



Policy: GG.1206
Title: **Readability and Suitability of Written Health Education Materials**
Department: Equity and Community Health
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 10/31/2024

Effective Date: 10/01/2011

Revised Date: 10/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy establishes and defines the review and approval process for readability and suitability of all written Member Health Education Materials, in accordance with the guidelines set forth by the California Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS).

II. POLICY

- A. In accordance with CalOptima Health Policy GG.1201: Health Education Programs, CalOptima Health shall maintain a health education system that provides organized programs, services, functions, and resources necessary to deliver health education, health promotion, and Member education to assist Members in improving their health and managing illness.
- B. CalOptima Health shall develop, adapt, or obtain written Member Health Education Materials to assist Members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes. Written Member Health Education Materials shall include information regarding updates on current health conditions, self-care, and management of health conditions.
- C. CalOptima Health shall include non-discrimination statements and language-assistance taglines in Member-facing Health Education Materials, in accordance with applicable state and federal requirements.
- D. To promote prevention, maintenance, and treatment education of health conditions, CalOptima Health shall use initiatives and communication tools to include information on health issues, including but not limited to, preventative care, health promotion, health screening, disease management, healthy living, and health communication.
- E. A CalOptima Health Qualified Health Educator shall approve and authorize all written Member Health Education Materials utilizing the Readability and Suitability Checklist.

- F. CalOptima Health may exclude Member informing materials, including but not limited to Membership Handbook/Evidence of Coverage (EOC) booklets, enrollment, and disenrollment forms or information, and Member rights and grievance information, from the readability and suitability process, in accordance with Department of Health Care Services (DHCS) All Plan Letter (APL) 18-016: Readability and Suitability of Written Health Education Materials or subsequent updates.
- G. CalOptima Health shall maintain a process for reviewing and approving its Health Networks' Member Health Education Materials as set forth in this policy.
- H. CalOptima Health's contracted Health Maintenance Organizations (HMOs) delegated for health education services shall maintain a review and approval process for Member Health Education Materials distributed to CalOptima Health Medi-Cal Members using the Readability and Suitability Checklist as set forth in this policy.
- I. Health Networks or delegated entities may submit a request to CalOptima Health to seek approval for reviewing and approving Member education materials independently.
- J. CalOptima Health may approve a Health Network or delegated entity to review and approve Member health education materials independently if all the criteria in Department of Health Care Services (DHCS) All Plan Letter (APL) 18-016: Readability and Suitability of Written Health Education Materials, and CalOptima Health Member Material Approval (MMA) process guidelines are met.

III. PROCEDURE

A. CalOptima Health shall:

- 1. Review and approve all written Member Health Education Materials internally developed, adapted, purchased, or obtained from an outside agency using the Readability and Suitability Checklist.
- 2. For Medi-Cal: Review Member materials for compliance with Attachment A - Review and Approval Guidance for Written Health Education and Member Information Materials (Attachment A), and Attachment B - Readability and Suitability Checklist for Written Health Education Materials (Attachment B) as noted in the DHCS All Plan Letter (APL) 18-016: Readability and Suitability of Written Health Education Materials or subsequent updates. CalOptima Health is not required to conduct readability and suitability review of websites or other digital content, also known as digital media (*e.g.*, IVR, infographics, and webinars) if the content is not part of a downloadable document.
- 3. For internally developed Member Health Education Materials containing medical content, including but not limited to, instructions for pre- or post-surgery, administration of asthma medications, information on complications of diabetes, and education on End Stage Renal Disease (ESRD), the Qualified Health Educator shall document that the material has been reviewed by licensed professionals, such as a Medical Director, for clinical accuracy.
- 4. Provide written Member Health Education Materials that are age appropriate, at no higher than a sixth (6th) grade reading level, and available in Threshold Languages, in a manner that is Culturally and Linguistically appropriate for the intended audience, in accordance with CalOptima Health Policy GG.1201: Health Education Programs.

