

LANGUAGE ASSISTANCE PROGRAM DESCRIPTION

Program Description

Medical Director Approval



Medical Director Signature

2/26/25
Approval Date

Administrator Approval



Administrator Signature

2/26/25
Approval Date

Credentialing Committee Approval



Chairperson Signature

1/13/25
Approval Date

Pharmacy and Therapeutics Committee Approval



Chairperson Signature

2/18/25
Approval Date

Utilization Management Committee Approval



Chairperson Signature

2/20/25
Approval Date

Quality Assurance Committee Approval



Chairperson Signature

2/25/25
Approval Date

Standing Committee Approval



Chairperson Signature

3/13/25
Approval Date

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LANGUAGE ASSISTANCE PROGRAM DESCRIPTION

Introduction

The Ventura County Health Care Plan (“VCHCP” or the “Plan”) is a full-service health care service plan, operated by the County of Ventura (“County”). VCHCP was licensed by the Department of Corporations (“DOC”), the predecessor to the Department of Managed Health Care (“DMHC”), in 1996 under the Knox-Keene Health Care Service Plan Act of 1975, as amended (“Act”) and the established attendant regulations (“Rules”). The Plan’s Service Area is limited to and coterminous with the county of Ventura.

VCHCP is licensed to provide health benefit plans to employees of the County (a large employer) and their dependents, and to certain small groups of providers who or which provide services within or in conjunction with the County health care system, and their dependents. In accordance with AB1401, VCHCP members have a right to continue coverage via COBRA and Cal COBRA. VCHCP contracts for the provision of behavioral health care services to its enrollees with a Behavioral Health Administrator (“BHA”), Optum Health Behavioral Solutions, a Knox-Keene licensed specialty plan.

Pursuant to the SB 853 and California Health and Safety Code Section 1367.04, regulations (28 CCR 1300.67.04) require health care service plans to implement programs to assess enrollee language needs, and to provide translation and interpretation for medical services and translation of vital documents to enrollees, and to report to the DMHC regarding internal policies and procedures related to cultural appropriateness. The Plan, in compliance with SB 853 and regulatory and DMHC requirements, has developed, and implemented as of January 1, 2009, a Language Assistance Program (“LAP”). Prior to implementation, this program was submitted for review and approval to the DMHC. On August 12, 2008, the Plan was notified that the DMHC had completed its review of the LAP and had no objection to its implementation.

The Plan’s LAP is divided into two main components: Enrollee Assessment and Translation and Interpreter Services. The first is described in the policies and procedures for assessing and maintaining the language preference, race, and ethnicity of the individual Plan members. The second is described in the policies and procedures for identifying and meeting the defined interpretation and translation needs of the Plan’s membership.

ENROLLEE ASSESSMENT

Demographic Profile and Analysis

For its Commercial enrollees, for the first year's (2008) enrollee assessment, the Plan relied on information supplied by its Employer Groups for identification of the language preferences of the members enrolled under the Group contracts. The ability to read/write/converse in the English language is a requirement of our Employer Groups, although a significant portion of the employees are bilingual. Beginning in January 2013, VCHCP surveyed 100% of its commercial members to determine if they, or a family member had a preferred language other than English. That information was indicated in their enrollment record. Subsequent to the January 2013 survey, a questionnaire is included in all new enrollee packets to request the member's preferred language and race/ethnicity information. It is also included in the Annual Packets sent to all enrollees at the beginning of each plan year. In February 2019, the questionnaire was updated to request the enrollee's preferred spoken **and** written language. Less than 1% of the Commercial membership prefers a language other than English. See Attachment III for current demographic analysis.

Maintenance and Reporting of Information

Spoken and written language preferences, as well as race/ethnicity are captured in the member enrollment record of the Plan's QNXT system. The QNXT system is updated once a completed Language/Ethnicity Questionnaire is returned to the Plan. See the Language Ethnicity Tracking Process Desk Procedure for complete details.

The Member Services staff can also update this information if it is obtained outside of the questionnaire process; for example, during a phone call or other member encounter.

The document distribution instructions and the mailing list for vital documents are generated by the Plan's QNXT system, as are some of the vital documents themselves. The Plan's 2019 enrollee assessment determined that the Commercial products have no threshold languages (other than English). Therefore, standardized vital documents are produced in English.

