Cultural & Linguistic Program Description

MCND9002

November 2023

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Program Purpose

To demonstrate the commitment of Partnership HealthPlan of California (Partnership) to deliver culturally and linguistically appropriate health care services to a culturally and linguistically diverse population of members and potential members.

Introduction

This Cultural and Linguistic (C&L) Program description defines how Partnership uses its resources to achieve the goals and commitments to delivering culturally and linguistically competent health care services to all Partnership members, including members with limited English proficiency (LEP) or sensory impairment. This program description also describes how Partnership offers care and services in a way that is effective, health equity-driven, understandable, and respectful and responds to diverse cultural health beliefs and practices and linguistic/communication needs[1]. Partnership also works to ensure there is equal access to the provision of high quality interpreter and linguistic services for LEP Members and potential members, and for members and potential members with disabilities, in compliance with federal and state law, and APL 21-004. Partnership makes this commitment to the availability and accessibility of these C&L services, along with a commitment to nondiscriminatory treatment of members, regardless of sex, race, color, national origin, religion, ancestry, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, health status, marital status, gender, gender identity, sexual orientation, or identification with any other persons or group as defined in Penal Code 422.56, Title VI of the Civil Rights Act of 1964 or Section 1557 of the Affordable Care Act of 2010. Partnership maintains, continually monitors, improves and evaluates cultural and linguistic services that support covered services for all members, including members less than 21 years of age.[2]

All covered services and member facing and/or outreach material are provided in a culturally and linguistically appropriate manner that promotes health equity for all members[12];[3]. Member facing materials are routinely distributed in all of Partnerships threshold languages, meet the requirements of APL 18-016 Readability and Suitability of Written Health Education Materials, and are available in accessible formats upon

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[1] National Culturally and Linguistically Appropriate Services Standards

member request. Partnership also ensures that members receive all Member Information in a language or alternative format of their choice.

Objectives

Partnership's C&L Program objectives are accomplished through interdepartmental collaboration and include:

- Collecting and updating data on the race/ethnicity, language, sexual orientation and gender identity of Partnership members and sharing this information with providers. This effort is part of Partnership's goal to monitor and evaluate how CLAS may impact health equity and outcomes, which can better inform service delivery. Members will be advised of the intent to share their data and will be given the right to opt out of data sharing in accordance with their privacy rights.
- Ensuring Partnership's staff, providers' and delegates' Cultural and Linguistic services comply with the Department of Health Care Services (DHCS) and Federal regulations without limitations, particularly relating to communication assistance requirements and access for members with disabilities[4,5,6,7,8,]
- Continually assessing, monitoring, improving and evaluating Partnership's C&L services that support covered services for members, including members under the age of 21.
- Addressing deficiencies and gaps in Partnership's C&L services
- Communicating Partnership's C&L Services and Standards to staff, providers, delegates, and community members

Measureable objectives can be found in the joint Health Equity and Cultural and Linguistics annual work plan.

Programs and Services

Partnership's C&L programs and services outlined below encompass the services directly provided to members and potential members, as well as the support provided to Partnership staff, providers', and delegates' capacity in understanding the C&L needs of

[4] 22 CCR 53876; 21202.5; 51202.5; 51309.5(a)
[5] 28 CCR 1300.67.04(c)(2)(A)-(B); 1300.67.04(c)(2)(G)(v)-(c)(4)
[6] 42 CFR 438.206(c)(2); 438.10; 438.404
[7] W&I Code 14029.91
[8] Medi-Cal Managed Care Plans, Exhibit A, Scope of Work 5.2.10

our member population. Partnership will take immediate action to improve its culturally and linguistically appropriate services when deficiencies are noted.

