avoid because they are negative, reinforce stereotypes and evoke pity include:

- Abnormal
- Maimed
- Burden
- Misshapen
- Disfigured
- Spaz
- Invalid
- Unfortunate
- Lame



THANK YOU