The language preference information is transmitted to the Plan's Pharmacy Benefits Manager, Express Scripts and the Plan's Behavioral Health Administrator, Optum/Life Strategies, in the daily interface files.

VCHCP tracks and reports the demographic profile information of its enrollees on a quarterly basis. This includes the enrollees spoken and written language preferences, as well as ethnicity/race information. This data is reported on the Ethnic and Linguistic Statistics page of the Member Services Report, which is reviewed quarterly in the Member/Provider Experience Committee (MPEC) meetings and in the quarterly Standing Committee meetings.

Protection of Confidentiality of Personal Health Information

Each individual's health information is protected under a federal law called the Health Insurance Portability and Accountability Act ("HIPAA") and under state laws when they are stricter than HIPAA. These laws require health care organizations, including VCHCP, to keep protected health information private except under certain circumstances. VCHCP ensures the individual's legally mandated right to have the confidentiality of his or her personal health information protected. VCHCP discloses personal information about its enrollees only when disclosure is necessary and allowed by law, such as for health care operations, for appropriate provision of health care, or for provision of necessary information to other covered entities such as Business Associates or regulatory agencies. Using a combination of operational, mechanical and electronic protocols, VCHCP ensures that information in a member's record is protected and will only be released under legally authorized conditions using secure methods. In addition, only the minimum necessary information to accomplish the intended purposes will be released.

Protocols:

- Maintenance

Access to confidential areas of Plan offices is limited to authorized Plan personnel and escorted authorized visitors (e.g. IT staff or DMHC survey personnel). Enrollees' protected health information is kept in locking file cabinets inside areas with locking access doors. Personnel with access to the protected health information have executed a confidentiality statement and have demonstrated a need, by job description, for such access.

Physical and electronic access to the Plan's computer network is limited to authorized personnel. Access to enrollees' health information is protected by user privileges and passwords protocols. Personnel with access to the protected health information have executed a confidentiality statement and have demonstrated a need, by job description, for such access.

- Transmission

VCHCP discloses personal information about its enrollees only when disclosure is necessary and allowed by law. Personal information about its enrollees may be disclosed to VCHCP under the same circumstances. Such disclosures may be to or from a provider, a business associate, or a regulatory authority. Such disclosures are accomplished in a manner that protects the confidentiality of the information.

The following secure transmission methods are employed by the Plan:

- United States Postal Service
- Facsimile machine in a protected area
- Secure servers (email, ftp, http)
- File encryption

When using or disclosing protected health information or when requesting protected health information from another entity the Plan will make reasonable efforts to limit protected health information

transmitted to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. The intended purpose may allow for the exclusion of personal identifiers. Personal identifiers within a data set are any data elements that singly or in combination can uniquely identify an individual, such as a social security number, name, address, demographic information (e.g. combining gender, race, job and location), student identification numbers or other identifiers (e.g. hospital patient numbers).

TRANSLATION AND INTERPRETER SERVICES

Vendor Services

VCHCP may contract through the County, with an outside vendor to provide supplemental language assistance services as may be necessary given the needs of the Plan’s enrollees. The vendor will provide SB 853-mandated language assistance services, including but not limited to the following:

- Timely, appropriate translation of written Plan material by qualified translators.
- Timely, appropriate interpretation services provided by qualified interpreters at any point of contact.
- Maintenance of confidentiality and protected health information as required by law.
- Familiarity with interpreter ethics standards as advocated by California Healthcare Interpreters Association (CHIA) or the National Council on Interpreting in Healthcare (NCIHC).

Definitions

“Appropriate” means informed by knowledge of concepts relevant to health care delivery systems, and to the target cultural community and reading level.

“Point of Contact” means any instance in which an enrollee accesses the services covered under the Plan contract, including administrative and clinical services, and telephonic and in-person contacts.

“Qualified” means language assistance personnel with native or near-native speaker language skills in both the source and target languages, and with ability to demonstrate cultural sensitivity in their communications.

“Timely” means in accordance with timeframes that allow VCHCP to be in compliance with CA Health & Safety Code 1367.04 (b) (1(C)(ii) and CCR 28 Section 1300.67.04(c)(2)(G)(v). Language assistance services are provided for emergency, urgent and routine health care services and timely interpretation services are included with appointment scheduling.

