



**Molina Healthcare of California
Provider/Practitioner Manual**

Benefits and Covered Services

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SECTION 4: BENEFITS AND COVERED SERVICES

PRINCIPAL BENEFITS AND COVERAGES

The following benefits and services are available for prevention, diagnosis, and treatment of illness or injury (including ancillary services). Please contact Provider Services for information, principal benefits, and coverages according to contract and service area at (888) 665-4621.

Provider/Practitioner Services

The following services are covered as medically necessary:

- ▶ Routine adult and pediatric examinations
- ▶ Specialist consultations
- ▶ Injections, allergy tests, and treatments
- ▶ Physical, speech, and occupational therapy*
- ▶ Provider/Practitioner services in or out of the hospital
- ▶ Podiatry services
- ▶ Audiology services

*These services may be provided through a carve-out program such as CCS or through Regional Center Services. Please see Section 11, titled Pediatric and Child Health Services and Section 12, titled Waiver Programs in this manual for more information.

Inpatient Hospital Services

- ▶ Room and board in a semi-private room, or if medically necessary, in a private room
- ▶ Surgical procedures
- ▶ Anesthesia
- ▶ Laboratory and x-ray, including radiation therapy
- ▶ Use of operating room, special cardiac care units, intensive care, or recovery room
- ▶ All other medically necessary hospital services, including medications and nursing services

Laboratory Services

The following are provided for diagnosis and/or treatment:

- ▶ Laboratory tests
- ▶ X-ray procedures
- ▶ Other tests as deemed medically necessary, such as electrocardiograms and electroencephalograms

Home Health Care

The following are provided in the home when medically necessary:

- ▶ Intermittent skilled nursing services
- ▶ Intermittent ancillary services

Preventive Health Services

- ▶ Newborn and well-baby care (newborn care is limited to the month of birth and the following month when delivered by the mother during her enrollment with the Plan)

- ▶ Periodic health examinations
- ▶ Child Health and Disability Prevention (CHDP) services
- ▶ Medically required immunizations
- ▶ Sexually transmitted diseases (STD) tests
- ▶ Health education services

Prescription Drugs

- ▶ Drugs administered during an inpatient stay or at medical offices or emergency rooms
- ▶ Formulary Drugs prescribed by a plan Provider/Practitioner and filled at a participating pharmacy

Emergency Care

- ▶ Provider/Practitioner, hospital, and emergency room care for accident or other illness

Ambulance Service

- ▶ Provided for emergency transportation situations

Extended Care in Skilled Nursing Facility

Services provided when medically necessary include:

- ▶ Room and board
- ▶ Provider/Practitioner and nursing services
- ▶ Prescription drugs
- ▶ Injections
- ▶ Ancillary Services

Long-Term Care (LTC) coverage is limited to the month of admission and the following month. Members return to the Fee-for-Service (FFS) Medi-Cal program for continued LTC coverage after this period. To ensure continuity of care, the Provider/Practitioner will continue to provide and coordinate the care for potential LTC candidates until the member is disenrolled from Molina Healthcare. Molina Healthcare's Member Services Department is responsible for submitting requests for mandatory disenrollment to the appropriate agencies and for coordinating with the Utilization Management Departments of Molina Healthcare and its affiliates.

Hospice Care

- ▶ The hospice benefit is for people who are diagnosed with a terminal illness and who choose hospice care instead of the traditional services covered by the plan. Please contact Molina Healthcare for further information.

Maternity Care

Provider/Practitioner or Nurse Midwife Services

- ▶ Prenatal and post-partum care

Inpatient Hospital Services

- ▶ Semi-private accommodations including all hospital services for mother and child

Family Planning

- ▶ Contraceptive pills
- ▶ Contraceptive devices (IUD, Depo Provera, Norplant, diaphragm)

