CHCF Issue Brief

Making Medicaid Communications Easy to Understand: Cross-Project Insights

In 2022, more than 15 million Californians — approximately one in three — relied on Medi-Cal for health insurance.[1] Medi-Cal, California's Medicaid program, provides health coverage to Californians with low incomes, including families with children, adults, seniors, people with disabilities, pregnant people, and others.

For a variety of reasons, many Medi-Cal applicants and enrollees cannot easily read or understand the important program documents that are created specifically for them. Sometimes, this is because the documents are written at a higher reading level than that of many Medi-Cal applicants and enrollees. Sometimes translations are inaccurate – or don't exist

at all. It can be challenging to describe complex federal and state rules in simple terms. Together, these challenges can deter people from applying for, obtaining, keeping, and using Medi-Cal.

With a goal of providing recommendations to improve the readability of Medi-Cal communications, CHCF supported several projects between 2020 and 2023, which are briefly described in Table 1. This report synthesizes high-level learnings from these projects so that Medicaid administrators, advocates, and stakeholders in California and across the nation can improve the readability of written materials. It also details methods and insights into how to do this work, including policy recommendations.

Table 1. Overview of Projects that Inform This Report

PROJECT NAME	PROJECT GOAL	TYPES OF DOCUMENTS INCLUDED	TYPES OF RESEARCH	LANGUAGES IN ADDITION TO ENGLISH
Improving the Usability of Medi-Cal Enrollee Communications Plain and Clear: Making the Medi-Cal Rights and Responsibilities Document Easier to Understand for Enrollees	Assess a range of existing documents for readability and usability, make recommendations for improvement, and identify clear communication processes and policies that DHCS could adopt going forward.	Forms Informational documents Flyers	Key informant and 1:1 interviews	Spanish, Vietnamese, and Mandarin
Consumer Research on the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) Outreach Education Toolkit	Assess new documents to help DHCS describe and publicize the full range of Medi-Cal services available to children and youth via the newly named Medi-Cal for Kids and Teens benefit.*	Brochures Informational documents	Small group interviews, 1:1 interviews, and post-interview surveys	Spanish

PROJECT NAME	PROJECT GOAL	TYPES OF DOCUMENTS INCLUDED	TYPES OF RESEARCH	LANGUAGES IN ADDITION TO ENGLISH
Communicating to Medi-Cal Members About the Unwinding	Assess and improve new promotional materials aimed at keeping Medi-Cal enrollees covered during the unwinding of the (COVID-19) Medi-Cal Continuous Coverage Requirement.	Flyers Social media ads	Small group interviews	Spanish, Vietnamese, and Cantonese

Note: *DHCS* is the California Department of Health Care Services.

Sources: Author analysis of Beccah Rothschild, "Plain and Clear: Making Medi-Cal Communications Easy to Understand," CHCF, January 20, 2022; Consumer Research on the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) Outreach Education Toolkit (unpublished DHCS document); Beccah Rothschild, "Plain and Clear: Making the Medi-Cal Rights and Responsibilities Document Easy to Understand," CHCF, July 20, 2023; "Communicating to Medi-Cal Members About the Unwinding," CHCF, June 20, 2023.

* This project led to the program's name being changed from EPSDT to "Medi-Cal for Kids and Teens."

Cross-Cutting Findings and Recommendations

During in-depth interviews for the projects listed above, Medi-Cal enrollees pointed out several readability and usability-related challenges that prevented them from being able to read, understand, and act on the documents they received. These challenges are important to address so that, going forward, Medicaid applicants and enrollees nationwide will more easily be able to apply for, obtain, keep, and use their benefits.

Findings led to the following recommendations:

1. Use everyday language and minimize jargon and acronyms.

Applicants and enrollees can get confused and overwhelmed by jargon and acronyms, both of which may lead them to give up on what they're reading, guess at meanings, and/or re-read sentences until all context is lost. Use everyday language and define acronyms and jargon if they must be used. Common acronyms, such as AIDS and COVID, do not need to be spelled out.

Examples of words and phrases that have led to confusion — paired with suggested replacement phrases — are listed below.