Language Data Collection

At least every three years, DHCS gathers language information for individuals enrolled in Medi-Cal and shares this information with Managed Care Plans (MCPs) (see MCND9002 attachment C for threshold languages). According to APL 21-004 and its attachments, MCPs must provide translated written member information to the following groups if those groups reside in the Managed Care Plan's service area[9] and if:

- There is a population group who speak a primary language other than English which meets the threshold of 3,000 or 5% of the eligible Medi-Cal Population, whichever is lower, or
- There is a population of eligible Medi-Cal members who live in the MCP's service area who speak a non-English, primary language and who meet the concentration standards of 1,000 people in a single ZIP code, or 1,500 in two contiguous ZIP codes

This practice helps to address potential changes to threshold and concentration standard languages, as well as any changes in state and/or federal law.[9] This information is used as part of the assessment of language services for members, and when possible, to guide network development. Partnership retains a list of the DHCS-provided threshold and concentration standard languages and makes adjustments to the list based on DHCS' triennial timeline. In addition, Partnership reviews overall language prevalence per state-published data every three years in order to identify emerging language patterns that may impact Partnership members or potential members.

In 2023, Partnership's concentration standard and/or threshold languages are Russian, Tagalog, and Spanish, as determined by DHCS. Partnership annually distributes a written notice in English and in up to 15 languages spoken by 1 percent of members served by the organization or by 200 individuals (whichever is less), that the organization provides free language assistance and how individuals can obtain it.

Non or limited-English proficient members can request language and/or interpretation services, or even refuse interpreter services; this request is then documented in Partnership's member record[10]. Partnership shares the member's preferred language

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[9] APL 21-004 and Threshold and Concentration Languages
[10] APL 22-017 and APL 22-017 MMR Standards

with providers through the Provider Portal as permitted by member consent and respecting the privacy of their information.

Partnership also assesses and collects data on the cultural and linguistic needs of the member population through the Population Needs Assessment. Each year, Partnership assesses the overall environment, specific community needs, and the factors that influence the health and well-being of the assigned member population. This data is collected from its member population and integrated into the PNA, which then drives the goals of Partnership's Population Health Management Strategy along with the Cultural & Linguistics Program and their associated work plans. Both of these work plans are the driving force by which Partnership responds to the cultural and linguistic diversity and needs of Partnership's member population. The report is written in accordance with the requirements of both the California Department of Health Care Services (DHCS) as well as the National Committee for Quality Assurance (NCQA) Health Plan Accreditation Standards for an annual Population Needs Assessment (PNA).

Language Assistance Services

Partnership Members are entitled to interpretation services and written translation of critical and vital informing materials in their preferred threshold language, including oral interpretation and American Sign Language, as well as their preferred alternate format. Partnership Members can request Interpreting and/or translation services by contacting the Member Services Department or any other member-facing department (Utilization Management, Population Health, Care Coordination, Grievance & Appeals, and Transportation).

Language Assistance Taglines, Nondiscrimination Notices, and Member Information

In alignment with DHCS requirements, Partnership publishes nondiscrimination notices and language taglines on its external website. Language taglines and nondiscrimination notices are sent with all major member correspondence, as well. Language taglines are published in English and California's top 18 non-English languages spoken by Limited English Proficient (LEP) individuals; language taglines inform members of language assistance services. These taglines are in font size no smaller than 12-point and are available in all Threshold Languages and alternative formats (including Braille, large-size print font that is no smaller than 20-point, accessible electronic format, or audio format), and through Auxiliary Aids at no cost, and upon request. Consideration is also given for the special needs of Members with disabilities or LEP members. All member facing material is created using simple language, is provided at a 6th grade reading level, and is approved by DHCS before distribution. Vital member correspondences include, but are not limited to:

- Partnership Member Handbook/Evidence of Coverage (EOC)
- Partnership Provider Directory
- Form letters and notices critical to obtaining services
- Notices of Action
- Notice of Appeal Resolution Letters
- Notices of Adverse Benefit Determination
- Grievance and Appeals letters
- Welcome Packets
- Marketing Information
- Preventive health reminders
- Member surveys
- Notices advising of the availability of free language assistance services
- Newsletters
- All member information, informational notices, and materials critical to obtaining services targeted to members, potential enrollees, applicants, and members of the public

Partnership maintains a library of all member facing materials in all Partnership threshold languages, including the major correspondence, health education materials, and other benefit-related, member informing materials. Any mailed correspondence is sent according to the member's preferred threshold language or format. Other documents, such as letters or utilization review determinations are translated within 2 business days per APL 21-011 and policy MCUP3041 Treatment Authorization Request (TAR) Review Process. Members may also request translation of other documents, and these are provided within 2 business days of request.

