



Acknowledgement

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Preface

This crosswalk is a collaborative effort between the Rhode Island Department of Health (HEALTH) and the Hospital Association of Rhode Island (HARI) to address Culturally and Linguistically Appropriate Services (CLAS) standards and language access between healthcare providers and patients.

Within this document contains Regulations, Laws and Credentials for Federal, State (RI), and Accreditation Bodies, that address CLAS Standards and language access.

The Federal Office of Minority Health National Standards on CLAS are primarily directed at healthcare organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible.

The 14 standards organized by themes:

Culturally Competent Care

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Federal Mandates)**Standard 4**

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Support for Cultural Competence**Standard 8**

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

For more information, please see link: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Legends:

Joint Commission:

RI = Rights and Responsibilities of the Individual

PC = Provision of Care, Treatment, and Services

LD = Leadership

RC = Record of Care, Treatment, and Services

EP = Element of Performance

For complete acronyms, please see link: <http://www.jointcommission.org/assets/1/18/Acronyms.pdf>

National Committee for Quality Assurance (NCQA):

Quality Management and Improvement = (QI)

Utilization Management = (UM)

Credentialing and Recredentialing = (CR)

Members' Rights and Responsibilities = (RR)

Standards for Member Connections = (MEM)

For in-depth Health Plan Accreditation Information: 2009, 2010 Health Plan Accreditation Requirement, please see link: <http://ncqa.org/tabid/689/Default.aspx> (under category: Health Plan Accreditation Requirement 2009 and 2010)

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FEDERAL Law/Rules	LANGUAGE	DEFINITIONS/NOTES	CITATION (online)
<p>1. Title VI of the Civil Rights Act of 1964</p>	<p>Title VI states "no person" shall be discriminated against on the basis of race, color, or national origin. The Supreme Court has held that undocumented aliens are considered "persons" under the equal protection and due process clauses of the Fifth and Fourteenth Amendments.</p> <p>Thus, one may assume that Title VI protections are not limited to citizens.</p> <p>Title VI states that no person "in the United States" shall be discriminated against on the basis of race, color, or national origin by an entity receiving Federal financial assistance. Agency Title VI regulations define "recipients" or "United States" to encompass, <i>inter alia</i>, territories and possessions.</p> <p>Title VI states that no program or activity receiving "Federal financial assistance" shall discriminate against individuals based on their race, color, or national origin. The clearest example of Federal financial assistance is the award or grant of money. Federal financial assistance, however, also may be in nonmonetary form.</p>	<p><u>Executive Order 13166</u> On August 11, 2000, President Clinton issued Executive Order (EO) 13166, entitled Improving Access to Services for Persons with Limited English Proficiency. The reach of EO 13166 is extensive, affecting all "federally conducted and federally assisted programs and activities."</p>	<p>Title VI http://www.justice.gov/crt/grants_statutes/legalman.php#Introduction</p> <p>Improving access to services for persons with LEP http://www.justice.gov/crt/cor/13166.php</p>

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<p>2. National Standards on Culturally and Linguistically Appropriate Services (CLAS)</p>	<p>Federal Mandates: (4,5,6, & 7)</p> <p>Standard 4 Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.</p> <p>Standard 5 Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.</p> <p>Standard 6 Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).</p> <p>Standard 7 Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.</p>	<p>The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.</p> <p><u><i>The 14 standards are organized by themes:</i></u></p> <p>Culturally Competent Care (Standards 1-3), Language Access Services-Federal Mandates (Standards 4-7), <i>and</i> Organizational Supports for Cultural Competence (Standards 8-14).</p> <p>Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations.</p>	<p>CLAS Standards http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15</p>