“Types of resources” means health care plan personnel, medical providers’ staff, printed brochures, pamphlets, letters and notifications regarding benefits and changes to them. The resources also can include the Plan’s website, telephone calls from providers, health care plan personnel, community outreach staff and community health fairs, meetings and seminars.

Standards for Provision of Language Services (Criteria and Quality Standards)

The following is a list of the enrollee points of contact (medical and non-medical, plan and provider) the Plan has identified:

- Physician Provider offices: phone, in-office
- Hospital Provider Sites: phone, in-office

- Ancillary Provider offices: phone, in-office
- Plan Offices: walk-in, phone, mail, email
- Plan Website
- Plan communications (coverage documents, newsletters, notices, telephonic broadcast distributions)

The Plan uses the following to identify points of contact:

- The Plan maintains a log of all member-to-Plan contacts, by type and method.
- The Plan distributes informational material to all its members by mail and by telephonic broadcasts.
- The Plan has procedures that detail any non-medical, auxiliary locations to which it might need to direct a member on Plan business.
- The Plan considers any of its contracted providers (physician, hospital, ancillary, etc.) as potential points of contact for any of its members.

Language assistance includes interpretation and translation at points of contact. Interpretation is the act of listening to something spoken or reading something written in one language (source language) and orally expressing it accurately and with appropriate cultural relevance into another language (target language). Translation is the replacement of a written text from one language (source language) with an equivalent written text in another language (target language). Qualifications for interpreters and translators include familiarity with interpreter and translator ethics, appropriate cultural fluency, reading-level identification and application, and context-appropriate language skills. With the above understandings, the Plan determined the following:

- Qualified interpreting resources must be reliably and rapidly available; and
- Qualified translating resources must be reliably and readily available.

Interpretation and Translation Services

Standards of practice in the health care community discourage the use of non-medical staff as translators. It is also recommended that family members with no medical background or training not be asked or expected to serve as translators. Without any medical or clinical background, a family member cannot be expected to translate terminology or meanings capably and fully to the patient. Family members may be used as a last resort, with the patient's approval.

It is the Plan's policy to have appropriate resources available to provide language assistance at points of contact. Many Plan providers have clinical and administrative staff who are bilingual in various languages. If the provider's office does not have interpreter services available to accommodate the preferred language of the patient, the provider must arrange for interpreter services prior to the appointment, as to not delay care, and can contact the Plan for assistance in obtaining such translation services. The need to arrange interpreter services should not delay the scheduling of the appointment within the access to care standards.

In addition, the Plan has staff who are bilingual in various languages and uses outside vendors to supplement identified needs. The Plan's QNXT system maintains language information on its providers and publishes such information in its provider directory (both online and in printed format). All Plan Providers are required to fill out Language Attestation Forms during the initial credentialing process and every three (3) years thereafter. (See the Credentialing Policy Program Description for full details.)

Attachment I lists the non-provider language assistance services available for use by the Plan. It also includes the Plan staff who are proficient in level 2 which is for translating English to Spanish between parties, and level 3, qualified to do written translation.

Medical record-keeping standards state that when a translator is used, it must be documented in the patient record. The member's refusal of interpreter must be documented in the patient file. If the Plan arranges for interpreter services and the member informs Plan of refusal, such refusal is noted in member file. The tool used during medical record audits incorporates measures for this and other language assistance standards.

Process and Standards for Providing Translation Services

At its current enrollment, the Plan is using the 5% rule to determine threshold languages as defined in CCR §1300.67.04(b)(5) and identified in §1367.04(b)(1)(A) of the Act:

A health care service plan with an enrollment of less than 300,000 shall translate vital documents into a language other than English when 3,000 or more or 5 percent of the enrollee population, whichever number is less, excluding Medi-Cal enrollment, indicates in the needs assessment as required by this subdivision a preference for written materials in that language.

The Plan provides documentary material, including standardized vital and enrollee-specific documents, to its enrollees at no charge. As stated previously, the Plan has no threshold languages other than English. However, the following standardized vital and enrollee-specific documents are available in both English and Spanish:

- Notice of free language assistance
- Complaint and grievance submission forms
- Any documents required by law or affecting any legal right or responsibility (ex: Disclosure and Consent Forms, etc.)