- ▶ Vasectomy and tubal ligation
- ▶ Pregnancy testing and counseling

Other Medical Services

- ▶ Prosthetic and orthotic devices
- ▶ Durable medical equipment (DME)
- ▶ Hearing aids and eyeglasses
- ▶ Blood and blood plasma
- ▶ Chronic hemodialysis
- ▶ Therapeutic and elective pregnancy termination
- ▶ Renal and corneal transplants
- ▶ Mental Health Services - the extent of covered services are described in Section 13 of this Manual. Please read carefully.
- ▶ Alcohol and Drug Treatment - the extent of covered services are described in Section 13 of this Manual. Please read carefully.
- ▶ Chiropractic Services - with prior authorization, up to (2) two treatments per calendar month. (GMC only)
- ▶ Dental Services (screening) - the extent of covered services are described in Section 10 of this Manual. Please read carefully.
- ▶ Acupuncture Services - with prior authorization up to (2) two treatments per calendar month, acupuncture is covered when all other therapies have been tried and failed. (GMC only)

Vision Services

- ▶ Eye examinations
- ▶ Glasses

PRINCIPAL EXCLUSIONS AND LIMITATIONS

Exclusions

The following benefits and services are excluded from coverage.

Services that are not covered by Molina Healthcare or Medi-Cal

These services will not be provided by Molina Healthcare or Regular Medi-Cal (fee-for-service program):

- ▶ Experimental procedures (unless approved)
- ▶ Cosmetic surgery, except when required to repair trauma or disease-related disfigurement
- ▶ Personal comfort or convenience items
- ▶ Private duty nurses (except when medically necessary)
- ▶ Elective circumcisions
- ▶ Sports physicals required by school or recreational sport
- ▶ Completing forms for disability, WIC, DMV

Excluded (Carve-Out) Services

Medi-Cal beneficiaries enrolled in a managed care plan obtain most of their benefits from their health plan. Medi-Cal services not covered by the plan are referred to as “excluded” or as “carve-out.” These services can only be rendered by a Medi-Cal enrolled Provider/Practitioner and must be billed through the Medi-Cal Fee-for-Service (FFS) system. In most cases, beneficiaries remain enrolled in their health plan while receiving these excluded services. Below is a list of those excluded services that may be obtained while a beneficiary remains enrolled in a managed care plan:

Excluded Services

Member remains enrolled in managed care and receives services through the FFS system.

- ▶ Acupuncture Services (Two-Plan Model only)
- ▶ Healing by Prayer or Spiritual Means Services
- ▶ Adult Day Health Care Services
- ▶ Alcohol and Drug Treatment
- ▶ California Children’s Services
- ▶ Local Education Agency Services
- ▶ Assessment Services
- ▶ Chiropractic Services (Two-Plan Model only)
- ▶ Dental Services
- ▶ Outpatient Heroin Detoxification
- ▶ Short-Doyle Medi-Cal Mental Health Services
- ▶ Medicaid Home Health Programs
- ▶ Directly Observed Therapy for TB

Member Disenrolls from Managed Care in Order to Receive Services

- ▶ AIDS Waiver Program
- ▶ In-Home Medical Care Waiver Program
- ▶ Long-Term Care (approximately sixty (60) days after admission)
- ▶ Major Organ Transplantation except Kidney and Cornea
- ▶ Multi-purpose Senior Services Waiver Program
- ▶ Skilled Nursing Facility Waiver Program

Please refer to Manual Sections 10 through 13 for detailed information.

Limitations

Molina Healthcare will make all reasonable attempts to provide services; however, Molina Healthcare is not responsible for a lapse in care under the following conditions:

- ▶ Delay or failure to render service due to major disaster or epidemic affecting facilities or personnel.
- ▶ Interruption of services due to war, riot, labor disputes, or destruction of facilities.
- ▶ Failure to provide service when a member has refused a recommended service for a personal reason and/or when Plan Provider/Practitioner believe no professionally acceptable alternative treatment exists.

Note: Questions of medical appropriateness or necessity of treatment will be subject to review by Molina Healthcare Medical Directors to consider all opinions and to determine whether the services are covered by the contract.

MEDICAL TRANSPORTATION

Member transportation is coordinated through Molina Healthcare for all members.

Emergency Medical Transportation

Emergency medical transportation is provided when necessary to obtain covered benefits when the member's medical/physical condition is acute and severe, necessitating immediate diagnosis and treatment so as to prevent death or disability.

If a member in a facility has a medical emergency requiring hospitalization, the attending Provider/Practitioner must arrange ambulance transportation by a licensed ambulance company to the nearest emergency room or dial 911 to obtain ambulance service.