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<p>3. Rules for Meaningful Access (DHHS)</p>	<p>1. Identifying LEP individuals who need language assistance, using for example, language identification cards.</p> <p>2. Describing language assistance measures such as: the types of language services available, how staff can obtain these services and respond to LEP persons, and how competency of services can be ensured.</p> <p>3. Training staff to know about LEP policies and procedures and how to work effectively with in person and telephone interpreters.</p> <p>4. Providing notice to LEP persons about available language assistance services through, for example, posting signs in intake areas and other entry points, providing information in outreach brochures, working with community groups, using a telephone voice mail menu, providing notices in local non-English media sources, and making presentations in community settings.</p> <p>5. Monitoring and updating the plan, considering changes in demographics, types of services, and other factors.</p>	<p>Guidance through the Department of Health and Human Services (DHHS).</p> <p>According to DHHS, after the four factors have been applied, fund recipients can decide what reasonable steps, if any, they should take to ensure meaningful access. Fund recipients may choose to develop a written implementation plan as a means of documenting compliance with Title VI.</p> <p>DHHS also notes that an effective plan will set clear goals and establish management accountability. Recipients may want to provide opportunities for community input and planning throughout the process.</p>	<p>http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html</p>

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4. Meaningful Use (CMS)	<p>§ 495.6(d)(7)(i) of our regulations for EPs (Eligible Professionals) to “Record the following demographics: Preferred language, gender, race and ethnicity, and date of birth”.</p> <p>§ 495.6(f)(6)(i) of our regulations for eligible hospitals to “Record the following demographics: Preferred language, gender, race and ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital”.</p>	<p>Electronic health records play a critical role in getting to a higher quality, safer, more effective health care system.</p> <p>Know more about their patients. Information in electronic health records can be used to coordinate and improve the quality of patient care.</p> <p>Make better decisions. With more comprehensive information readily and securely available, clinicians will have the information they need about treatments and conditions – even best practices for patient populations –when making treatment decisions.</p> <p>Save money. Electronic health records require an initial investment of time and money. But clinicians who have implemented them have reported reductions in the amount of time spent locating paper files, transcribing and spending time on the phone with labs or pharmacies; more accurate coding; and reductions in reporting burden.</p>	<p>http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf (pg 28, 29)</p>

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STATE OF RI**

STATE OF RI	LANGUAGE	DEFINITIONS/NOTES	CITATION (ONLINE)
<p>1. Rules and Regulations for Licensing of Hospitals.</p>	<p>Section 20.0 Provision of Interpreter Services</p> <p>20.1 Every hospital shall, as a condition of initial or continued licensure, provide a qualified interpreter, if an appropriate bilingual clinician is not available to translate, in connection with all services provided to every non-English speaker who is a patient or seeks appropriate care and treatment and is not accompanied or represented by an appropriate qualified interpreter or a qualified sign language interpreter who has attained at least sixteen (16) years of age.</p> <p>20.2 No later than 1 July 2002, each hospital shall develop, establish and maintain a formal plan for the provision of language interpretation with respect to the provision of hospital services in all licensed settings.</p> <p>20.2.1 Each hospital shall establish criteria for the qualification of interpreters. In addition to fluency in a language other than English, interpreters shall have demonstrated competency in the following topics, at a minimum: (i) the appropriate role of a medical interpreter; (ii) the confidentiality of health care information; (iii) the ethical issues involved in serving as a medical interpreter; (iv) common medical terminology; and (v), relevant hospital policies and procedures.</p>	<p>These Rules and Regulations for Licensing of Hospitals (R23-17-HOSP) are promulgated pursuant to the authority conferred under sections 23-17-10 and 23-17.14-31 of the General Laws of Rhode Island, as amended, and are established for the purpose of adopting minimal standards for licensed hospitals in this state.</p> <p>Also for more reference: Public law: Relating to health and safety-licensing of healthcare facilities <i>(see web link to public law relating to health and safety: licensing of healthcare facilities)</i></p>	<p>http://www.bhddh.ri.gov/esh/pdf/DOH_3493.pdf (pg. 29)</p> <p>Public Law: Relating to health and safety-licensing of healthcare facilities http://www.rilin.state.ri.us/publiclaws01/law01088.htm</p>

