# MassHealth Logo Commonwealth of Massachusetts

# Executive Office of Health and Human Services

## MassHealth Hospital Quality and Equity Incentives Program

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| **Targeted Domain:** | Domain 2: Equitable Quality and Access |
| **Metric:** | Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (*Oregon Health Authority*)\* |
| **Deliverable:** | Organizational Self-Assessment |
| **Performance Year (PY):** | PY1 |
| **Due Date:** | December 31, 2023 |
| **Suggested Page limit:** | 10 Pages |
| **Submission via:** | OnBase |
| **File Naming Convention:** | *HospitalAbbreviation\_Self-Assessment\_YYYYMMDD* |

\*Note: In response to stakeholder feedback, this measure name was updated to “*Meaningful Access to Health Care Services for Persons with a Preferred Language other than English”* beginning in PY2*.*

## **Context**

A key goal of the Commonwealth’s in the Section 1115 demonstration Waiver period 2022 to 2027 is to improve quality of care and advance health equity. To support this goal, MassHealth is incentivizing implementation of aligned quality and equity initiatives across delivery system settings to address health disparities through the Quality and Equity Incentives Program. Participating hospitals are expected to complete key performance requirements as stated in the HQEIP (PY1) Implementation Plan and associated technical specifications. This document provides instructions for reporting of an "*Organizational Self-Assessment*” of capacity related to providing access to high quality language services to patients. A reporting template can be found on pages 2-5.

### Reporting Template

## Contact Information

Point of Contact Name:

Organization Name:

Point of Contact Email Address:

**Introduction**

The organizational self-assessment prompts organizations to report on language access services[[1]](#footnote-2) in the following sections:

## Section 1: Infrastructure and Resources

## Section 2: Identification of Preferred Language

## Section 3: Provision of Language Assistance Services

## Section 3: Competency of Staff Providing Language Assistance Services

Organizations should answer questions based on language access services in place as of December 31, 2022.

## Section 1: Infrastructure and Resources

## Does your organization have a dedicated language services department, function, or area? If yes, please describe where the language services department fits within your organizational structure and the number of FTEs allocated to the department/function/area, including but not limited to staff interpreters, translation services and administration.

## Please describe how language services are administered at your organization. (e.g., oversight of qualified interpreters and translators, coordinating requests for in-house or contracted interpretation and translation services, training staff on how to utilize language assistance services when serving members, assessment and improvement of the language services program).

## Section 2: Identification of Preferred Language

1. Please list and describe the organization’s internal and external activities to ensure patients are informed about the availability of language services (e.g., notices posted in the reception area and/or in examination rooms, call centers, on the organization’s website, etc.)
2. Please describe how your organization collects self-reported data from patients on their preferred spoken and written language(s) for health care. Specifically, describe how and when patients are invited to provide such data, in what setting(s), and any instruments used for collection. Please note, if any, differences in the processes for collecting self-reported data for preferred spoken and written language.
3. Please describe how your organization documents and communicates a patient’s language preference to clinical and non-clinical staff that may interact with the patient.
4. Does your organization aggregate and analyze data related to languages spoken by your patients?

If yes to question 4, please answer questions 4a and 4b:

4a. What source of data does your organization use to aggregate the number and prevalence of languages spoken by your patients?

4.b Please list the top TEN (10) most prevalent preferred spoken languages by your patients, other than English, as of 12/31/2022? Please provide in order of descending frequency.

Table 2

| Preferred Spoken Languages (top 10 most prevalent) | Percent of Patients Served as of 12/31/2022 |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |

## 

## Section 3: Provision of Language Assistance Services

1. Does your organization document the following information related to provision of language assistance services (Select “yes” or “no” for each)

Table 3

| Services | **Yes** | **No** |
| --- | --- | --- |
| Number of requests received for interpreter services |  |  |
| Number of interpreter services provided |  |  |
| Specific patients to which interpreter services are provided |  |  |
| Number of interpreter services provided by type of language assistance services (e.g., in-house interpreter, telephone interpretation services, etc.) |  |  |
| Number of patients who were offered interpreter services but refused |  |  |
| Wait times for interpreter services after the request for services was made |  |  |

## Does your organization provide translated written materials into other languages to patients? If yes, please describe any policies that govern when and which written materials are translated (i.e. for documents that contain information that is critical for obtaining services and/or benefits such as application forms, consent forms, release of information, complaint forms, eligibility forms, etc).

1. It is critical to ensure that, once translated, the content of materials is conceptually, linguistically, and culturally accurate. Please describe your organization’s mechanism for evaluating the quality of translated materials.

## Section 4: Competency of Staff Providing Language Assistance Services

1. Competent **interpreters** may be characterized as interpreters that understand and speak with enough fluency in both the source and target languages to convey intended meaning.
   1. How does your organization, and/or the organization(s) that you contract with for interpreter services, define competency for language access service providers?
   2. How does your organization, and/or the organization that you contract with for interpreter services, ensure language access service providers are sufficiently competent to deliver services?
   3. If multilingual staff and providers are used to meet language access service needs, does your organization have polic(ies) in place to assess staff and provider fluency and ensure that they are sufficiently competent? If yes, please describe the policy and process(es).
2. Does your organization allow using family members/friends to interpret for patients? If yes, please describe how your organization ensures that information is accurately relayed to patients.
3. Does your organization collect feedback on patients’ experience with language access services? Does your organization collect feedback from providers on their experience with language access services? Please describe.

1. Language Access Services can be defined for the purpose of this assessment as services that facilitate meaningful access and efficient services to patients who do not speak or read English. [↑](#footnote-ref-2)