If an additional threshold language is determined in the future, then upon the enrollee's request, the Plan will provide a written translation of non-standardized enrollee-specific vital documents into the threshold language within 21 days.

The Plan intends these documents to be easily available to enrollees at many of the points of contact. In addition, the Plan provides these documents to enrollees in accordance with timelines as defined either by regulation, the Plan's internal standards, or the Employer Group requirements. The Plan uses the following methods, as appropriate, to make these documents available to enrollees:

- Mailings – regular and as requested
- Web page links
- Facsimile – regular and as requested
- Email – as requested
- Walk-in – all documents are available at the Plan offices, many of its provider facilities, and its Employer Group benefit offices.

When needed, VCHCP sends written standardized vital documents to its contracted translation service for language translation, editing, proofreading and professional review. The translation service uses certified translators. The returned translation is then reviewed by bilingual bicultural subject experts on the Plan staff. Any recommended changes are submitted to the translation service, as necessary. Any wording determined to be confusing or inaccurate, when referenced by a Member Services representative during a member call, is referred to the Member Services Manager or Director of Member and Provider Services for action, including retranslation.

For non-standardized vital documents, the Plan will provide, with the English version of the document, a written notice of the availability of interpretation and translation services. The Plan has incorporated the notice developed by HICE for this purpose and provides it in English and Spanish. The notice language is as follows:

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 805-981-5050.

IMPORTANTE: Puede leer esta carta? Si no, nosotros le podemos ayudar a leerla. Además, usted puede recibir esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al 805-981-5050.

Language Assistance Program (LAP) Regulations require the Plan to offer written translation services in the Plan's identified threshold language, but the regulations do not limit the languages in which a Limited English Proficiency (LEP) enrollee can request an oral interpretation, including an oral interpretation of a written document. Neither do the regulations limit the languages in which an enrollee can request a translation of a written document. For this reason, the Plan is contracted, as noted above, with qualified vendors able to provide interpretation and translation services rapidly and reliably.

Hiring/Contracting for interpreters

Arrangements for the availability of bilingual Plan staff who are trained and competent in the skill of interpreting are in effect. The Plan has a contract with an outside interpreter service (Appendix A) which is trained and competent in the skill of interpreting. In addition, the Plan has telephone and other telecommunications supported interpretation services.

Standards to Ensure Proficiency of Translators and Interpreters

As noted previously, the Plan uses particular interpreter and translator services certified by qualifying agencies at established levels. In addition, measurable quality standards will be incorporated into vendor contracts for such services. The Plan is adapting the Interpreter Quality Standards developed by ICE.

These standards include:

- Facility in context-relevant health care and medical terminology demonstrated by a validated test instrument
- Adherence to interpreter ethics, conduct, and confidentiality as exemplified by the California Healthcare Interpreters Association (CHIA) and the National Council on Interpreting in Healthcare (NCIHC) standards
- Native or near-native speaker language skills
- Ability to demonstrate cultural sensitivity in communications, also as exemplified by CHIA and NCIHC standards

Process for Enrollee Notification

The Plan identifies the language preference of its enrollees, including LEP enrollees, through the following:

- In response to welcome letters and packets
- During other Enrollee–Plan contacts, including walk-in, telephonic, email, and postal contacts
- During Provider–Plan contacts, as both incidental and on-topic information

Enrollees are provided notice of the availability of interpreter services in any language they need at no charge at points of contact, as listed above. Additionally, this notice includes information on the availability of translator services, also at no charge. The Plan includes such notice in the distribution to members and to providers, as appropriate, of its vital documents, enrollment materials, and correspondence regarding new or renewed enrollment.

In addition, notices regarding the provision of language assistance services at no charge will be included in the Plan’s regular provider and member newsletters, any brochures or outreach and marketing materials, and other materials routinely distributed to enrollees.

As required by Senate Bill 223, effective December 15, 2017, the Plan now sends a written notice to all enrollees of the availability of interpretation services. The information in this notice is provided in the top 15 languages spoken by limited-English-proficient (LEP) individuals in California, as determined by the State Department of Health Care Services. This written notice is sent out on a yearly basis with the annual

packets, and through-out the year as part of the new member packets. It is also included in the Plan's Evidence of Coverage (EOC) documents, and in or with routine materials sent to enrollees.