Non-Emergency Medical Transportation

Molina Healthcare provides ambulance, litter van, and wheelchair van medical transportation services. These services are covered only when a member's medical and physical condition is such that ordinary means of public or private transportation would be medically inappropriate. Molina Healthcare ensures that the transportation coverage is limited to the lowest cost service available that is adequate for the member's needs. Transportation coverage is also limited to the nearest Provider/Practitioner capable of meeting the needs of the member. Providers/Practitioners must contact the Plan's Utilization Management Department in order to obtain authorization. Members are instructed to contact Molina Healthcare's Member Services Department for authorization and coordination of services, at (888) 665-4621, Monday-Friday 7:00 am-7:00 pm. It is recommended that request be made at least 72 hours in advance of the service.

Non-Emergency Transportation for Excluded Services

Members or Providers/Practitioners requesting transportation for excluded services should do so through their local Medi-Cal field office. Excluded services are listed above. For additional information on coordination of excluded services, Providers/Practitioners may contact Molina Healthcare's Case Management Department at (888) 665-4621.

Wheelchair Van

Wheelchair van services for non-emergency medical care are covered when the member's medical and physical condition prohibits the member from sitting in a private vehicle, taxi, or other form of transportation for any length of time, or the member has a disabling physical or mental limitation, or he/she requires specialized safety equipment not found in passenger cars, taxi cabs, or other forms of public transportation. The wheelchair van is covered in the above circumstances only if the member does not require specialized services, equipment, or personnel as provided in an ambulance, i.e. the member is in stable condition and does not require constant observation.

Litter Van

Litter van services for non-emergency medical care are covered when the member's medical and physical condition necessitate that the member be transported lying down for the period of time required for transport, or if the member requires specialized safety equipment not found in passenger cars, taxi cabs, or other forms of public transportation. The litter van is covered in the above circumstances only if the member does not require specialized services, equipment, or personnel as provided in an ambulance, i.e. the member is in stable condition and does not require constant observation.

Ambulance

The use of an ambulance as transportation in non-emergency situations is covered only when the member's medical condition prevents the use of any other form of medical or public transportation.

For more information regarding transportation, please contact Molina Healthcare's Utilization Management Department at (800) 526-8196, ext. 126400 (outpatient) or ext. 126410 (inpatient).

HEALTH EDUCATION

MOLINA HEALTHCARE HEALTH EDUCATION Phone: (800) 526-8196, ext. 127532 (Monday through Friday 8:30 a.m. to 5:30 p.m.)

Fax: (562) 901-1176

Molina Healthcare of California delegates the provision of health education services to IPA affiliated medical groups under the Managed Medi-Cal contract. As Providers/Practitioners, you are in the best position to meet the many educational needs of Molina Healthcare members at the time of their medical visits. You are the most credible educator for your patients. However, Molina Healthcare of California supports our providers/practitioners by making available many Health Education programs, materials and services that will be discussed below.

DHCS Health Education Contract Requirements for Managed Medi-Cal Members

To meet DHCS Managed Medi-Cal contract requirements for health education services, IPAs/Providers must make available to members educational services in the following areas:

- Appropriate use of health care services – managed health care; preventive and primary health care; obstetrical care; health education services; and, complimentary and alternative care. Risk –reduction and healthy lifestyles – tobacco use and cessation; alcohol and drug use; injury prevention; prevention of sexually transmitted diseases; HIV and unintended pregnancy; nutrition, weight control, and physical activity; and parenting. Self-care and amangement of health conditions – pregnancy; asthma; diabetes; and hypertension.

All education must be documented in the member’s medical record. This information should become part of the member’s ongoing medical care as all team members can reinforce new positive health behaviors. This documentation also becomes critical in the event of an audit by any regulatory organization.

Special Programs Provided by Molina Healthcare

To support our provider network, Molina Healthcare makes available programs and services in many of the required areas. If you are an IPA/Medical Group affiliated Provider/Practitioner, please consult the table titled “Health Education Services” in the exhibit section to determine the remaining requirements that are your responsibility.