Translation Services

Partnership utilizes United Language Group (ULG) as the certified translation service of vital written materials for LEP Members and Potential Members who speak Threshold or Concentration Standard Languages. ULG services are provided at no cost to the member; written member information is translated within 2 business days for Partnership's threshold and concentration language, as defined by DHCS APL 21-004. All translations are verified by separate, additional ULG translators to ensure cultural and linguistic accuracy as well as appropriate grammar and context (see attachment MCND9002-C Process for Culturally and Linguistically Appropriate Translations for further translation explanation).

Partnership has adopted the definition of a qualified translator/vendor as delineated in APL 21-004. Per this APL, a translator interpreting for Partnership member must:

- Adhere to generally accepted translator ethics principles, including client confidentiality,
- Have demonstrated proficiency in writing and understanding both written English and the written non-English language(s) in need of translation; and,
- Be able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology.

Partnership has requirements for their translator certification process, as set forth by ULG Services in Attachment MCND9002-C.

Interpreter Services

Partnership provides equal access to high quality, oral and non-oral interpretation services to members with Limited English Proficiency from a qualified interpreter on a 24-hour, 7 days a week basis at all key points of contact and at no cost to all members and potential members. Key points of contact include the medical care setting, such as telephone, advice, Urgent Care, and other outpatient encounters with providers; and non-medical care settings, such as a member services, orientations, and appointment scheduling. Interpreter services are available in all of Partnership's threshold languages, and over 200 additional languages are available upon member request through Partnership's contracted language service provider. Any Partnership staff member who interacts with members in a non-English language is tested for proficiency through Human Resources before engaging members in that language.

Partnership has contracted with AMN HealthCare as their language service provider. Sight translation (oral interpretation) of written information can also be provided upon member request. Partnership ensures that timely access to care will not be delayed due to lack of interpretation services. Language services through AMN Healthcare are available for any member in need of an interpreter, member facing staff, and providers working with Partnership members. Member-facing delegates are also required to provide interpreter services for members, however, workflows vary per delegate.

Partnership uses the definition provided by APL 21-004 in vendor selection and to define a qualified interpreter as an interpreter who[9]:

- Has demonstrated proficiency in speaking and understanding both spoken English and the non-English language in need of interpretation,
- Is able to interpret effectively, accurately, and impartially, both receptively and expressively, to and from such language(s) and English, using any necessary specialized vocabulary and phraseology; and,

- Adheres to generally accepted interpreter ethics principles, including client confidentiality.

When providing high quality interpretive services for an individual with disabilities, Partnership uses qualified non-oral interpretation services either through a remote interpreting service or an onsite appearance per the requirements stated in APL 21-004. This definition asserts that an interpreter who provides interpretive services for an individual with disabilities is an interpreter who:

- Adheres to generally accepted interpreter ethics principals, including client confidentiality; and
- Is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, terminology, and phraseology.

For an individual with a disability, qualified interpreters can include sign language interpreters, oral transliterators (individuals who represent or spell in the characters of another alphabet), and cued language transliterators (individuals who represent or spell by using a small number of handshapes). When providing Video Remote Interpreter (VRI) services, Partnership provides real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection. The connection is delivered through high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication; and provide a sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of body position. Partnership provides clear, audible transmission of voices, and adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.

Partnership does not allow for the use of adult friends, family, or minor accompanying a member to interpret. The exceptions to this rule are as follows:

- In the middle of an emergency where a qualified interpreter is not available, or
- If the member explicitly requests the accompanying person to interpret, the accompanying person agrees to help, and it is appropriate for the situation.

Auxiliary Aids and Services

In accordance with APL 21-004 and APL 22-022, Partnership provides the following auxiliary aids and services to members, their authorized representative (AR) or someone with whom it is appropriate for Partnership to communicate with (“companion”) at no cost to the member:

- Qualified oral and sign language interpreters on-site or through VRI services; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunication products and systems, text telephones/telephone typewriters (TTYs) or Telecommunication Devices for the Deaf (TDD), videophones, captioned telephones, or equally effective telecommunications devices; videotext displays; accessible information and communication technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing.
- Qualified readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs; large print materials (no less than 20-point font); accessible information and communication technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.

Alternate Formats

In accordance with APL 21-004 and APL 22-002, Partnership provides member information to members and potential members in alternate formats to meet the C&L needs of members, including Braille, large print text (20 point font or larger), audio, and electronic formats, at no cost. Partnership maintains record of members' linguistic capability upon member enrollment and as reported thereafter using data provided by DHCS or reported to Partnership by the member and/or their AR, or by Subcontractors. Partnership members or their ARs are encouraged to call Partnership or report their format preference via the DHCS AFS application system; this information is then passed on to Partnership for incorporation into the member record.

Trainings

Partnership educates and trains all staff and leadership on diversity, equity and inclusion, as well as Partnership-specific culturally and linguistically appropriate policies and practices on an annual basis. Partnership provides a minimum of two specific trainings annually: one mandatory annual internal training on cultural competency, sensitivity, inclusion, health equity, diversity, and communication skills to Partnership staff and Partnership contracted staff; and, an external DEI training for network providers, including completing required Continuing Medical Education on cultural competency and implicit bias. Network providers and delegates (Subcontractor, and Downstream Subcontractor) are also required to provide such trainings (as listed above) to their staff at all key points of contact with members, per their network provider and

delegate agreement. Partnership's Health Education unit, in collaboration with the Health Equity Officer, reviews training materials to ensure they reflect current standards, and completion records are kept on file. The trainings include, at minimum:

- An overview of Partnership's C&L Services and policies and procedures for language assistance.
- How to work effectively with LEP Members and Potential Members.
- How to work effectively with interpreters in person or through video, telephone, or other media.
- Understanding the cultural diversity of Members and Potential Members, sensitivity to cultural differences related to delivery of health care interpretation services, and promoting access and the delivery of services in a culturally competent way to all members and potential members regardless of sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, health status, marital status, gender, gender identity, or sexual orientation, or any other persons or groups defined in Penal Code 422.563.
- Health inequities, and identified cultural groups in Partnership's service areas that includes but is not limited to groups' beliefs about illness and health, need for gender affirming care, methods of interacting with providers and the health care structure, and traditional home remedies that may impact what the provider recommends to treat the patient, and any language and literacy needs.
- Health Inequities and their impact on Members, staff, Network Providers, Subcontractors, and Downstream Subcontractors.
- The impacts of structural and institutional racism on health equity.
- The promotion of equal access and delivery of services in a culturally and linguistically appropriate manner
- A reinforcement of Partnership's nondiscrimination stance covered in Partnership's policy CGA022 Member Discrimination Grievance Procedure.

The Health Education unit audits delegate's annual training to ensure that they are in compliance with the required elements listed above.

Partnership's State Hearing Representative is a certified ADA coordinator who advises Partnership on how and when accommodation requests should be honored. Furthermore, the Health Education unit supports the development and promotion of trainings leveraging National standards for Culturally and Linguistically Appropriate

[3] Penal Code 422.56

Services (CLAS). Partnership staff training records are maintained by Human Resources while the Provider training records are maintained by Provider Relations.

Beyond offering training to promote Cultural and Linguistics related topics, Partnership works to identify and act on at least one area of opportunity to improve the diversity, equity, inclusion (DEI) and cultural humility within the following groups:

- Staff
- Leadership
- Governing bodies
- Committees
- Providers

Finally, Partnership provides adequate training regarding its language assistance programs to all employees, contracted staff, providers and their staff who have routine contact with LEP Members or Potential Members and systematically address any identified gaps in the Contractor's ability to address Members' cultural and linguistic needs (see MCND attachment 9002 F and MCND attachment 9002 G for workflow on how to access the telephone Language Services; see MCND attachment 9002 F and MCND attachment 9002 H for workflow on how to access the video Language Services). The training includes the following components:

- Partnership's policies and procedures for language assistance;
- How to work effectively with LEP Members and Potential Members;
- How to work effectively with interpreters in person and through video, telephone, and other media; and,
- Understanding the cultural diversity of Members and Potential Members, and sensitivity to cultural differences relevant to delivery of health care interpretation services, in accordance with Exhibit A, Attachment III, Subsection 5.2.11.