Process for Provider Notification

The Plan communicates language assistance program requirements to the network providers via the Plan's website, and, for newly contracted and existing providers, such information is included in the Provider Operations Manual.

Process and Standards for Notification at All Points of Contact

As noted elsewhere, standards of practice in the health care community discourage the use of non-medical staff as translators. It is also recommended that family members with no medical background or training not be asked or expected to serve as translators. Without any medical or clinical background, a family member cannot be expected to translate terminology or meanings capably and fully to the patient. Family members may be used as a last resort, with the patient's approval. It is the Plan's policy, therefore, to make available, free of charge, interpretation services for LEP enrollees at any point of contact. It is also the Plan's policy that use of, or declining the use of an interpreter, is to be documented in the patient record.

For LEP enrollees, VCHCP can provide interpretation of the information contained in Plan-produced documents. It accomplishes this in three ways: VCHCP's bilingual/bicultural staff and providers are available in the Plan's threshold language and many other languages; through contracted arrangements the Plan has access to telephonic interpreter services; and, also through contracted arrangements, the Plan has access to in-person language interpreters.

The Plan ensures 24-hour access to interpreter services for all threshold and certain other language LEP members by assigning bilingual PCPs according to member's language identified in VCHCP's management information system.

Plan threshold language-speaking enrollees who call the Plan outside of normal business hours are connected with a live, bilingual answering service. The answering service has instructions to direct the member to call "911" or to go the emergency room for emergency services. The answering service also has call schedules for the administrator and medical director on duty with instructions on their activation.

The Plan has arranged for telephonic translation by a professional language interpreter. The service is available 24 hours a day, 365 days a year with interpreters available in over 140 languages. VCHCP's providers are given instructions to use the translation service in an emergency, for uncommon languages, or when a face-to-face interpreter is unavailable. These instructions are set forth in VCHCP's Provider Operations Manual and are reinforced during new provider orientation sessions.

Standards for Staff Training

VCHCP ensures that staff at all levels and across all disciplines receives ongoing education and training in culturally and linguistically appropriate service delivery.

VCHCP hires community-based bilingual/bicultural staff in key member contact positions such as Member Services, Claims and Utilization Review. However, hiring a diverse staff does not automatically guarantee the provision of culturally competent services. Staff education and training are also crucial to ensuring effective language assistance because staff will interact with members representing different languages, countries of origin, acculturation levels, and social and economic standing. “Staff” refers to personnel employed by VCHCP. As part of new hire orientation, Plan Member Service staff is instructed on how to successfully provide language assistance to members. If a qualified interpreter/translator in required language is not available among employees at the Plan offices, staff has contact information available for Plan-contracted language service vendors, both telephonic and in-person. The Plan does not currently have the capability to communicate through the video medium.

Plan Staff Training curriculum includes the following topics (See Attachment II):

- Language assistance policies and procedures
- Working with LEP enrollees
- Working with interpreters
- Understanding the cultural diversity of the health plan’s population and sensitivity to cultural differences relevant to the delivery of health care interpretation services

All VCHCP staff is required to complete Cultural Competency Training within the first 60 days of employment with the County. Plan employees receive annual training thereafter, arranged by the Plan’s Regulatory Compliance Coordinator. The training is organized into two sections. The first section is entitled Cultural Competency Training. The second section is tailored more toward the Plan’s population and focuses on Hispanic Culture and Health.

To meet the standards set forth in SB 923, effective January 1, 2025, all VCHCP staff must complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as Transgender, Gender Diverse, or Intersex (TGI). For 2025, VCHCP has contracted with TransFamily Support Services to develop and facilitate the training. This training will take place at least every two years. In addition, any new staff members are required to go through the training within 45 days of hire, and any staff members who have a complaint filed against them for failure to provide trans-inclusive care, that is ruled in favor of the complainant, must go through re-training within 45 days of the decision.

Process for Grievance Procedures and Independent Medical Review (IMR) Notification

Effective January 1, 2009, grievance forms and procedures in threshold languages are made available directly to enrollees and contracted providers for distribution to enrollees upon request. Grievance forms in English and Spanish, available in hard copy, will be provided to members upon request, distributed to

contracted providers, and downloadable as links on the Plan's webpage. In addition, the Plan has an on-line grievance form that is available in English and Spanish.

