



December 3, 2015

Jennifer Kent, Director
Department of Health Care Services
Via email to Jennifer.Kent@dhcs.ca.gov

Dear Ms. Kent,

We, the undersigned organizations, write to commend the Department of Health Care Services (DHCS) for its commitment to implementing SB 75 and SB 4, which will provide full scope Medi-Cal to all California children and youth regardless of immigration status. We appreciate the thoughtful planning and work your staff has done thus far. In order for the transition to go as smoothly as possible, we urge DHCS to translate the first letter sent to beneficiaries into **all** of the Medi-Cal threshold languages, consistent with the translation of the rest of the letters.

The first letter sent to beneficiaries includes new and vital information about how to access the benefits afforded by SB 75. As such, this letter is a necessary and critical component of meaningful access to DHCS' services. However, at several meetings, including the November 17 webinar, DHCS staff stated that the first letter to beneficiaries will be translated only into Spanish, even though subsequent communications will be translated into the other threshold languages.

With a significant increase in non-citizen Medi-Cal beneficiaries,¹ it is imperative that DHCS apply its language access policies consistently across all threshold languages. Otherwise, the lack of awareness about SB 75 may effectively deny certain limited-English proficient (LEP) individuals meaningful access to the Medi-Cal program. There is no justification for DHCS' decision not to translate the first letter into all threshold languages, a letter that is critical for immigrant families with members born outside of the United States.

Translating the first letter is imperative for three main reasons: it improves outreach to a difficult to reach population; it sends a strong first impression that will make it more likely subsequent letters will

¹ Research and Analytic Studies Division. (2015, October). *Medi-Cal's Non-Citizen Population: A Brief Overview of Eligibility, Coverage, Funding, and Enrollment*. Medi-Cal Statistical Brief. California Department of Health Care Services. http://www.dhcs.ca.gov/dataandstats/statistics/Documents/noncitizen_brief_ADAfinal.pdf

be opened, including the critical managed care packet; and it avoids an impermissible distinction between the threshold languages.

In order to fulfill the promise of SB 75—to provide coverage for *all* low-income children—DHCS and its community partners must make headway with enrolling a historically hard to reach and vulnerable population. Providing translated vital documents in threshold languages is the most efficient way to do so because undocumented immigrants are far more likely to speak a non-English language than are other California residents.² The SB 75 target demographic also may not have access to information channels on which DHCS normally relies. Without proper translation, many LEP beneficiaries may not understand the content of the letter or may end up disregarding the notice altogether without realizing its importance.

DHCS staff has suggested that including translated taglines in the letter is sufficient to inform LEP beneficiaries of the opportunity to get full scope coverage under SB 75. We firmly believe taglines would not be proper notice to the LEP beneficiaries and would be wholly inadequate for this initiative. In our experience taglines often fail to convey the urgency of a notice. Additionally, requiring the recipients of this letter to take an extra step to understand its contents is a barrier, not an invitation, to learning more about their children’s potential eligibility. For understandable reasons, undocumented immigrants may be fearful about reaching out to a government entity to get more information about the program. We also know that many undocumented immigrants may be reluctant and even fearful to sign their children up for full-scope Medi-Cal, including fear of jeopardizing their ability to obtain lawful permanent residence in the future for becoming a “public charge” or being reported to the Department of Homeland Security and deported. A letter translated into the recipient’s preferred language goes a long way to convey that full scope Medi-Cal and DHCS is open to all immigrant communities, regardless of language or national origin.

Our experience working directly with Medi-Cal beneficiaries and immigrant families and the lessons learned from the Low Income Health Program (LIHP) transition informs our strong belief that the first letter is a critical opportunity to share important information about the transition to full-scope Medi-Cal. As such we believe that translating this initial communication into all Medi-Cal threshold languages, as it was done during the LIHP transition, is essential.

From our own outreach and education work, we have also found that word-of-mouth is one of the most effective ways of informing immigrant communities about public benefits, especially when programs change. Providing a translation allows the recipient to show the letter to friends or trusted community members to gather more information. It also allows beneficiaries to share information with other eligible families who may not yet be known to the Medi-Cal system and would benefit from this program. Translations into all threshold languages will also allow community based organizations that work with non-English, non-Spanish language communities to access and share copies of the letter with families who may have eligible children. We have found when working with immigrant families, that

²According to the Public Policy Institute of California, most undocumented immigrants are from Latin America. Most of the others are from Asia—though Europe, Canada, and Africa account for hundreds of thousands of undocumented immigrants in the United States. See http://www.ppic.org/main/publication_show.asp?i=818

when outreach and informational materials are only translated in Spanish, immigrant families often think that certain opportunities are only for Latinos. This was the case during outreach efforts for AB 60 Driver's License implementation.

Finally, if DHCS were to translate the letter into Spanish only, it would be making an impermissible distinction between threshold languages. Providing language access is a requirement for all non-English languages, but a threshold language, once determined, should be afforded translations of vital documents. *See* 68 Fed. Reg. 47319. Once the numerical threshold is met, the language used by that threshold population is not subject to further scrutiny and should not be afforded lesser treatment. The numerical distinctions are for threshold and non-threshold languages, not for ranking or prioritizing among the thresholds. DHCS may not discriminate among different national origin groups. *See* 42 U.S.C. § 2000d; 42 U.S.C. § 18116; Gov. Code § 11135. Because the Medi-Cal threshold languages have already been determined, DHCS should employ translations for **all** 11 non-English written languages.

We would appreciate the opportunity to discuss our comments with you. Please contact Cori Racela at (310) 736-1646 or racela@healthlaw.org or Gabrielle Lessard at (213) 639-3900 or Lessard@nilc.org at your earliest convenience.

Sincerely,

Asian Americans Advancing Justice
California Immigrant Policy Center
California Pan-Ethnic Health Network
The Children's Partnership
Health Access

Maternal and Child Health Access
National Health Law Program
National Immigration Law Center
Western Center on Law & Poverty

cc via email to:

Senator Ed Hernandez, Chair, Senate Health Committee

Assemblymember Rob Bonta, Chair, Assembly Health Committee

Senator Holly Mitchell, Chair, Senate Budget Subcommittee No. 3

Assemblymember Tony Thurmond, Chair, Assembly Budget Subcommittee No. 2

Senator Ricardo Lara

René Mollow, Department of Health Care Services

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