Table 2. Confusing Words/Phrases and Suggested New Words/Phrases

ORIGINAL WORD, PHRASE, OR ACRONYM	SUGGESTED WORD/PHRASE
Assets	Your money and property
AR (Authorized representative)	An "authorized representative" is someone you choose to make decisions about your Medicaid for you. This could be a friend, family member, or someone else you trust.
LTC (Long-term care)	Long-term care helps when someone cannot manage their health or personal care, on their own, for a long period of time. Long-term care can include a skilled nursing home, assisted living home, and hospice.
Medically necessary	Medically necessary means health care services or supplies that are needed to diagnose or treat an injury, illness, or disease.

ORIGINAL WORD, PHRASE, OR ACRONYM	SUGGESTED WORD/PHRASE
Members of your household	(Specifically list who this does and does not include, such as spouses, registered domestic partners, dependent children who do or do not live in the home, foster children, roommates, non-married partners, and/or parents. It can also be explained as "everyone who is included on your tax return.")
Quarterly	Every three months

Sources: Author analysis of Beccah Rothschild, "Plain and Clear: Making Medi-Cal Communications Easy to Understand," CHCF, January 20, 2022; Consumer Research on the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) Outreach Education Toolkit (unpublished DHCS document); Beccah Rothschild, "Plain and Clear: Making the Medi-Cal Rights and Responsibilities Document Easy to Understand," CHCF, July 20, 2023; "Communicating to Medi-Cal Members About the Unwinding," CHCF, June 20, 2023.

"Please just use words we know and that are common, like yearly and every three months. We don't need fancy terms like annually and quarterly. Just keep things simple so that we can get through this."

-Black female (early-60s) Medi-Cal enrollee, Central California; completed 10th grade; has a disability

2. Lead with a purpose statement and specific action steps.

Applicants and enrollees want to glance at a document, quickly understand its purpose, and know what they need to do. Begin documents with a descriptive title; a clearly written purpose statement; and, when warranted, straightforward and specific action steps. Cluster topical information together, eliminate redundancies, and ensure all statements support or explain each other.

Example
"This form is for people who currently have Medicaid and want to add another family member to their case. This can include a spouse, a baby, or a new tax dependent, for example. You can add a new person in these 4 ways…"

"I like that what you did here shows what to do in four steps. Some people have barriers and can't read or fill out the form, or don't have the mental capacity...so I'm glad you show these four steps. That was clear."

– Black female (mid-40s) Medi-Cal enrollee, northern California; completed some college; has a disability

3. Lead with statements rather than questions.

Applicants and enrollees have doubts and concerns about many items related to getting, keeping, and using their health coverage. They want affirmations and knowledge. Construct headers as statements rather than questions.

"Maybe you could just explain it… don't be asking a question at first and then giving us the answer. Just tell us what we need to know up in that header part. We don't need more confusion with a question."

–Black female (mid-50s) Medi-Cal enrollee, northern California; completed 10th grade; has a disability

Example
Original sub-header. What can you do if you are unsatisfied with your child's care, doctor, or health care provider?

Suggested revision of sub-header. You can file a formal complaint if you are not satisfied with your child's care, doctor, hospital, or other health care provider.

4. Spell out and boldly communicate the urgency of time-sensitive and new information.

Applicants and enrollees get frequent communications related to their health care, much of which is or may seem redundant. When a communication is time sensitive (e.g., an enrollee may lose their benefits if they

do not reply within a certain timeframe) or new information is being communicated (e.g., their restricted Medicaid will upgrade to full scope Medicaid), use phrasing such as "urgent," "you may lose your benefits," "take action," or "new health care benefits for your family" in large red font on the envelope and within the document itself.

"It would really catch my attention if it said in big, bold, red letters, 'Urgent: It's time to renew your benefits.'"

– Latino/x male (mid 50s) Medi-Cal enrollee, Southern California; completed high school

5. Provide the right amount of detail.

The sweet spot for detail lies between what is nice to know and what is needed to know. Explain elements such as programs, eligibility, and available support in enough detail to make the communication useful – but not so much detail that it is overwhelming.

Example

"You have the right to get help obtaining services from the Medi-Cal programs listed below.

▶ Family planning services to help with birth control and more.

▶ Comprehensive Perinatal Services Program to help with breastfeeding, nutritional services, mental health services, and more, during and after pregnancy.

▶ Personal Care Services Program to help you stay at home safely instead of going to a nursing home or long-term care facility.