Information on the grievance process is available in both English and Spanish. This information is available in the following ways: routine distribution of Plan member materials to new and returning enrollees or upon request, routine distribution of Plan provider materials to contracted providers (e.g. Provider Operations Manual) or upon request, and on the Plan's website.

The process that the Plan uses to ensure that contracted providers are informed that complaint, grievance and IMR information in non-English languages are available on the DMHC's web site is to notify the newly contracted and existing providers via the Provider Operations Manual.

Also, the patients can call the Plan offices 24 hours per day, 7 days per week and leave a message if after hours regarding the issue. The Member Services Department logs grievances/appeals and complaints as received. DMHC required categories include Access to Care, Coverage Dispute, Medical Necessity, Quality of Service, Quality of Care and "other". Access to care may also include questions or complaints when a provider does not have interpreting services available.

For grievances requiring expedited review, the Plan shall provide notice of availability of oral interpreting services to be provided by a certified interpreter.

Standards for Monitoring Compliance

The Director of Member and Provider Services is responsible for monitoring the Language Assistance Program and its effectiveness within the Plan. The Plan monitors its language assistance program using direct and alternate methods. To assess the effectiveness of its language assistance program directly, the Plan conducts an after-hours survey, provider satisfaction survey, member access and availability survey, and the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey. Each of these surveys include questions specific to language assistance. See the Member Services Program Description for details regarding the enrollee surveys, and the Access and Availability Program Description for details regarding the provider surveys.

An alternate assessment method used by the Plan is the tracking and trending of provider and member contacts to the Plan, including complaints and calls for assistance referencing language issues.

For its BHA delegate, the Plan incorporates language assistance criteria into its standard monitoring protocols of the delegate's grievance and complaints, a part of the broader QA delegate monitoring program. In addition, the Plan attends the delegate's quarterly JOC meetings, receiving access availability information and compliance reports.

The objective of the above-referenced monitoring is to provide the Plan with the tools to identify opportunities for improvement and barriers to compliance. Once identified, the Plan evaluates the root causes for development and implementation of appropriate corrective action plans. This process may



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involve the Plan, its providers, its members and its language assistance resources, or any combination of same. A necessary, albeit ancillary, effect of this process is to point out any opportunities for improvement within the monitoring process itself. Annually, or more often if needed, the Plan assesses its Quality Assurance Program (“QAP”), revising as necessary for efficacy and efficiency within the framework of regulatory compliance. As part of the Plan’s QAP, the Language Assistance Program monitoring will be assessed.

APPENDIX

- A. Attachments:** Attachment I – Language Assistance Services Available to VCHCP
Attachment II – VCHCP Staff Training Curriculum
Attachment III – Current Demographics

- B. References:** Language Assistance Notice
Language/Ethnicity Questionnaire
Complaint Forms (English and Spanish)

C. Approvals:

COMMITTEE	DATE
Quality Assurance Committee (QAC)	02/24/2015
Quality Assurance Committee (QAC)	02/23/2016
Quality Assurance Committee (QAC)	02/28/2017
Quality Assurance Committee (QAC)	02/27/2018
Quality Assurance Committee (QAC)	02/26/2019
Quality Assurance Committee (QAC)	02/25/2020
Quality Assurance Committee (QAC)	08/25/2020
Quality Assurance Committee (QAC)	02/23/2021
Quality Assurance Committee (QAC)	02/22/2022
Quality Assurance Committee (QAC)	02/07/2023
Quality Assurance Committee (QAC)	02/27/2023
Quality Assurance Committee (QAC)	02/25/2025

- D. Policy Effective Date:** 2/24/2015

ATTACHMENT 1
LANGUAGE ASSISTANCE SERVICES AVAILABLE TO VCHCP

Plan Interpreter and Translator Resources

1. Primary: Professional Interpreters/Translators, Community-Based, Federal and State Certifications

Certification available at <http://www.courts.ca.gov>

Name: Bellas, Carmen A.
Language: Spanish
Counties: Los Angeles, Santa Barbara, Ventura
Contact Information:
Home phone: (661) 284-3057
Work phone: (818) 374-2188
Cell phone: (818) 268-5893
E-mail Address: carmenbellas@att.net
Interpreter Status: Active
Employment Status: Court Employee

NOTE: Statement above is from the website confirming Ms. Bellas is registered with the Judicial Council.

