Dear Physician:

The attached self-assessment tool was developed by health plans to help identify and document bilingual capabilities of practitioners and their staff. It also provides a way for providers and health plans to improve patient/member care and service in a collaborative manner.

It is important that all bilingual practitioners and their staff who speak with patients in a language other than English complete this form, and keep a copy on file along with additional qualifications.

Changes to the language capability of bilingual practitioners and their staff must be reported to their affiliated medical group(s)/health plan(s) as this information is shared with patients.

Practitioners and staff who rate themselves with speaking, reading, or writing capabilities below level 3 as defined on the Employee Skills Self-Assessment Key should not use their bilingual skills or serve as interpreters and/or translators.

Qualified interpreting services are available through your patients' health plans. This includes telephonic and face-to-face interpreting services, including American Sign Language. For immediate assistance, or to schedule interpreting services for a patient, call the patient's health plan.

For Medi-Cal members, please call the number listed next to the patient's health plan in the table below:

| Health Net | 1-800-675-6110 | L.A. Care Health Plan | 1-888-839-9909 |
|-----------------------|----------------|-----------------------|----------------|
| Anthem Blue Cross | 1-888-285-7801 | Care1st Health Plan | 1-800-605-2556 |
| Community Health Plan | 1-800-475-5550 | Molina Healthcare | 1-888-665-4621 |

Thank you for your assistance.

The Cultural & Linguistics Collaborative of Los Angeles County

Employee Language Skills Self Assessment Key

The attached language self-assessment form is a tool to document the language capability of practitioners and their staff. It is important that a signed copy be kept on file for each bilingual employee. If there are any changes, please notify the medical group(s)/health plan(s) with whom you're affiliated as this information is shared with members. Thank you.

| Key | Spoken Language |
|-----|---|
| (1) | Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition. |
| (2) | Meets basic conversational needs. Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary and grammar. |
| (3) | Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health care. |
| (4) | Able to use the language fluently and accurately on all levels related to health care work needs. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech. |
| (5) | Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language, including health care topics, such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language. |

| Key | Reading |
|-----|---|
| (1) | No functional ability to read. Able to understand and read only a few key words. |
| (2) | Limited to simple vocabulary and sentence structure. |
| (3) | Understands conventional topics, non-technical terms and heath care terms. |
| (4) | Understands materials that contain idioms and specialized health care terminology; understands a broad range of literature. |
| (5) | Understands sophisticated materials, including those related to academic, medical and technical vocabulary. |

| Key | Writing | | | | |
|---|--|--|--|--|--|
| (1) | No functional ability to write the language and is only able to write single elementary words. | | | | |
| (2) | Able to write simple sentences. Requires major editing. | | | | |
| (3) | Writes on conventional and simple health care topics with few errors in spelling and structure. Requires minor editing. | | | | |
| (4) | Writes on academic, technical, and most health care and medical topics with few errors in structure and spelling. | | | | |
| (5) | Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for the style of language. Proficient in medical, healthcare, academic and technical vocabulary. | | | | |
| Interpretation vs. Translation | | Interpretation: Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor. Translation: Involves very different skills from interpretation. A translator takes a written document in one language and changes it into a document in another language, preserving the tone and meaning of the original. Source: University of Washington Medical Center. | | | |
| Source: University of Washington Medical Center (Modifications from the approved I.C.E Collaborative document were made for this page only). | | | | | |

(Modifications from the approved I.C.E Collaborative document were made for this page only).

Approved on 03/17/2010 by the Cultural &Linguistics Collaborative of Los Angeles County











EMPLOYEE LANGUAGE SKILLS SELF-ASSESSMENT TOOL (For Clinical and Non-Clinical Employees)



This self assessment is intended for clinical and non-clinical employees who are bilingual and communicate with a patient in a language other than English.

Employee's Name: _____ Department/Job Title: _____

Work Days: Mon / Tues/ Wed/ Thurs/ Fri/ Sat/ Sun Work Hours (Please Specify): _____

Directions: (1) Write any/all language(s) or dialects you know.

(2) Indicate how fluently you speak, read and/or write each language (See attached key).

(3) Specify if you currently use the language regularly as a part of your job responsibilities.

| Language | Dialect, region, or country | Fluency: see attached key (Circle) | | | As part of your job, do you use this language to speak with patients? (Circle) | As part of your job, do you read this language? (Circle) | As part of your job, do you write this language? (Circle) |
|----------|--------------------------------|---------------------------------------|---------|---------|---|---|---|
| | | Speaking | Reading | Writing | | | |
| 1. | | 12345 | 12345 | 12345 | Yes No | Yes No | Yes No |
| 2. | | 12345 | 12345 | 12345 | Yes No | Yes No | Yes No |
| 3. | | 12345 | 12345 | 12345 | Yes No | Yes No | Yes No |
| 4. | | 12345 | 12345 | 12345 | Yes No | Yes No | Yes No |

Please check off additional qualifications/credentials that support language proficiency level, and attach them to this form.

Note: Per state guideline, bilingual providers and staff who communicate with patients in a language other than English must identify and maintain gualifications of their bilingual capabilities on file.

□ Formal language assessment by qualified agency

Native speaker with a higher education in language, which demonstrates sufficient accuracy and vocabulary in health care setting.

- □ Documentation of successful completion of a specific type of interpreter training
- □ Documentation of years employed as an interpreter and/or translator

□ Other (Please specify):

Individuals who rate themselves with speaking, reading, or writing capabilities below level 3 as defined on the Employee Skills Self Assessment Key, attached to this document, should not use their bilingual skills or serve as interpreters and/or translators. For assistance, please contact the patient's contracted health plan for immediate telephonic interpreter assistance.

TO BE SIGNED BY THE PERSON COMPLETING THIS FORM

I, , attest that the information provided above is accurate. Date: