

DEPARTMENT MEMORANDUM NO. 132

July 21, 2017

**TO:** Code 1, Department Manual Holders  
Code 12, Benefits Specialist (Eligibility) Sups, Div. Mgrs., EHSD Program Mgrs.  
Code 40, Workforce Services Bureau Staff  
Code 42, CalWORKs Benefits Specialists & Employment Specialist Workers  
& Their Respective Supervisors  
Code 43, General Assistance Workers & Their Respective Supervisors  
Code 52, Medi-Cal Workers & Their Respective Supervisors  
Code 53, CalFresh Workers & Their Respective Supervisors

**LANGUAGE ACCESS SERVICES FOR LIMITED-ENGLISH PROFICIENT AND NON-ENGLISH PROFICIENT INDIVIDUALS**

I. REFERENCES

ACWDL 17-23, Issued 07-12-17

II. BACKGROUND

The federal nondiscrimination provision of the Patient Protection and Affordable Care Act (ACA) has been in effect since 2010 and prohibits discrimination based on race, color, national origin, sex, age, or disability in certain health programs or activities. This law builds on the long-standing federal civil rights laws.

In May 2016, Health and Human Services (HHS) issued a final rule implementing *Nondiscrimination in Health Programs* to help advance equity and reduce health disparities by protecting some of the populations that have been most vulnerable to discrimination in health care. The rule applies to any health program or activity, any part of which receives federal financial assistance, an entity established under Title I of the ACA that administers a health program or activity, and any HHS administered program. The rule requires that covered entities provide language assistance services to LEP individuals.

III. UPDATED NOTICE

The Department of Health Care Services (DHCS), the California Department of Social Services (CDSS), and consumer advocates collaborated in updating the CDSS Notice of Language Services, GEN 1365 (Multilingual) (6/17), to meet these new requirements.

A. The updated GEN 1365 notice will be available on FormSTAR. The GEN 1365 notice includes an updated message:

Your eligibility for public benefits could be affected by information contained in this letter. Your response may be required by a certain date. If you need additional help

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with this information, you can call your county worker. You have the right to ask for help in your own language. There is no cost for this help.

- B. The threshold languages include: Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Lao, Mien, Punjabi, Russian, Thai, Tagalog, Ukrainian, and Vietnamese. Because of the languages identified by HHS Office of Civil Rights (OCR), the GEN 1365 includes two new language taglines:
  - 1. Hindi
  - 2. Thai
- C. During the transition to the updated GEN 1365 form, eligibility staff and CalWIN print vendors may continue to use any existing printing inventory of the GEN 1365 forms.
- D. Eligibility staff and CalWIN print vendors may continue to use any remaining supply of the DHCS Multi-language tagline form MC 4034 but no reprint any MC 4303 and instead begin utilizing the new GEN 1365 exclusively.
- E. Staff will include the revised GEN 1365 with any applicant or beneficiary correspondence and manually generated notices, effective immediately.
- F. CalWIN must make programming changes to use the updated language to program the GEN 1365 during the next available release. DHCS will also provide CalWIN with a two-page version of the GEN 1365 taglines for CalWIN programming that may be used with all beneficiary notices and correspondences.

**IV. PROCEDURE**

- A. All staff must ensure that limited English proficient (LEP) and non-English proficient individuals have meaningful access to notice of action messages.
- B. Translation services must be provided to all non-English speaking and LEP applicants and beneficiaries regardless of whether the State has translated the notice of action.
- C. Staff must provide an oral interpretation of all forms, materials and notices necessary for the individual to participate in and benefit from the Medi-Cal program.
- D. When an individual is not on site to interpret the requested language, a telephone-based interpretation service must be utilized.

**CONTACT PERSON:** First Line supervisors and above may contact the Medi-Cal Program Analysts with questions about this Department Memorandum.

**CANCELLATION DATE:** January 31, 2018