Medi-Cal is required to give you information on these programs. Ask your case worker for details."

"Shut up! I can get all these services that you listed there? This is good to describe them like you did… It's important because when I was reading them, I couldn't get the name of them all and asked myself, 'What's that? What's that mean?' And then I started reading it more, and I said, 'Ok, so that's what it is. That's what

this program will do for me.' By adding those details, you answered my question right there before I even could finish asking it. I like that it's added in there what the program is – keep that right there!"

-Black female (early 60s) Medi-Cal enrollee, Central California; completed 10th grade; has a disability

6. Include contact information that is consistently formatted and language specific.

Provide multiple channels for contact (e.g., a phone number that a person answers, an email address, a website, and a text number) in formats that are consistent and recognizable. Offer language-specific contact information to improve access to care and lessen dependence on family and friends for those who speak languages other than English. Avoid vague phrases such as, "Help is available in many languages."

"Make it straightforward who they can call with questions or any concerns. Provide a number that they see right away and where they know someone will answer who speaks their language. Just make it obvious and easy to find!"

-Staff member who works in program integration and community impact at an immigrant-focused community center in northern California

Example

"Call the Spanish phone line at 888-XXX-XXXX or go to the Spanish-language website at www.AyudaEnEspanol. MedicaidProgram.gov."

Note: This URL is fictitious and used as an example.

7. Use design elements to improve readability and understanding.

Hunting for important and relevant information by sifting through letters, pamphlets, and brochures can be daunting for applicants and enrollees. To facilitate

understanding and ease this burden, use well-established design elements to maximize flow, readability, and understanding.

▶ Provide ample "blank space" on each page so that it does not look overwhelming.

▶ **Bold important information** so it is easier to locate.

▶ Keep bulleted lists to five or fewer items to minimize list-reading.

▶ Use consistent formatting styles (i.e., font sizes and types, levels of headers, colors) to ease navigation and increase reader confidence.

▶ Use photos that represent the diversity of Medi-Cal applicants and enrollees in terms of body type, race and ethnicity, gender, health status, and age to ensure that photos look like "real people" and to improve believability.

"I just focus on the bold areas so as not to get confused. Once you start to see things you don't know, you start to wonder, 'Do I need this?' I would just skip that and read the bold that tells me why I'm getting the letter and what I need to do."

-Latina/x female (mid-30s) Medi-Cal enrollee, southern California; completed some college

8. Simplify information about income, taxes, and household size.

Eligibility requirements related to household income, household size, and tax dependents are often confusing. For those with fluctuating incomes due to gig work, new jobs, and/or people moving in and out of households regularly, it can be frightening and complicated to accurately estimate an annual household income and determine whether they remain within the allowable income threshold. This challenge can also lead people to erroneously believe they are ineligible for Medicaid and fail to apply. Consider removing references to specific allowable income amounts and instead use comparative statements as eligibility guides and encourage people to apply even if they are unsure whether they qualify.

"If your income fluctuates, you have no way to know what you'll get in the next 12 months, and that's stressful to try and guess. If you guess wrong, you might not qualify for Medi-Cal. I don't want to risk guessing wrong, so I might just not do it at all."

- Latinx female (mid-30s) Medi-Cal enrollee, southern California; completed some college

9. Increase knowledge of your state Medicaid agency and emphasize its official nature.

Applicants and enrollees may not know the name of their state's Medicaid agency, or they may be familiar with the name but not recognize that it administers Medicaid. Spell out the agency's name and consistently show its Medicaid logo in conjunction with the name of the program (e.g., Medi-Cal, BadgerCarePlus, TennCare). Include phrasing that Medicaid is a state-run, governmental program. This can inspire trust.

"If it's coming from the state of California or a direct linkage to anything that has a state seal on it or a government seal on it, I would feel more comfortable."

– Black female (mid-60s) Medi-Cal caregiver, central California

10. Explain the rationale for asking personal questions.

Applicants and enrollees who feel that they are being asked overly personal or invasive questions may skip these questions and potentially lose coverage. Either provide an introduction that minimizes the intrusiveness of such questions or offer a brief explanation of why it is important to answer such questions.