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	<p>20.2.2 Each hospital shall review the qualifications of and designate individuals as interpreters in specific languages. Such reviews and designations shall be documented.</p> <p>20.2.3 Each hospital shall establish criteria for the qualification of bilingual clinicians. In addition to being bilingual, clinicians shall have knowledge of the following topics: (i) the appropriate role of a medical interpreter; (ii) the ethical issues involved in serving as a medical interpreter; (iii) common medical terminology; and (iv) relevant hospital policies and procedures.</p> <p>20.2.4 Each hospital, for the purposes of providing interpretive services, shall review the qualifications of and designate clinicians as bilingual in specific languages. Such reviews and designations shall be documented.</p> <p>20.2.5 Each hospital may also contract with appropriate off-site interpreter service providers for the provision of qualified interpreter services provided that hospital has received the prior written approval of such arrangements from the state agency.</p> <p>20.3 Each hospital shall post a multi-lingual notice in conspicuous places setting forth the requirements of section 20.1 above in English, include the internationally-recognized symbol for sign language {including a relay number for access by</p>		

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	<p>hearing/speech impaired (TTY)} and include, at minimum, three (3) most common foreign languages used by the hospital as determined by the hospital.</p> <p>27.7 The content of all medical records (inpatient, outpatient, ambulatory and emergency) shall conform with applicable standards of reference 9. Further, medical records shall document the primary language of the patient; shall document any hospital provision of interpretive services by bilingual clinicians, qualified interpreters, or qualified sign language interpreters; and shall document the inability to provide interpretive services by bilingual clinicians, qualified interpreters, or qualified sign language interpreters as required by the patient.</p>		

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ACCREDITING BODIES	LANGUAGE	DEFINITIONS/NOTES	CITATION (ONLINE)
<p>1. Joint Commission: <i>An independent not-for-profit organization that accredits and certifies Health organizations and programs in United States.</i></p>	<p>Effective communication including interpreter and translation services (Standard RI.01.01.03, PC. 04.01.05)</p> <p>Effective communications throughout hospital (Standard LD.02.01.01, LD.03.04.01)</p> <p>LD.02.01.01The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.</p> <p>LD.03.04.01 The organization communicates information related to safety and quality to those who need it, including staff, patients, families, and external interested parties.</p> <p>Planning for services to meet patient needs (Standard LD.03.03.01, LD.04.03.01, LD.04.04.03, PC.01.03.01,PC.02.02.01)</p> <p>LD.03.03.01 Leaders use organization-wide planning to establish structures and processes that focus on safety and quality.</p> <p>LD.04.03.01 The organization provides services that meet patient needs.</p> <p>Effective communication including interpreter and translation services (Standard RI.01.01.03, PC. 04.01.05)</p> <p>Effective communications throughout hospital (Standard LD.02.01.01, LD.03.04.01)</p> <p>LD.02.01.01The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.</p> <p>LD.03.04.01 The organization communicates information related to safety and quality to those who need it, including staff, patients, families, and external interested parties.</p>		<p>http://www.jerinc.com/2011-Accreditation-Resources/</p>

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	<p>Planning for services to meet patient needs (Standard LD.03.03.01, LD.04.03.01, LD.04.04.03, PC.01.03.01,PC.02.02.01) LD.03.03.01 Leaders use organization-wide planning to establish structures and processes that focus on safety and quality.</p> <p>LD.04.03.01 The organization provides services that meet patient needs. Effective communication including interpreter and translation services (Standard RI.01.01.03, PC. 04.01.05)</p> <p>LD.02.01.01The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.</p> <p>LD.03.04.01 The organization communicates information related to safety and quality to those who need it, including staff, patients, families, and external interested parties.</p> <p>Planning for services to meet patient needs (Standard LD.03.03.01, LD.04.03.01, LD.04.04.03, PC.01.03.01,PC.02.02.01) LD.03.03.01 Leaders use organization-wide planning to establish structures and processes that focus on safety and quality.</p> <p>LD.04.03.01 The organization provides services that meet patient needs.</p> <p>LD.04.04.03 New or modified services or processes are well-designed.</p> <p>PC.01.03.01 The organization plans the patient’s care.</p>		