Disease Management Programs

Molina Healthcare accepts referrals to our Disease Management Programs and other services identified as plan priorities. For some of these program areas (i.e. asthma, diabetes, cardiovascular disease and COPD) members are identified by claims data (i.e. hospital admissions, ER visits, prescribed medications) that Molina Healthcare collects internally. If a member is identified using these means, the PCP is notified of the member’s enrollment into the program. These programs utilize an “opt out” design with the members remaining in the program unless they or their providers request them to be removed. These programs are open to **all Molina Healthcare members** without respect to Provider/Practitioner affiliation. These include the following:

- **Breathe With Ease (BWE) Asthma Program** – BWE is a disease management program for

members ages 2 and above. Families can receive education telephonically, through the mail, and by referral to group education classes. Participants receive educational materials and other resources to help families manage asthma at home. Case management services are available for children with poorly controlled asthma.

- **Healthy Living with Diabetes Program** The Healthy Living with Diabetes program is for adult members age 18 and above with a confirmed diagnosis of diabetes. This disease management program is aimed at assisting members with their understanding of diabetes and self-care of the disease.

Identified members with diabetes complete an assessment on diabetes and self-care practices. All members identified for specific programs will receive a newsletter. Members are stratified as low, medium, or high risk and receive targeted interventions based upon assessment responses and claims data. Self-monitoring of blood glucose levels is one of the program's objectives. A meter, test strips, and lancets are a covered benefit under Molina Healthcare. High risk participants may receive direct telephonic counseling services from a Care Manager. Behavioral action plans are completed and information is sent to you for the coordination of the patient's medical care.

- **Cardiovascular Disease and Chronic Obstructive Pulmonary Disease** – Molina also offers two additional disease management programs for cardiovascular disease (including hypertension, Ischemic Heart Disease and Congestive Heart Failure) and Chronic Obstructive Pulmonary Disease. These programs are structured the same as the other programs and include significant involvement by Medical Case Management since many of the members identified are at significant health risk for morbid events.

Maternal and Child Health Programs

- **Motherhood MattersSM Perinatal Program** – Motherhood MattersSM is a comprehensive program for all pregnant members. Participants are assessed telephonically each trimester and postpartum, mailed education resources, and receive ongoing support. Pregnant members with identified high-risk conditions may also receive coordinated case management services.
- **Healthy Baby Program** – Infant safety education program for members ages 2 to 18 months. Upon completion of an infant safety educational intervention and evidence of current status with all recommended immunizations, the member is eligible to receive a convertible infant car seat.

Health Promotion Programs

- **Smoking Cessation Program** – Molina offers a nationally recognized telephonic smoking cessation program. Members are screened for their readiness to quit smoking within the next thirty (30) days and enrolled if these criteria are met. Participants receive smoking cessation educational resources, five (5) outbound calls over six (6) months, and have the opportunity of making unlimited calls into their assigned smoking cessation specialist. PCPs can prescribe nicotine replacement therapy or Zyban or Chantix to use in conjunction with the behavior modification program. In addition to the commercial program, members can

also be referred to a state sponsored smoking cessation hotline.

- **Adult Weight Management Program** Molina Healthcare offers a popular, effective commercial program to members to address behavior modification strategies needed for weight management (ages 17 and above only). Members are screened for their readiness to make behavior changes before they are referred to this program. Members can also receive educational materials and referrals to other community based programs. Members can continue in the program as long as there is continuous documented weight loss and adequate progression toward an identified goal body weight.

Documentation of interventions conducted are sent back to the PCP for inclusion in the member's medical record.

Process for Referring a Molina Healthcare Member to Health Education Services

- Obtain agreement for a referral to Health Education from the member;
- Stress compliance as part of the member's overall care plan;
- **Refer member for only one condition at a time.** This will help the member not feel overwhelmed;
- Complete the Molina Healthcare Health Education Referral Form . Select the correct referral form (IPA/Medical Group or Direct/SMO) (Available on Molina's website in the frequently used forms area);
- Fax Health Education Referral Form and supporting documentation to (562) 901-1176;
- Document referral in the member's medical record;
- Reinforce key concepts and compliance with member at followup office visits.

ADDITIONAL HEALTH EDUCATION RESOURCES

Written Patient Education Materials

Molina Healthcare develops and selects patient education materials that are culturally appropriate for various target populations in key subject areas. The most appropriate setting for a member to receive written literature is from his or her primary care practitioner (PCP) with a brief discussion. Molina recognizes the need for the availability of low literacy health education materials in the member's preferred languages. Molina offers a variety of low literacy materials available in English, Spanish and other threshold languages. To obtain education materials for your Molina Healthcare members, please use the appropriate order form . All order forms can be accessed through the Molina Healthcare website at: www.Molinahealthcare.com or contact Health Education at 1-800-526-8196, ext 127532 All materials are written at the sixth (6th) grade reading level or below to meet lower literacy needs. If a Provider/Practitioner chooses to use their own materials they must be submitted to Molina Healthcare's Health Education Department for review and approval for use with Medi-Cal members.