"It makes me think, 'Why do you need to know that? What does that have to do with Medi-Cal?' Definitely put an explanation, such as 'We understand that these questions are intrusive, but we're asking these questions to determine eligibility on how to best serve you.'"

– Black/Indigenous female (mid-30s) Medi-Cal enrollee, northern California; completed some college

Example

Original phrase. Pregnant? Due date? Number of babies?

Suggested revision. Your answers to these questions provide information about your family size. This is important to help you get or keep Medi-Cal coverage. Pregnant people count as two or more people, so it makes a difference if someone is pregnant. Also, someone who is pregnant and has Medi-Cal can keep it, without a break, for 12 months after the pregnancy ends — regardless of how it ends.

11. Minimize words and concepts that stoke fear or could be perceived as insulting.

Applicants and enrollees may feel intimidated or put at risk by certain statements and questions, which can lead them not to apply for or continue their coverage. Provide specific details when writing about topics that may feel highly sensitive or intimidating, such as immigration or fraud. Use wording that is reassuring and honest.

"Make it seem more welcoming so that people can be truthful about their situation. This could scare me. It's a lose-lose situation. I don't want to lie – we can't lie on these forms... Maybe they could come out and reassure us... Otherwise, this is very scary."

– Latina/x female (late 20s), southern California; has an associate degree

Example

Original phrase. I know that if I do not tell the truth on this form, there may be a civil or criminal penalty for perjury that may include up to four years in jail (see California Penal Code section 126).

Suggested revision. I'm signing this application under penalty of perjury. This means that I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false or untrue information on purpose.

12. Ensure that messaging is consistent.

Applicants and enrollees get frustrated when there is conflicting messaging within or across documents. Information about Medicaid and health care is inherently confusing, making it of utmost importance to ensure that messaging is presented in a linear way and without any contradictions.

"What are they saying? I don't understand... I don't understand at all. It's sending two different messages. Am I going to get [Medi-Cal] or am I not going to get it?"

– Black female (early 60s), Medi-Cal enrollee, Central California, completed some high school, has a disability

13. Create vanity URLs and/or QR codes.

Some applicants and enrollees want to get information online, but many URLs are long, complicated, and difficult to accurately type — especially for those with limited literacy or computer skills, physical abilities, or English proficiency. Create vanity URLs and/or QR codes to increase accessibility. Also consider using URLs that end in ".gov," which tend to be more trusted, particularly among immigrants.

"There are too many back slashes to type. It's very irritating. Make it short and simple!"

– White female (mid-40s) Medi-Cal enrollee, Central California; completed vocational college; has a disability

Example

Original URL. https://www.dhcs.ca.gov/services/cancer/EWC/Pages/ewc-clinic-locator.aspx

Suggested revision. www.EveryWomanCounts.gov

Process

The findings described above were the result of a multi-step process that included key informant interviews, interviews with Medi-Cal applicants and enrollees, a survey, and more. That process, which can be easily replicated, is described below.

1. **Initial interviews.** This project utilized two types of interviews prior to revising enrollee-facing materials.

   ▶ *Key informant interviews.* These interviews sought information from those considered most knowledgeable ("key informants") about how Medi-Cal documents are used, who uses them, what challenges people face when using them, and how they might be improved. Informants included advocates, attorneys, Medi-Cal enrollment counselors, health care providers, and others.

   ▶ *Baseline one-on-one and small group interviews with applicants and enrollees.* These in-depth interviews sought insights from people who ultimately use the documents being modified. Interviews focused on decision-making factors, attitudes, preferences, and points of confusion.

2. **Document revision.** This process was based on findings from the initial interviews as well as best practices for health literacy.[2] It included writing with simple sentences, removing jargon, omitting non-essential information, presenting information with a consistent and logical flow, using design elements to guide the reader through the document, and personalizing the document.

3. **Additional user testing on the revised document.** This additional testing ensured that new phrases and concepts were clear and that readers could easily navigate through the revised document. This process mirrored the previously described interviews and, for one project, included post-interview surveys with applicants and enrollees. These surveys provided quantitative feedback to support findings from the in-depth interviews.

4. **Document finalization.** This time-consuming process includes formatting the document for Americans with Disabilities Act (ADA) purposes, uploading it into the Medi-Cal portal and/or website, and preparing it for large-scale printing.