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	<p>PC.02.02.01 The organization coordinates the patient’s care, treatment, or services based on the patient’s needs.</p> <p><u>EFFECTIVE JAN. 1st, 2011</u></p> <p>Standard PC.02.01.21 Elements of Performance for PC.02.01.21 The hospital effectively communicates with patients when providing care, treatment, and services. Note: This standard will not affect the accreditation decision at this time.</p> <p>Standard RC.02.01.01 The medical record contains information that reflects the patient's care, treatment, and services. Elements of Performance for RC.02.01.01 The medical record contains the following demographic information:</p> <ul style="list-style-type: none"> - The patient's name, address, date of birth, and the name of any legally authorized representative - The patient’s sex - The legal status of any patient receiving behavioral health care services - The patient's communication needs, including preferred language for discussing health care <p>(See also PC.02.01.21, EP 1)</p> <p>Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.</p>		

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	<p>Standard RI.01.01.01 The hospital respects, protects, and promotes patient rights. Elements of Performance for RI.01.01.01 The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. Note: This element of performance will not affect the accreditation decision at this time.</p>		

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<p>2. NCQA: <i>National Committee for Quality Assurance-Health Plan Accreditation</i></p>	<p>RR 4 B The organization provides interpreter or bilingual services within its customer services telephone function based on the linguistic needs of its members. The organization's member rights and responsibilities statement states that members have: • a right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities • a right to be treated with respect and recognition of their dignity and right to privacy • a right to participate with practitioners in making decisions about their health care • a right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage • a right to voice complaints or appeals about the organization or the care it provides • a right to make recommendations regarding the organization's member rights and responsibilities policy</p> <p>QI 4 A The organization assesses the cultural, ethnic, racial and linguistic needs of its members and adjusts the availability of practitioners within its network, if necessary.</p> <p>RR 5 A The organization has a Web-based physician directory that includes the following information to assist members and prospective members in choosing physicians: • name • gender • specialty • hospital affiliations • medical group affiliations, if applicable • board certification with expiration date • acceptance of new patients • languages spoken by the practitioner or clinical staff • office locations.</p> <p>RR 5 I The organization evaluates its Web-based physician and hospital directories for understandability and usefulness to members and prospective members, including: • font size • reading level • intuitive content organization • ease of</p>	<p>NCQA 2007 Standards and Applications to Accreditation Programs: Quality Improvement (QI) and Members' Rights and Responsibilities (RR).</p> <p>NCQA in RR 4B provides these examples of data that can be used to determine the linguistic needs of members: (a) Health Department data on ethnicity; (b) Census Bureau data; (c) Member surveys; (d) Information from employer group analysis of member complaints. NCQA also gives these examples of actions that satisfy this element: (a) Contracting with translations services; (b) Installing TDD/TTY lines; (c) Hiring staff who speak languages prevalent in the population.</p> <p>Note: Although NCQA recognizes the need for effective communication with consumers/ patients who need language interpretation and translation services, NCQA</p>	<p>www.ncqa.org</p>

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	navigation • directories in additional languages, if applicable to the membership.	does not specify how, when and what to charge for such services (as in CLAS Standards 4 and 5). NCQA does not stipulate if family or friends may be used as interpreters (as in CLAS Standard 6). Lastly, NCQA does not address the competence of language assistance provided or the quality of patient-related materials and signage (as in CLAS Standards 6 and 7).	

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<p>3. NCQA: <i>Patient-Centered Medical Homes (PCMH) 2011 Recognition Program</i></p>	<p><i>The Standards</i> The PCMH 2011 program’s six standards: PCMH 1: Enhance Access and Continuity PCMH 2: Identify and Manage Patient Populations PCMH 3: Plan and Manage Care PCMH 4: Provide Self-Care and Community Support PCMH 5: Track and Coordinate Care PCMH 6: Measure and Improve Performance</p> <p><i>The Must-Pass Elements</i> Six must-pass elements are considered essential to the patient-centered medical home, and are required for practices at all recognition levels. Practices must achieve a score of 50% or higher on must-pass elements: 1. PCMH 1, Element A: Access During Office Hours 2. PCMH 2, Element D: Use Data for Population Management 3. PCMH 3, Element C: Care Management 4. PCMH 4, Element A: Support Self-Care Process 5. PCMH 5, Element B: Track Referrals and Follow-Up 6. PCMH 6, Element C: Implement Continuous Quality Improvement</p>	<p>NCQA’s PPC-PCMH Recognition Program emphasizes systematic use of patient-centered, coordinated care management processes. It is an extension of NCQA’s highly regarded Physician Practice Connections (PPC) Recognition Program, initiated in 2003 with support from The Robert Wood Johnson Foundation, The Commonwealth Fund and Bridges to Excellence.</p> <p>Based on the well-known and empirically validated Wagner Chronic Care Model, the PPC-PCMH Recognition Program recognizes practices that successfully use systematic processes and information technology to enhance the quality of patient care.</p>	<p>http://www.ncqa.org/Portals/0/PCMH%20brochure-web.pdf</p> <p><u>Patient-Centered medical Homes (PCMH) 2011</u> http://www.ncqa.org/tabid/1302/Default.aspx</p>