Specific Requirements for Serving Molina Healthcare’s Medi-Cal-only SPD Members
Molina members with low vision or who are blind should be offered materials in alternate formats including large print, Braille or audio. Molina’s contracted providers/practitioners can request materials in alternative formats by contacting the Molina’s Member Services Department.

Health Promotion Campaigns

Posters, brochures, and other promotional materials associated with various health campaigns may be offered to Provider/ Practitioner groups throughout the year. Molina Healthcare will inform you of upcoming campaigns via “Just the Fax” or mailed letters, providing you information about ordering materials for the campaign.

Health & Family Newsletter

Molina Healthcare mails an educational newsletter to all members at least twice each year containing a variety of topics suggested by the members and California Department of Health Care Services. A disclaimer is printed on the newsletter informing the member that the contents are for information only and do not take the place of Provider/Practitioner advice. Additional newsletters are also distributed to certain target groups of members (i.e. disease management participants and teens).

Member Wellness Mailings

Molina Healthcare periodically distributes wellness materials to members. The preventive health guidelines (“Grow and Stay Healthy”) are included in all new member packets and as part of an annual compliance mailing to keep families on track with obtaining recommended physical examinations and tests. Key plan telephone numbers and resources are provided to assist members in using their plan benefits appropriately.



Specific Requirements for Serving Molina Healthcare’s Medi-Cal-only SPD Members
All new seniors and persons with disabilities are sent a Bridge2Access program brochure as part of their new member packets. This brochure highlights services and resources that are important for these members including transportation, Nurse Advice Line, community resources, interpretive services and care management.

Individual Medical Nutrition Therapy (Registered Dietitian “RD” services)

For directly contracted and Molina Medical Group Providers/Practitioners, Molina Healthcare will provide individual medical nutrition therapy for high-risk conditions with a Provider/Practitioner referral. Complete the Health Education Referral form and indicate risk condition. Attach recent lab results and progress notes to assist the RD in counseling the member most appropriately. All documentation from the appointment with the RD will be sent back to the Provider/Practitioner for inclusion in the member’s medical record.

ADDITIONAL PCP RESPONSIBILITY

Individual Health Education Behavioral Risk Assessment “Staying Healthy”

All Providers/Practitioners of managed Medi-Cal members must administer an individual health education behavioral assessment. This must be done with new patients at their Initial Health Assessment and with existing members at their next scheduled non-acute care visit (but no later than their next scheduled health screening visit). The DHCS produces “Staying Healthy” Assessment Forms in many age categories. . Assessments are to be completed by members 12 years of age and older and by parents of children 11 years of age and younger while waiting for their medical visit. Providers/Practitioners must review the assessment, provide needed counseling or other intervention, document on the assessment, and file in the member’s medical record with other continuity of care forms. This assessment is reviewed with the member or parent at least annually and is re-administered when the member enters the next age category. Molina Healthcare recommends that the adolescents complete the assessment annually as they change behaviors rapidly during this period.

All completed “Staying Healthy” Assessments for 12-17 year olds should be placed under the “sensitive tab” in the medical record, preventing photocopying should parent/guardian request the record. This precaution protects the confidentiality of the minor’s disclosures

Use the “Staying Healthy” Assessment order form available on Molina’s website in the frequently used forms area to obtain resources. These include:

- Supply of assessment forms in all approved languages;
- Training video for you and your office staff;
 - Summary card for posting in the office as a reminder;
 - Provider/Practitioner pocket guide with brief counseling tips and other resources to assist you with implementation.

Call your Provider Services Representative if you need training on the requirement.

HEALTH PLAN OVERSIGHT (HEALTH EDUCATION AND QUALITY IMPROVEMENT MONITORS IPAS / MEDICAL GROUPS)

Health Education Service Assessment

Upon request by the health plan, all IPAs/Medical Groups must submit the annual Health Education Service Assessment. The assessment must include evidence that all contract required services are being provided to Molina Healthcare members.