Policy and Best Practice Recommendations

The high-level findings and recommendations presented in this report provide concrete methods for improving the content of communication materials for Medicaid applicants and enrollees. However, law and policy often constrain the modifications that Medicaid agencies can make. For those reasons, it is also important for Medicaid agencies to consider the policy and best practice recommendations listed below, which can serve as additional mechanisms for implementing large-scale and long-lasting change.

1. **Prioritize health literacy.** Become an organization that advances health literacy via leadership, planning, quality improvement, and evaluation.[3] Follow the National Action Plan to Improve Health Literacy.[4] Agree that everyone has the right to health information that helps them make informed decisions and that health services should be delivered in ways that are understandable and benefit one's health, longevity, and quality of life. Adhere to Plain Language laws, requirements, and guidelines; standards for health education; and national Culturally and Linguistically Appropriate Services (CLAS) standards.[5] Finally, learn more about health literacy activities in your state.[6]

2. **Provide health literacy, clear communication, and cultural and linguistic training to all staff and consultants working to improve Medicaid communications.** Training can be in person, virtual, online, at conferences, or in the form of a certificate

program.[7] This will provide staff with an opportunity to learn or improve a specific skillset; ensure that the best and most recent clear communication techniques are being integrated into state materials; and significantly improve the ease with which eligible Medicaid enrollees can apply for, use, and retain their benefits — regardless of literacy level or linguistic background.

3. **Audit all written applicant and enrollee communications to determine where redundancies exist and can be eliminated.** Enrollees receive many communications; sending them only what is necessary can minimize confusion and improve response time. Seek guidance from Medicaid enrollers, Medicaid eligibility workers, and staff at clinics and community-based organizations (CBOs) who assist applicants and enrollees with their paperwork and are familiar with the existing communication materials. If documents are duplicative, determine if they can be merged or removed from circulation.

4. **Establish and enforce a Medicaid communications revision policy.** Collaborate with stakeholders to determine which documents need revising, whether any documents are already in the updating pipeline, and which modifications will yield the highest rate of return. Consider the number of Medicaid enrollees who use the document and whether it is needed to determine eligibility, availability of services, and/or enrollee rights and protections.

5. **Use the process of revising Medicaid communications as an opportunity to align with new or upcoming state laws, federal laws, or temporary protective regulations by adding, editing, or omitting specific information.** Medicaid communications can be resource-intensive to produce and may not be updated frequently. Use this process to add, edit, or omit information in ways that align with new laws and regulations, such as modifying questions and details about immigration status and eligibility, providing details about increased perinatal and postpartum benefits, adding questions about sexual orientation or gender identity, or updating phrasing about programs and benefits that may have been impacted by the onset and subsequent unwinding of the COVID-19 public health emergency. Create internal policies that allow the state Medicaid agency to be sufficiently nimble to quickly shift and revise materials based on changing regulations.

6. **Determine which subject-matter experts, units, and departments within the state Medicaid agency use, have influence on, or will be impacted by the communication – and involve them throughout the entire process.** Documents for Medicaid applicants and enrollees are complex. Each piece of information included may hinge on another. Before starting the rewrite process, query subject matter experts on how the documents are used and by whom. Plan for the fact that some Medicaid communications contain messaging that needs insight and input from multiple units and departments. Collaborate with legal counsel to ensure documents convey all required information in ways that are accurate, understandable, and welcoming.

7. **Create a transparent, efficient, and replicable project-management process.** Discuss project expectations, concerns, communication processes, and roles for everyone involved. Confirm that this project does not duplicate other efforts, and allow for flexibility for the unforeseeable, including policy, staffing, and leadership changes. Integrate ample time and budget to gather stakeholder input; conduct baseline and follow-up testing with Medicaid applicants and enrollees; and rewrite, design, translate, and revise based on learnings. Non-governmental stakeholders, such as legal aid organizations, community clinics, Medicaid managed care health plans, community centers, women's health organizations, and linguistic-access advocacy groups often know the needs of the Medicaid-eligible population, the legal- and policy-related details of what does and does not need

to be included in Medicaid communications, and the history of what's previously been attempted, succeeded, and failed. Engage them regularly throughout the process and ensure that comprehensive methods are in place to incorporate their suggestions. Identify one staff member at the state Medicaid agency, ideally with cross-division and cross-departmental knowledge, to provide sign off and make final decisions.