5. Provide written Member Health Education Materials in a twelve (12)-point font or higher when drafting materials for all Members. Consider using eighteen (18)-point font or higher when developing materials for Members who are visually impaired.
6. Use the most appropriate readability formula to determine the reading level of written Health Education Material for Members.
 - a. Reading formulas are designed to be used with English language materials, as there are no identified standards for reading grade levels in other languages. Grade levels differ by language and culture, so the sixth-grade reading level applies only to English language materials. Use qualified translators to ensure the materials are accurately translated and are culturally and linguistically appropriate and easily understood in each language; and
 - b. May exclude state-mandated legal language, proper nouns (for example, California Department of Health Care Services, ABC Health Plan), defined words, phone numbers, website addresses, or vendor legal disclaimers in calculating the reading level of written Health Education Materials; and
 - c. Count medical terminology, technical words, and/or multi-syllabic words only once when testing the reading level of Health Education Materials, if it cannot be substituted for simpler one (1) or two (2) syllable words.
7. Submit a copy of the final approved written Member Health Education Material in Threshold Languages, in accordance with CalOptima Health Policies DD.2002: Cultural and Linguistic Services, and MA.4002: Cultural and Linguistic Services, if available.
8. Field Test Member Health Education Materials developed by CalOptima Health, adapted or obtained from outside sources, except as noted in Attachment A. Field Testing may include, but is not limited to, the following:
 - a. Simple review of written health education during a Community Advisory Committee (CAC) meeting, Member Advisory Committee meeting, health education class, or other Member events.
 - b. Key informant interviews/surveys with Members and/or community informants and/or internally qualified reviewers regarding written Health Education Materials.
 - c. Focus groups with targeted Members to determine relevance and effectiveness of more complex written health educational materials.
 - d. CalOptima Health may also accept results from Field Testing conducted by a vendor or outside organization when using purchased materials or material obtained from the public domain as long as a Qualified Health Educator determined Field Testing was conducted appropriately and the participants represented a population similar to CalOptima Health's targeted Member pool.
 - e. If a written health education material is not Field-Tested, CalOptima Health shall provide an explanation on the Readability and Suitability Checklist with reasoning including but not limited to:
 - i. Material is similar to another that was previously Field-Tested;

- ii. Material was previously tested by another Managed Care Plan (MCP); or
 - iii. Material was produced by the state or federal government.
9. Provide Member Health Education Materials in alternate formats, upon request by the Member, family caregiver, or Provider, and in accordance with CalOptima Health Policy GG.1201: Health Education Programs. Alternate formats include, but are not limited to:
- a. Braille;
 - b. Large size print;
 - c. Video or audio;
 - d. Accessible materials online;
 - e. CD/DVD; or
 - f. Other appropriate technologies and methods.
10. Follow CalOptima Health's Cultural and Linguistic Services guidelines, in accordance with CalOptima Health Policies DD.2002: Cultural and Linguistic Services for Member Health Education Materials.
11. Train staff on readability and suitability standards and guidelines pursuant to DHCS guidance.
12. Retain a signed/approved copy of the Checklist, including justification if needed, along with the approved written health education material (in either electronic or hard copy) and makes it available to DHCS upon request.
13. CalOptima Health may use the materials listed below without completing a checklist, as long as no significant changes were made to the materials. The Qualified Health Educator should use professional judgement to determine when to use the checklist and/or field test these types of materials:
- a. Materials produced by companies and entities listed on the current DHCS Approved Companies for Written Health Education Materials' letter.
 - b. Public domain materials produced by city, county, state, and federal government agencies.
 - c. Evidence-based materials produced by non-profit agencies or community-based organizations, such as the American Diabetes Association, the American Cancer Society, or the California Smokers' Helpline.

B. Health Networks

1. Health Networks shall submit all written Member Health Education Materials for review and approval.
- a. A Health Network requesting review and approval of written Member Health Education Material shall:

- i. Ensure the written Member Health Education Material is a final, print-ready document in English only; and
 - ii. Coordinate with their designated Health Network Provider Relations team Member to submit the documents requiring review through the Member Materials Approval (MMA) process.
- b. Upon receipt of the documents from the Health Network, CalOptima Health shall review the material using the Readability and Suitability Checklist within seven (7) calendar days.
- c. Upon approval, CalOptima Health shall notify the Health Network Provider Relations team of the material status via MMA.
- d. If the written Member Health Education Material is not approved, CalOptima Health's shall provide feedback to the Health Network within seven (7) calendar days.
- e. The Health Network shall address feedback to meet readability and suitability guidelines and standards and resubmit for approval within seven (7) calendar business days.
- f. Upon receiving approval, a Health Network may proceed to translate the English version document into CalOptima Health's Threshold Languages.