Assessment and Evaluation

Linguistic Capacity Assessments

Partnership identifies and tracks the language capabilities of clinicians and other provider office staff during the credentialing process. When available, Partnership contracts with qualified bilingual providers as a linguistic service to members and potential members at no cost and, when possible, to reflect the linguistic needs of Partnership's members. Using the results from an annual, self-reported survey of our primary care sites, as well as documentation of staff changes, Partnership publishes updates to the Provider Directory to best reflect the linguistic capabilities at provider offices. Annually, Partnership performs an audit of its contracted translation and

linguistic services provider (including employees, contracted staff, and other individuals who provide linguistic service) to ensure their services meet the needs of our members, including members under 21 years of age as well as their parents, guardians, and authorized representatives.

In accordance with Partnership's Policy HR509 Bilingual Standards, Partnership assesses the linguistic capabilities of bilingual staff members from member-facing departments to ensure they meet the necessary linguistic requirements to serve as qualified interpreters. Partnership's Human Resources Department maintains a record of staff members deemed as qualified interpreters, and their evaluation results.

Member-facing Departments include:

- Member Services
- Utilization Management
- Population Health Management
- Care Coordination
- Grievance & Appeals
- Transportation

Administrative Oversight & Compliance Monitoring

Internal Oversight

Within Partnership's Population Health department, the Senior Health Educator (a masters-prepared or MCHES-certified professional) monitors and oversees all regulatory requirements related to Cultural & Linguistics services program and requirements for compliance purposes and to ensure the delivery of culturally and linguistically appropriate health care services. To protect the privacy of members, Partnership treats race/ethnicity, language, sexual orientation and gender identity as protected health information (PHI). Member PHI data cannot be used for denial of services, nor for coverage and benefits.

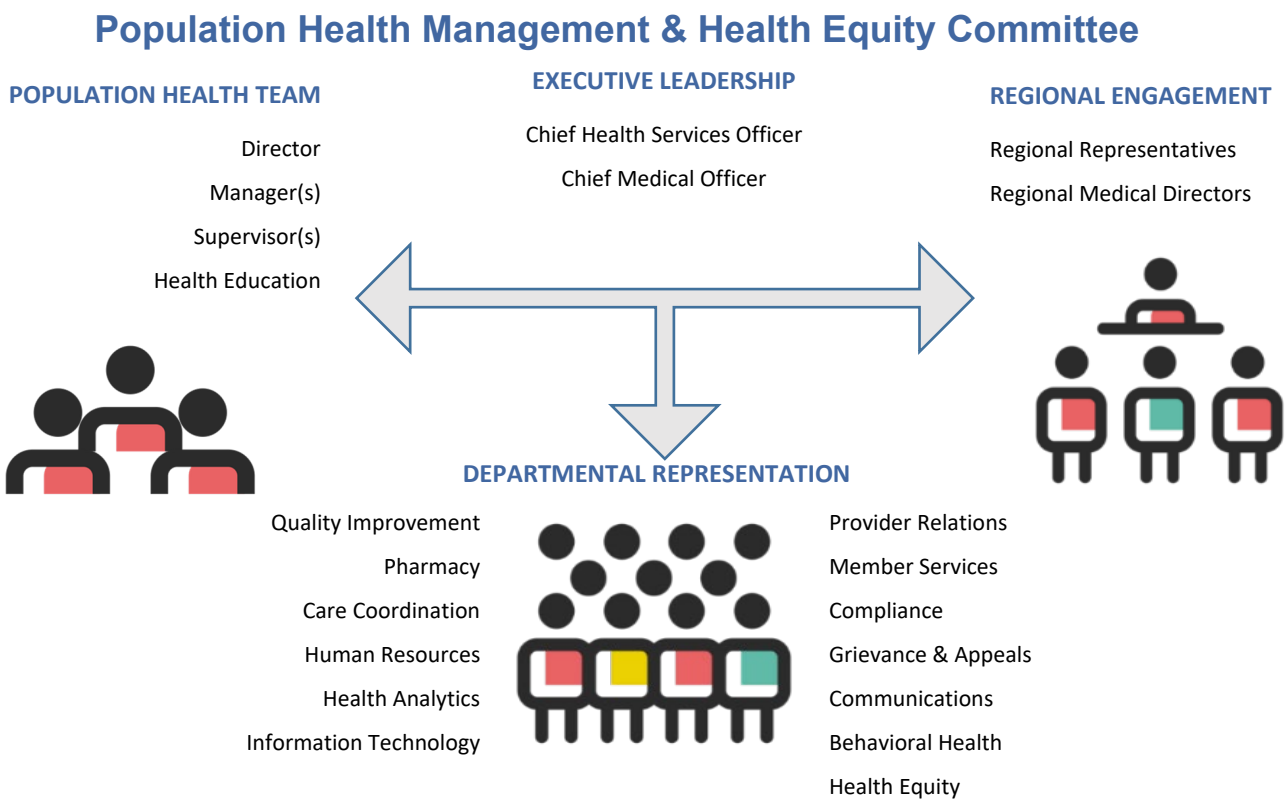
In accordance with MCND9001, the Population Health Management & Health Equity (PHM&HE) Committee meets quarterly to align interdepartmental efforts promoting health equity through both member-facing and systemic interventions outlined in the PNA Action Plan (see figure below). The PHM&HE Committee ensures Partnership is meeting state and NCQA requirements for health equity, culturally and linguistically appropriate services (including appropriate language access services at all points of contact), health education, and population health management to meet individual member needs.

