

Provider Bulletin

Molina Healthcare of California

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

April 4, 2025

- ☐ Imperial
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- ☒ San Bernardino
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Standards For Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, And Alternative Formats – APL 25-005

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

What you need to know:

BACKGROUND

DHCS Threshold and Concentration Standard Languages

DHCS is required by federal and state law to identify prevalent non-English languages spoken by Potential Members in California. DHCS determines these languages based on numeric thresholds and geographic concentration in ZIP codes. The identified languages, known as threshold and concentration standard languages, must be reassessed when a county transitions to managed care, a new population is added to Medi-Cal managed care, or every three years.

Nondiscrimination, Language Assistance, and Effective Communication for Individuals with Disabilities

Section 1557 of the ACA prohibits discrimination in health programs based on race, color, national origin, sex, age, or disability, incorporating protections from existing civil rights laws. The regulations, first implemented in 2016, were revised in 2020 to remove specific language assistance requirements, but in 2024, the United States Department of Health and Human Services (HHS) reinstated and clarified protections for individuals with limited English proficiency (LEP) and disabilities. Additionally, state laws SB 223 and SB 1423 expanded nondiscrimination protections to include gender, gender identity, marital status, ancestry, religion, and sexual orientation, ensuring broader language access and accessibility standards for health programs.

POLICY

DHCS Threshold and Concentration Language Requirements

Member information is essential information regarding access to and usage of MHC services. MHC is required to provide translated written Member information, using a qualified translator to the following language groups within their service areas, as determined by DHCS:

Provider Action

This notification is based on All-Plan Letter (APL) 25-005, which can be found in full on the Department of Health Care Services (DHCS) website at:

dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-005.pdf



POLICY CONT.

DHCS Threshold and Concentration Language Requirements CONT.

- A population group of Potential Members residing in MHC's service area who indicate their primary language as a language other than English, and that meet a numeric threshold of 3,000 or 5 percent of the Potential Member population, whichever is lower and
- A population group of Potential Members residing in MHC's service area who indicate their primary language as a language other than English and who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes.

Nondiscrimination, Language Assistance, and Effective Communication for Members with Disabilities

MHC will follow federal and state nondiscrimination laws by including a nondiscrimination notice in all Member information and notices. MHC is also required to provide a Notice of Availability, informing Members with limited English proficiency (LEP) and disabilities about free language assistance and auxiliary aids and services.

Nondiscrimination Notice

MHC will provide a nondiscrimination notice informing Members, Potential Members, and the public about protected characteristics, accessibility requirements, and MHC's compliance with federal and state laws. This notice will include information on how to file a discrimination grievance with MHC, DHCS' OCR, or HHS' OCR. It will be included in Member Handbooks, on MHC's websites, in informational notices, and in public locations in at least a 20-point sans-serif font. The notice will also be available in threshold and concentration languages or an ADA-compliant format upon request. For small-sized informational notices, MHC will use an abbreviated nondiscrimination statement accompanied by language taglines in 18 non-English languages.

Discrimination Grievances

MHC will appoint a discrimination Grievance coordinator to ensure compliance with federal and state nondiscrimination laws, investigate discrimination-related complaints, and facilitate reasonable accommodations under the ADA. MHC is required to submit detailed reports on resolved discrimination Grievances to DHCS within ten calendar days and retain related records for at least three years. Additionally, MHC will establish clear, equitable procedures for addressing discrimination Grievances, ensure their coordinator is accessible for guidance, and forward all discrimination-related Member Grievances to DHCS.

Language Assistance - Notice of Availability

MHC will provide a Notice of Availability in at least 18 non-English languages and English, ensuring members and the public are informed about free language assistance and auxiliary aids for individuals with disabilities. This notice will be prominently displayed in physical locations, included in member materials, and easily accessible on MHC's website, following federal and state requirements. While federal law mandates the top 15 languages for Limited English Proficiency (LEP) individuals in California, DHCS expanded the list to align with Medi-Cal FFS, adding Laotian, Ukrainian, and Mien.

Language Assistance Services – Meaningful Access

MHC will provide free, accurate, and timely language assistance services to Members with Limited English Proficiency (LEP) and their companions, ensuring privacy and independent decision-making. Oral interpretation services will be available 24/7 in all languages through qualified interpreters via in-person, telephonic, or video remote interpreting (VRI) methods that meet federal quality standards. MHC cannot require Members to provide their own interpreters and must limit the use of family members or friends as interpreters, except in emergencies or when explicitly requested by the Member, with proper documentation and safeguards in place.

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802

Effective Communication with Members with Disabilities

MHC will comply with federal and state disability laws to ensure effective communication with Members and their companions with disabilities. This includes providing auxiliary aids and services, such as qualified interpreters and alternative formats like Braille, large print, or accessible electronic formats, free of charge and in a timely manner. MHC will prioritize the Member's request for specific aids and services and ensure privacy when providing them.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
	Daniel Amirian	562-549-4809	Daniel.Amirian@molinahealthcare.com
	Anita White	562-980-3947	Princess.White@molinahealthcare.com
	Elias Gomez	562-517-0445	Elias.Gomez@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	279-895-9354	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	562-549-3957	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Lincoln Watkins	858-974-1758	Lincoln.Watkins@molinahealthcare.com
	Tan Do	858-287-4869	Tan.Do@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
San Diego, Sacramento, & Imperial California Facilities	Dolores Garcia	562-549-4900	Dolores.Garcia@molinahealthcare.com
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino, California Facilities	MiMi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com

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