Medical Record Audits and Facility Reviews

Plan initiated medical record audits verify that services are documented in the member’s medical record. Facility reviewers check on availability of health education services and measure compliance with the implementation of the Individual Health Education Behavioral Assessments. .

Focused Studies

Quality Improvement executes studies using various indicators. Data from multiple sources may be used, including medical record review, pharmacy utilization, and preventive care utilization.

Exhibits

Molina Healthcare of California

Health Education Services

Matrix distinguishing health education service to the IPA affiliated practitioners versus Molina Medical Group (MMG) practitioners or directly contracted practitioners. **Program/Service labeled “X” are Molina programs/services that are available to both MMG directly contracted practitioners and IPA affiliated practitioners.**

Health Education Services	MMG/directly contracted practitioners	IPA affiliated practitioners
Smoking Cessation Program	X	X
Breathe With Ease Pediatric Asthma Program (2-56 years old) *	X	X
Healthy Living with Diabetes Program (18-75 years old) *	X	X
Motherhood Matters Perinatal Program *	X	X
Healthy Baby Program (child safety education and car seat up to 18 months old) *	X	X
Member materials (brochures, fact sheets, etc., practitioners can give to Molina members during the office visit)	X	X
All “Staying Healthy” Assessment resources needed for implementation (forms, patient education tip sheets, office training video, and provider handbook)	X	X
Community program referrals	X	X
Weight Management Program (Ages 17 and above)	X	X
Pediatric Weight Management	X	IPA Responsibility
Education for any of the following: cholesterol, hypertension, STD/HIV prevention, family planning, injury prevention, nutrition, or physical activity.	X	IPA Responsibility
Referrals for Molina member identified as needing Medical Nutrition Therapy for a specific health condition	X	IPA Responsibility

* These programs are not available to LA County members, but may be offered by their primary contracted health plans.

Please note: Molina also mails health education materials to its members on request and as scheduled disease management interventions. *The Health and Family newsletters* is produced and mailed at least twice each year.

CULTURAL AND LINGUISTIC SERVICES

Title VI of the Civil Rights Act, *the Americans with Disabilities Act (ADA)* and *Section 504 of the Rehabilitation Act of 1973* and other regulatory/contract requirements by ensuring limited English proficient (LEP) and *members who are deaf, hard of hearing or have speech or cognitive/intellectual impairments* have equal access to health care services through the provision of high quality cultural and linguistic services. Molina Healthcare provides a number of important cultural and linguistic services at no cost to assist members and Providers/Practitioners.

The California Department of Health Care Services (DHCS) and Molina Healthcare and its affiliates expect Providers/Practitioners to adhere to the following:

24 Hour Access to Interpreters

Providers/Practitioners may request interpreters for members whose primary language is other than English by calling Molina Healthcare's Member Services Department at (888) 665-4621. If Member Services representatives are unable to provide the interpretation services internally, the member and Provider/Practitioner are then connected to a telephonic language line interpreter service. TTY/TTD services are available for *deaf and hard of hearing members by calling the California Relay Service at 711.*

It is never permissible to ask a family member, friend or minor to interpret. State and Federal laws state that it is never permissible to turn a member away or limit the services provided to them because of language barriers. It is also never permitted to subject a member to unreasonable delays due to language barriers or provide services that are lower in quality than those offered in English

Face to Face Interpretation

Providers/Practitioners may request face to face interpretation (*including Sign Language*) for scheduled medical visits, if needed, due to the complexity of information exchange or if requested by the member. To request face to face interpretation services call our Member Services Department at (888) 665-4621. Our Member Services Representatives will arrange for an interpreter. Please keep in mind that at least 3 business days are required to make arrangements for this service. If you have any questions, please call Molina's Health Education Department at **(800) 526-8196 ext. 127421** or email at MHC.HealthEducation@MolinaHealthcare.com.

Face to face interpretation is desirable for certain complex medical situations such as the need to give complex instructions (i.e. such as how to inject insulin, or postsurgical care), the discussion of health issues requiring major lifestyle changes, the discussion of a terminal prognosis, or other critical healthcare issues. Interpreter services should be provided if a member believes that his or her rights to equal access to medical care, under Title VI *or the ADA*, will not be met without the services of a face to face interpreter.