Lastly, the Quality Improvement and Health Equity Transformation Program QIHETP Committee is committee comprised of various clinical staff. These staff work towards the establishment, advancement, and sustainment of culturally and linguistically appropriate policies and leadership accountability within the organization in a way that promotes CLAS and health equity through policy, practices, and the way in which resources are allocated. The QIHETP is designed to develop, implement, monitor, and maintain a health equity transformation system. The goal of this system to address improvements in the quality of care delivered by all of its providers in any setting, and take appropriate action to improve upon the health equity and health care delivered to members. The Partnership QIHETP serves to accomplish the following:

- Ensure that members receive the appropriate quality and quantity of healthcare services
- Ensure that healthcare service is delivered at the appropriate time and in an equitable manner

The Partnership QIHETP serves as an organized framework to:

- Review and develop equity-focused interventions intended to address disparities in the utilization and outcomes of physical and behavioral health care services. This is done by engaging with a member and using a family-centric approach
- Review activities and identify opportunities to improve health equity throughout Partnership with oversight and participation of the governing Board of Commissioners and the Quality Improvement and Health Equity Committee (QIHEC)
- Promote participation from a broad range of network providers, including but not limited to hospitals, clinics, county partners, physicians, community health workers, and other non-clinical providers for QIHETP development and performance reviews
- Review health equity-related training activities and validate that the trainings review the impact of structural and institutional racism, and health inequities on members, staff, subcontractors, and downstream subcontractors per DHCS' published DEI training All Provider Letters (APLs).



Community Engagement

Partnership's Consumer Advisory Committee (CAC) and Whole Child Model Family Advisory Committee (FAC) serves as a linkage between Partnership and the community see attachment MCND9002-D CAC Guiding Principles and attachment MCND9002-E FAC Charter for additional details. The CAC and FAC consists of culturally and linguistically diverse Partnership members and community advocates. At a minimum, the advisory committee seeks to include individuals representing the racial/ethnic and linguistic groups that constitute at least 5% of the population. When possible, Partnership works to include Seniors and Persons with Disabilities (SPD), persons with chronic conditions, Limited English Proficient (LEP) Members, and Members from diverse cultural and ethnic backgrounds or their representatives, to participate in establishing public policy.