Search for court certified and registered interpreters who are in good standing with the Judicial Council. Interpreters are added to this list after passing the required examination and officially registering with the Judicial Council.

2. Supplemental, Plan Threshold Language: Bilingual/Bicultural Public Health Educator, Community-Based

Selfa Saucedo, Public Health Program Coordinator / Senior Health Educator / Interpreter/Translator for Public Health Department (Level III)* Proficiency

3. Supplemental, Plan Threshold Language: Bilingual/Bicultural Subject Experts

- a. Bilingual Plan Member/Provider Service Representative (Level III) *Proficiency
 - 1 Administrative Assistant I: Martha Mares (Spanish)
- b. Bilingual Plan Member/Provider Service Representatives, (Level II) *Proficiency
 - 1 Member Services Manager: Erick Hernandez (Spanish)
 - 3 Office Assistant IV: Sandra Zapata, Soraya Romero, Maria Garcia (Spanish)
 - 1 Office Assistant IV: Elein Castro Villanueva (Tagalog)
 - 1 Office Assistant III: Alejandra Alvarez, Perla Angeles, Leticia Espinoza, Argelia Hirzel, Lyly O’Campo (Spanish)
 - 1 Program Administrator I: Norma Esparza (Spanish)
 - 1 Sr. Program Administrator: Noemi Solomon (Spanish)
- c. Bilingual Plan Claim Services Representatives, Level (II) * Proficiency
 - 3 Claims Adjudicators: Maria Reyes, Jackie Gavia, Araceli Luna (Spanish)
- d. Bilingual Plan Health Services, Level (I/III) * Proficiency
 - 3 Senior RN: Myrna Vallarta, Geneflor Sacro, Jennylyn Regacho – Level I (Tagalog)
 - 1 RN II: Jose Torres – Level II (Spanish)
 - 1 Senior RN: Veronica Rivas Castillo – Level II (Spanish)
 - 2 Medical Office Assistant IV: Cristiane DaSilva, Evangelina Collins
- e. Bilingual Plan Health Services (Level III) *Proficiency
 - 1 Program Administrator I: Brenda Aguirre (Spanish)
 - 1 Medical Office Assistant IV: Cindy Alvarez – Level III (Spanish)

4. Secondary, the Plan has the following interpreter resources available:

AT&T Language Line Service
 TTY (telephone for hearing-impaired)
 American Sign Language Interpreters are available through a contracted agency
 California Relay Service (CRS) for contacting hearing-impaired individuals.

*The governing department for authorizing bilingual certification is the County of Ventura Human Resources/Certification Department. The employee’s level of bilingual proficiency shall be determined by an examination administered by the Director of Human Resources. Upon successful completion of either level certification examination, the employee receives a letter advising them that they have passed. Completion of the level II proficiency in part requires that the position the employee performs requires “the use of bilingual oral duties and responsibilities a minimum of five (5) times a day or five (5) times per week.” It requires “strong bilingual oral fluency in both languages and the ability to communicate effectively in both languages.” The level III proficiency is designated where the employee’s job “requires the use of bilingual oral duties and responsibilities a minimum of five (5) times per day or five (5) times within a week plus “intermittent” or “as needed” writing skills. It also requires bilingual oral fluency in both languages and the ability to communicate effectively in writing in both languages.”

ATTACHMENT II

VCHCP STAFF TRAINING CURRICULUM

Cultural Competency Training

Topics covered include specific population information, and the importance of family structure, communication and social interaction, time orientation, health beliefs and practices, health promotion, prevention and treatment, health status and behavioral health risk factors, health screening, maternal and child health and diet and food practices. The training materials are in PowerPoint and were created by Health Industry Collaborative Effort (HICE), formerly Industry Collaborative Effort (ICE). The training is a state-standardized training designed to educate VCHCP employees about the cultural needs and setting for the United States population as well as the language and cultural needs unique to the state of California.