Member Interpreter Request Card

All new non-English speaking Molina Healthcare members are provided an Interpreter Request Card

which they can keep in their wallet. On the front side of the card it states that they are a Molina Healthcare member and that they are requesting an interpreter. The other side is written in Spanish, Vietnamese, Chinese, Hmong, Arabic, or Russian and explains to the member how to use the card. *Interpreter Request Cards are also available for deaf and hard of hearing members who need a Sign Language Interpreter.*

Nurse Advice Line

Molina Healthcare provides twenty four (24) hours/seven (7) days a week Nurse Advice Services for members. The Nurse Advice Line provides access to 24 hour interpretive services. Members may call Molina Healthcare's Nurse Advice Line directly (English line (888) 275-8750) or (Spanish line at (866) 648-3537) or for assistance in other languages. *The Nurse Advice TTY is (866) 735-2929.* The Nurse Advice Line telephone numbers are also printed on membership cards.

Assistive Listening Devices

Molina strongly recommends that provider offices make available assistive listening devices for members who are deaf and hard of hearing. Assistive listening devices enhance the sound of the provider/practitioner's voice to facilitate a better interaction with the member.

Documentation

As a contracted Molina Healthcare provider, your responsibilities for documenting member language services/needs are as follows:

- Record the member's language preference in a prominent location in the medical record. This information is provided to you on the electronic member lists that are sent to you each month by Molina Healthcare.
- All requests for interpreter services by members must be documented in the Member's medical record.
- Providers/Practitioners should document who provided the interpretation service. That information could be the name of their internal staff or someone from a commercial vendor.
- Offer your Molina Healthcare members interpreter services if they do not request them on their own.
- It is never permissible to ask a family member, friend or minor to interpret. If a member insists on using a family member, friend or minor as an interpreter, or refuses the use of interpreter services after being notified of his or her right to have a qualified interpreter at no cost, document this in the member's medical record.
- All counseling and treatment done via an interpreter should be noted in the medical record by stating that such counseling and treatment was done by utilizing interpretive services.

Facility Signage

DHCS requires that Provider/Practitioner offices post important signs in the threshold languages for the area. The current threshold languages are as follows:

Los Angeles County	Sacramento County	Riverside County	San Bernardino County	San Diego County
English	English	English	English	English
Spanish	Hmong	Spanish	Spanish	Spanish
Armenian	Russian			Vietnamese
Vietnamese	Spanish			Arabic
Khmer (Cambodian)	Vietnamese			
Chinese	Chinese			
Russian				
Korean				
Farsi				
Tagalog				

To receive updates on this requirement or if you need particular signage and cannot locate it, call the Cultural & Linguistic (C & L) Specialist for help.

Consultation and Training on Cultural/Linguistic Issues

Providers/Practitioners may call the C & L Specialist for a consultation on a compliance issue that may be culturally or linguistically related. Additionally, the C & L Specialist is available to conduct training sessions for IPA/Medical Group sponsored meetings. Molina's C & L Specialist may be contacted at (800) 526-8196 ext. 127421.

Ask the Cultural and Linguistics Specialist

This is an interactive web based question and answer forum on Molina's website for providers. This format allows Molina contracted physicians with Internet access to pose questions related to providing culturally appropriate care. All inquiries receive a response within 72 hours from Molina's Cultural and Linguistic Specialist. To access, go to: http://molinahealthcare.com/medicaid/providers/ca/resource/ask_cultural.html

REFERRALS TO MULTI-ETHNIC COMMUNITYBASED SERVICES

Community resource lists may be obtained from the Health Education Department. Practitioners may call the Health Education Department at (800) 526-8196, ext. 127421, 8:30 a.m. to 5:30 p.m., Monday through Friday, to get the most recent information about services for a particular community. In addition, the C & L Specialist can help you find services and resources for some of the smaller and more unique communities.

Community Advisory Committees

Molina Healthcare coordinates important Community Advisory Committees (CAC) that serve to guide Molina Healthcare in addressing issues of culture and language as they relate to the Plan's delivery of quality care. These committees include a wide range of public and private health care Providers/Practitioners and representatives of community based organizations. Molina maintains active Community Advisory Committees in San Diego, Riverside, and San Bernardino, and supports the all health plan Community Advisory Committee in the Sacramento area. If you are interested in participating, call the C & L Specialist.