C. CalOptima Health Oversight

- 1. CalOptima Health shall review all previously approved written Member Health Education Materials, including Field-Tested materials when required, every five (5) years, or any time the material is updated or changed to ensure that visual images; health and medical information are accurate, current and meet the Readability and Suitability Checklist requirements.
- 2. CalOptima Health must obtain at a minimum an annual report from Health Networks or Health Maintenance Organizations (HMOs) delegated for reviewing and approving Member Health Education Materials to ensure that Readability and Suitability requirements are met as set forth in this Policy.

IV. ATTACHMENT(S)

- A. Review and Approval Guidance for Written Health Education and Member Information Materials (May 2018)
- B. Readability and Suitability Checklist for Written Health Education Materials (July 2018)

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health PACE Program Agreement
- C. CalOptima Health Policy DD.2002: Cultural and Linguistic Services
- D. CalOptima Health Policy GG.1201: Health Education Programs
- E. Department of Health Care Services (DHCS) All Plan Letter (APL) 18-016: Readability and Suitability of Written Health Education Materials (Supersedes APL 11-018)
- F. Title 42, Code of Federal Regulations (CFR), Chapter IV
- G. Title 42, U.S. Code §1396u-2(a)(5)(A) 438.10 (c)(d)
- H. Title 22, California Code of Regulations (CCR), §§53876 (a), 53851(b)(2)(e), 53853(d) and 53910.5(a)(2))

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
02/03/2016	Department of Health Care Services (DHCS)	Approved as Submitted
07/22/2019	Department of Health Care Services (DHCS)	Approved as Submitted
11/09/2022	Department of Health Care Services (DHCS)	File and Use
12/07/2023	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/2011	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal
Revised	11/01/2015	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2017	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal OneCare OneCare Connect PACE
Revised	09/01/2018	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal OneCare OneCare Connect PACE
Revised	05/01/2019	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2020	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal OneCare OneCare Connect PACE
Revised	09/01/2021	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal OneCare PACE
Revised	11/01/2023	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal OneCare PACE
Revised	10/01/2024	GG.1206	Readability and Suitability of Written Health Education Materials	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Department of Health Care Services (DHCS)	The single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
End Stage Renal Disease (ESRD)	That stage of kidney impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplantation to maintain life. End Stage Renal Disease is classified as Stage V of Chronic Kidney Disease. This stage exists when renal function, as measured by glomerular filtration rate (GFR), is less than 15ml/min/1.73m ² and serum creatinine is greater than or equal to eight, unless the Member has diabetes, in which case serum creatinine is greater than or equal to six (6). Excretory, regulatory, and hormonal renal functions are severely impaired, and the Member cannot maintain homeostasis.
Field Testing	A testing process to ensure health education materials which are developed, adapted, or obtained from outside sources are appropriate for Member target audiences.
Health Education Materials	Materials designed to assist Members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, includes updates on current health conditions, self-care, and management of health conditions. Topics may include messages about preventive care, health promotion, screenings, disease management, healthy living, and health communications.
Health Maintenance Organization (HMO)	A health care service plan, as defined in the Knox-Keene Health Care Service Plan Act of 1975, as amended, commencing with Section 1340 of the California Health and Safety Code.
Health Network	A Health Network is a Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A beneficiary enrolled in a CalOptima Health program.
Qualified Health Educator	A qualified health educator is defined as a health educator with one (1) of the following qualifications: <ol style="list-style-type: none"> 1. Master of Public Health (MPH) degree with a specialization in health education or health promotion, from a program of study accredited by the Council on Education for Public Health, sanctioned by the American Public Health Association; or 2. Master Certified Health Education Specialist (MCHES) awarded by the National Commission for Health Education Credentialing, Inc.

Term	Definition
Threshold Languages	<p><u>Medi-Cal</u>: Those languages identified based upon State requirements and/or findings of the Population Needs Assessment (PNA).</p> <p><u>OneCare</u>: A threshold language is defined by CMS as the native language of a group who compromises five percent (5%) or more of the people served by the CMS Program.</p>