- I. Training material includes PowerPoint presentation on Cultural Competency, names and telephone numbers of the Plan's staff who can provide bilingual assistance and answers to questions.
 - a. Training schedule:
 - New Plan Associates: provided within 60 days of employment
 - Current Plan Associates: Annually, via Cornerstone.
 - b. Program-Staff Training Curriculum: Culture, Diversity, Cultural Competence, U.S. LEP stats, California LEP stats, Language Assistance Services, and Federal regulations.
 - c. The Training Assessment consists of a multiple-choice test at the end of the course. A passing percentage of 100% is required.

TGI Training

See Attachment IV for complete details and the executed contract.

**ATTACHMENT III
(CURRENT DEMOGRAPHICS)**

Total membership counts as of December 26, 2024 = 9,487.

The following tables provides the language preferences for VCHCP members:

Language Diversity - Spoken		
Primary Language	Count	%
English	8,623	90.8928%
Spanish	38	0.4005%
Tagalog	4	0.0422%
Other	4	0.0422%
Unknown	818	8.6223%
TOTAL	9,487	100.0000%

Language Diversity - Written		
Primary Language	Count	%
English	690	7.2731%
Spanish	14	0.1476%
Other	1	0.0105%
Unknown	8,782	92.5688%
TOTAL	9,487	100.0000%

The following tables provides the race and ethnicity information for VCHCP members:

Race		
Race	Count	%
White	7,609	80.2045%
Black	189	1.9922%
American Indian or Alaska Native	51	0.5376%
Asian	504	5.3125%
Native Hawaiian or Other Pacific Islanders	7	0.0738%
Other Races	127	1.3387%
Two or More Races	46	0.4849%
Declined	8	0.0843%
Unknown	946	9.9715%
TOTAL	9,487	100.0000%

Ethnicity		
Ethnicity	Count	%
Hispanic/Latino	5,001	52.7142%
Not Hispanic/Latino	3,206	33.7936%
Declined	96	1.0119%
Unknown	1,184	12.4802%
TOTAL	9,487	100.0000%

CHANGE HISTORY

Revision Date	Content Revised (Yes or No)	CONTRIBUTORS	REVIEW/REVISION NOTES
09/21/2016	No	Christina Turner	Updated template to include Change History Page
01/27/2017	Yes	Christina Turner	Updated the Plan's Bilingual Staff List in Attachment 1
12/28/2017	Yes	Christina Turner	Removed references to AIM, Added information on SB 223, Updated Attachment I and III.
01/29/2019	Yes	Christina Turner	Updated the Staff Training section to indicate that the Cultural Competency Training is arranged by our compliance coordinator. Updated the Enrollee Assessment section to indicate that we are now requesting and capturing both spoken and written language preferences. Updated the Process for Enrollee Notification section to indicate that the Language Assistance Notice is also included in the Plan's Evidence of Coverage (EOC) documents and also included with any routine mailings to enrollees. Updated Attachment III and updated Attachment I to now include Joy Cadiz.
02/05/2019	Yes	Mitch Craven	Updated Attachment II to include the revised staff training process.
01/28/2020	Yes	Christina Turner	Updated the Plan's Bilingual Staff List in Attachment I and the demographic information, including written language preference, in Attachment III.
08/12/2020	Yes	Christina Woods	Clarified that the Language/Ethnicity questionnaire is included in both the New Member Packets and the Annual Packets; added additional reporting information, updated the Plan's Bilingual Staff List in Attachment I; and added the ethnicity/race data to Attachment III.
12/02/2020	Yes	Christina Woods	Updated for 2021 and updated the Plan's Bilingual Staff List in Attachment 1.
12/30/2020	Yes	Christina Woods	Updated Attachment III – Current Demographics
12/16/2021	Yes	Christina Woods	Updated the Plan's Bilingual Staff List in Attachment I and the demographic information in Attachment III.
01/13/2022	Yes	Christina Woods	Updated Attachment II with current cultural training curriculum.
01/26/2023	Yes	Christina Woods	Updated the "Standards for Monitoring Compliance" section, updated interpreter contact information, and Attachment III – Current Demographics
12/08/2023	Yes	Christina Woods	Updated Attachment III – Current Demographics
01/23/2024	Yes	Christina Woods	Updated the Plan's Bilingual Staff List in Attachment I
01/03/2025	Yes	Christina Woods	Added information regarding TGI training, updated the Plan's Bilingual Staff List (Attachment I), updated Current Demographics (Attachment III), and added TGI training contract as Attachment IV.