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<p>NCQA: <u>PCMH 2011 Standard</u> <i>(Aligned PCMH 2011 standards with government laws and regulations with regards to language access)</i></p>	<p>Goal Integration into Standards <i>Goal: Increase patient-centeredness</i></p> <ul style="list-style-type: none"> ❖ Provide patient materials and services that meet the language needs of patients <p>PCMH 1 Standard: <u>Enhance Access and Continuity</u> <i>(Must-Pass Element, Element A)</i></p> <ul style="list-style-type: none"> • Patients have access to culturally and linguistically appropriate routine/urgent care and clinical advice during and after office hours <p>Goal Integration into Standards <i>Goal: Increase patient-centeredness</i></p> <ul style="list-style-type: none"> ❖ Obtain performance data for key vulnerable populations <p>PCMH 2 Standard: <u>Identify/Manage Patient Populations</u> <i>(Must-Pass Element, Element D)</i></p> <ul style="list-style-type: none"> • The practice collects demographic and clinical data for population management <p>PCMH 6 Standard: <u>Measure/Improve Performance</u> <i>(Must-Pass Element, Element C)</i></p> <ul style="list-style-type: none"> • The practice identifies vulnerable patient populations 	<p>NCQA's goal is for the PCMH standards to move transformation of primary care practices forward but to ensure that the standards are reasonably within reach of a range of primary care practice sizes, configurations (e.g., solo, multi-site, community health center), electronic capabilities, populations served and locations (e.g., urban, rural)</p> <p><i>Robust patient centeredness is an important program goal:</i></p> <ul style="list-style-type: none"> - There is a stronger focus on integrating behavioral healthcare and care management - Patient survey results help drive quality improvement - Patients and their families are involved in quality improvement. 	

Citations:

Title VI of the Civil Rights Act of 1964

<http://www.justice.gov/crt/cor/coord/titlevi.php>

National Standards on Culturally and Linguistically Appropriate Services

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Rules for Meaningful Access

<http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html>

Meaningful Use

<http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

Rules and Regulations for Licensing of Hospitals in Rhode Island

http://www.bhddh.ri.gov/esh/pdf/DOH_3493.pdf

Public Law: Relating to health and safety-licensing of healthcare facilities

<http://www.rilin.state.ri.us/publiclaws01/law01088.htm>

Joint Commission

<http://www.jcrinc.com/2011-Accreditation-Resources/>

(Updates on National Patient Safety Goals: Effective Jan. 1, 2011)

http://www.jointcommission.org/assets/1/6/2011_NPSGs_HAP.pdf

National Committee of Quality Assurance (NCQA)

<http://ncqa.org/tabid/689/Default.aspx>

(NCQA: Patient-Centered Medical Homes (PCMH) Recognition Program)

<http://www.ncqa.org/Portals/0/PCMH%20brochure-web.pdf>

<http://www.ncqa.org/tabid/1302/Default.aspx> (PCMH 2011 Standards)



Prepared by: Jenn DeBoer
Health Disparities and Access to Care Team
Office of Minority Health
Minority Health Promotion Specialist

Rhode Island Department of Health
HEALTH Information Line, 401-222-5960/RI Relay 711
www.health.ri.gov

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