One role of the CAC and FAC is to advise Partnership on the development and implementation of its C&L services program. The CAC and FAC also work to identify and help prioritize opportunities for improvement. The CAC can also provide input and advice, including, but not limited to, the following:

- Culturally and linguistically appropriate service or program design, including culturally and linguistically appropriate health education;
- Priorities for health education and outreach program;
- Member satisfaction survey results;
- Plan marketing materials and campaigns.
- Communication of needs for Network development and assessment;
- Community resources and information;
- Population Health Management and Quality Interventions;
- Health Delivery Systems Reforms to improve health outcomes;
- Carved Out Services;
- Coordination of Care;
- Health Equity;
- Accessibility of Services;
- Health related initiatives;
- Resource allocation; and
- Other community-based initiatives

Other CAC duties are described in the Attachment I – Consumer Advisory Committee Guiding Principles.

Delegate Audits

Partnership delegates some C&L services to subcontractors, including interpreter services, translator services and the coordination of auxiliary aids and services. A formal agreement is maintained and inclusive of all delegate functions. Partnership's Health Education unit conducts an audit no less than annually on these delegated bodies. This audit helps to ensure that delegates have appropriate policies and procedures in place to meet compliance with state and federal language and communication assistance requirements as well as civil rights laws requiring access to members with disabilities and other C&L service requirements. The annual audits also help to ensure Subcontractors and Downstream Subcontractors deliver culturally and linguistically competent care, including offering interpreter services when a Limited English Proficient (LEP) Member accesses a Provider who does not speak the Member's language. Any unmet requirements result in the delegate receiving preliminary CAPs. Any preliminary CAPs that were not closed within the timeframe given by the Audit team are deemed final CAPs. Any final CAPs will go to DORS for additional review and direction, even if the delegate submits appropriate documentation before the DORS meeting.

Goals and Work Plan

Partnership has measurable, culturally and linguistically appropriate goals for the improvement of CLAS standards and for the reduction of health care inequities that are presented annually in the C&L Work Plan. Partnership has an annual work plan that described the planned work for the coming year, along with the strategy and rubrics for monitoring against the measurable goals for the improvement of CLAS and reduction of health care inequities; this annual plan is approved by various committees, including:

- The Population Health Management and Health Equity (PHM&HE) Committee,
- The Quality Improvement and Health Equity Transformation Program (QIHETP) Committee, and
- The Physician's Advisory Committee (PAC) as final approval.

Partnership communicates its progress in implementing and sustaining CLAS standards by way of the C&L work plan to all stakeholders, constituents, and the general public.

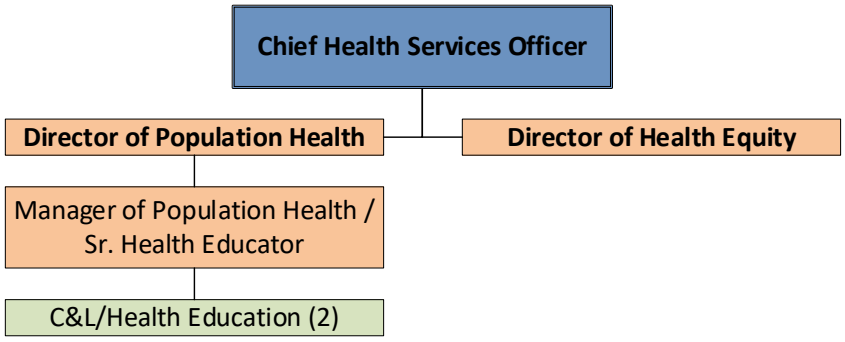
2024 Goal

Partnership has identified the need to provide written materials to members in their choice of format (such as large print, Braille, audio format, or other) to ensure vision-impaired members are able to understand the information Partnership Healthplan shares. This goal is monitored through the annual C&L Work Plan. Partnership will monitor the percentage of members requesting materials in an alternate format who received a mailing in their preferred format to promote access for the vision-impaired. Goal: 90% of members requesting an alternate format will receive at least one mailing in their preferred format. Member Services maintains records that track member format preferences, and these records are shared with other member-facing departments. Member Services and Population Health will run quarterly reports that identify the number of mailings sent and whether they were sent according to the preferred format. Progress toward this goal will be reviewed no less than annually by the committees described above.