8. **Translate all communications, test them with the target population, and implement recommended changes.** Establish and enforce a consistent policy for professional linguistic translation and cultural adaptation. Use a vetted, independent, third-party organization to translate and edit materials. Follow this with user testing with the target population in each language to ensure that concepts and context are understandable, actionable, and culturally appropriate. Allot time and budget to implement recommended changes. Investigate whether state funds are available for translating Medicaid forms and if Medicaid managed care plans in your state are required to translate member-facing materials, as they are in California.[8] Identify your state's threshold languages early in the process.[9]

9. **Create a style guide that adheres to best plain-language and health literacy practices.** Include instructions on how to write in a clear, concise, and consistent manner. This includes presenting information in a logical and chronological order, using a personal and inviting tone, integrating examples to provide clarity, and incorporating basic design concepts to make documents visually appealing and inviting. Use the Assistance Application Standards and Guidelines from the Michigan Department of Health and Human Services as an example.[10] Distribute the style guide to all state Medicaid agency staff, contractors, and consultants involved in creating and reviewing applicant- and enrollee-facing communications.

10. **Create and maintain a publicly available glossary for each threshold language.** Base the glossary on insights from applicants and enrollees. Incorporate words and phrases that are common to Medicaid and health care. Ensure that the glossary is a living document that can be easily updated as words, phrases, and cultures adapt and evolve. Make the glossary publicly available so that staff, contractors, consultants, advocacy organizations, Medicaid managed care plans, and other collaborating organizations have access to it. This will help with consistency across documents that are created internally and externally.

Conclusion

Medi-Cal enrollees who participated in the projects described in this report expressed gratitude for their low-cost or no-cost health coverage. Like most people enrolled in Medi-Cal, they appreciate the value of their health insurance. However, they also expressed feelings of confusion, intimidation, and offense when talking about the forms and documents they are tasked with reading. This paper explains multiple approaches to address these issues.

Medicaid agencies, advocates, and stakeholders nationwide can use the findings and recommendations in this report to improve the readability and usability of future Medicaid forms, documents, and written materials. These recommendations may help many more individuals enroll in Medicaid and use the health care to which they are entitled.

About the Author

Beccah Rothschild, MPA, is the principal of Health Engagement Strategies, a consultancy that aims to improve health outcomes by influencing health behaviors, systems, and cultures. She has more than 25 years of experience working to make health information clear and understandable.

About the Foundation

The **California Health Care Foundation** (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

Acknowledgements

Endnotes

1. "Medi-Cal Enrollment Update," California Department of Health Care Services (DHCS), February 21, 2023.

2. "Five Steps to Plain Language," Center for Plain Language, accessed February 1, 2024; "Checklist for Plain Language," The Plain Language Action and Information Network (PLAIN), accessed February 1, 2024.

3. Cindy Brach et al., Ten Attributes of Health Literate Health Care Organizations (PDF), Institute of Medicine of the National Academies, June 2012.

4. "National Action Plan to Improve Health Literacy," US Department of Health and Human Services, accessed May 20, 2023.

5. "About," PLAIN, accessed February 1, 2024; "Standards for Health Education," Centers for Disease Control and Prevention (CDC), last reviewed September 18, 2023; "National CLAS Standards," US Department of Health and Human Services, accessed February 1, 2024.

6. "Health Literacy Activities by State," CDC, last reviewed November 14, 2023.

7. Suggested training opportunities include, but are not limited to: Health Literacy Connections; IHA Health Literacy Specialist Certificate Program; IHA Annual Health Literacy Conference: PlainLanguage.gov classes for federal agencies; and the Health Literacy Annual Research Conference.

8. Michelle Baass (director, DHCS) to all Medi-Cal managed care health plans, "Standards for determining threshold languages, nondiscrimination requirements, and language assistance services" (PDF), All-Plan Letter 21-004 (revised), May 3, 2022.

9. "Appendix A — Top 15 Non-English Languages by State (PDF)," Centers for Medicare & Medicaid Services, January 13, 2017.

10. Michigan Department of Health and Human Services: MDHHS-1171 Assistance Application Standards and Guidelines (PDF), Civilla and the Michigan Department of Health and Human Services (MDHHS), 2018.