Population Health Department Structure

Population Health operations are supported by a leadership team and administrative staff that recruits, promotes, and supports a culturally and linguistically diverse structural and organizational environment that is responsive to the Partnership member. Partnership's Population Health department is responsible for developing, maintaining, and overseeing implementation of Partnership's overall PHM strategy, identifying the health disparities and wellness needs of Partnership's members; including making referrals to culturally and linguistically appropriate community service programs, and

aligning organizational and community efforts to meet these needs, in accordance with DHCS and NCQA requirements. In order to accomplish these objectives, Population Health departmental resources are leveraged to engage internal stakeholders, external stakeholders, and members aligning existing projects and efforts to promote health equity for Partnership's population, including the provision of cultural and linguistic services. Population Health department staff are allocated to develop and share member education materials, ensure all member subpopulations have resources specific to their needs, identify and refer to culturally and linguistic appropriate community service programs when available, engage with the community, educate community partners on Partnership programs and interventions, learn about resources available within communities, and promote collaboration of effort and reduce duplication of services.



Team Roles and Responsibilities

Senior Director of Health Services:

At the senior level, provides overall direction to the Heath Services (HS) Care Coordination/Population Health/Utilization Management Leadership Team. This position has the ultimate responsibility of ensuring that departmental programs and services are consistent and meet all regulatory requirements in every office location. Required education includes a Bachelor's degree in Nursing or equivalent required and seven (7) years clinical experience.

Director of Population Health

Provides oversight of Population Health strategy, programs and services to improve the health of Partnership members. Works with the Chief Medical Officer, Senior Director of Health Services, Senior Director of Quality and Performance Improvement, and other department leaders to meet organization and department goals and objectives while developing and tracking the measurable outcomes of department services. This professional must be a Registered Nurse with a Bachelor's degree. Master's and PHN preferred for this role. This role also requires at least five (5) years of experience in a leadership/management role.

Associate Director of Population Health

Assists the Director of Population Health in the development, implementation and evaluation of PHC's population health interventions and program oversight. The Associate Director oversees the Managers of Population Health and the operational workings of the Population Health department. The Associate Director reviews and submits issues, updates, recommendations, and information to the HS Leadership when appropriate. Ensures ongoing audit readiness for Population Health deliverables. This professional must have a Bachelor's degree, an RN license is preferred, with a minimum of five (5) years health care operations experience and three (3) years in a management role.

Manager of Population Health

The Manager of Population Health gives day-to-day direction and has management responsibility for the implementation of member-facing outreach campaigns, member wellness coaching, and other member and community-facing activities designed to keep members healthy and support them in managing their emerging health risks. The Manager provides day-to-day direction for supervisors, manages escalated concerns, and ensures ongoing audit readiness for Population Health deliverables within the scope of their assigned unit. Required education includes a Bachelor's degree in Business, Communication, Healthcare Administration, Social Work, or a related field, and a minimum of five (5) years of experience working in a healthcare setting or equivalent combination of education and experience.

Supervisor

Provides supervisory oversight during daily department operations for assigned team members through sustained leadership and support. Using best expertise and sound judgment (and in consultation with clinical leaders, providers, and staff), provides daily oversight, leadership, support, training, and direction of Population Health staff. Supports and assists the Manager and other Supervisors in developing and maintaining a cohesive team with a high level of productivity and accuracy to achieve the department's overall performance metrics. Required education includes a Bachelor's degree in Business, Communication, Healthcare Administration, a related field, or 3-5 years of managed care experience, or equivalent combination of education and experience.

Senior Health Educator

A masters-prepared (or MCHES-certified) professional who ensures the delivery of health education resources for both members and primary care providers. Develops trainings for contracted providers and internal Partnership staff as appropriate and to promote cultural competency, health equity, and member wellness. Responsible for

preparation of the PNA and implementation of the C&L Action Plan. Monitors and oversees all regulatory requirements related to Health Education, Cultural & Linguistics programs.

Health Educator(s)

Trained and competent to actively participate in the design and implementation of the Health Education Program. Assesses the health education needs of internal staff, leads on specific member education projects, monitors health education materials, and evaluates member grievances. Serves as a resource to internal staff and providers to ensure compliance with state requirements for educational member materials. Required education includes a Bachelor's Degree in Health Education, Public Health, Community Health or related field; experience in Public Health Education. A minimum two (2) years of health education experience is preferred.