

405 - CULTURAL COMPETENCY, LANGUAGE ACCESS PLAN, AND FAMILY/PATIENT MEMBER¹ CENTERED CARE

EFFECTIVE DATES: 03/02/00, 10/01/12, 05/01/14, 07/01/16, 10/01/17, ~~XX/XX/XX~~²

REVISION

APPROVAL DATES: 11/16/10, 01/01/11, 10/02/12, 04/17/14, 06/02/16, 02/22/17, 02/21/19³

I. PURPOSE

This Policy applies to ~~Acute~~ AHCCCS Complete Care (ACC), ALTCS ~~/E/PD~~, ~~CRS~~, ~~DCS/CMDP (CMDP)~~, DES/DDD (DDD), and RBHA Contractors. The purpose of this Policy is to outline ~~the requirement that~~ Contractor requirements sfor offer providing⁵ accessible and high quality health care services, in a culturally competent manner, ~~to meet the needs of members with diverse cultural and ethnic backgrounds, including those with limited English Proficiency, disabilities, and regardless of gender, sexual orientation or gender identity and provide family /patient centered care, as applicable⁶.~~

II. DEFINITIONS

COMPETENT Properly or well qualified and capable.

CULTURAL COMPETENCY A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals, which enables that system, agency or those professionals to work effectively in cross-cultural situations. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs beliefs, values, and institutions of racial, ethnic, religious or social groups. Competence implies having the capacity to function effectively as an individual and an organization with the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

CULTURE The integrated pattern of human behavior that includes language, thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. Culture defines the preferred ways for meeting needs, and may be influenced by factors such as geographic location, lifestyle, and age.

¹ Updated from patient to ‘member’ throughout policy for consistency

² Date Policy effective

³ Date Policy presented at APC

⁴ Changed throughout Policy to reflect AHCCCS Complete Care (ACC) RFP YH19-0001

⁵ Replaced offering with ‘providing’

⁶ Revised for flow and clarity; removed redundant language

FAMILY-CENTERED

Care that recognizes and respects the pivotal role of the family in the lives of members. It supports families in their natural care-giving roles, promotes ~~normal inherent~~ patterns of living, and ensures family collaboration and choice in the provision of services to the member. When appropriate the member directs the involvement of the family to ensure person centered care.⁷

INTERPRETATION

The conversion of oral communication from English into the member’s preferred language while maintaining the original intent.

LANGUAGE ASSISTANCE SERVICE⁸

Services as specified in 45 CFR 92.4 including, but not limited to:

1. Oral language assistance, including interpretation in non-English languages provided in-person or remotely by a qualified interpreter for an individual with limited English proficiency, and the use of qualified bilingual or multilingual staff to communicate directly with individuals with limited English proficiency.;
2. Written translation, performed by a qualified translator, of written content in paper or electronic form into languages other than English.; and
3. Taglines.

LIMITED ENGLISH PROFICIENCY (LEP)

For purposes of this Policy, LEP refers to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. ~~can be limited English proficient, or “LEP”. These individuals may be entitled language assistance with respect to a particular type or service, benefit or encounter.~~⁹

LINGUISTIC NEED

For the purposes of this ~~P~~**p**olicy, linguistic need is defined as the necessity of providing services in the member’s primary language, including sign language, and the provision of ~~interpretive~~ interpretation¹⁰ and translation services.

PREVALENT NON-ENGLISH LANGUAGE

A language determined to be spoken by a significant number or percentage of members who have a limited English proficiency.

⁷ Updated to align with ACC contract language

⁸ New definition added by group

⁹ Revised definition for LEP;

¹⁰ Revised to ‘interpretation’

QUALIFIED INTERPRETER¹¹

An interpreter who via a video remote interpreting (VRI) service or an on-site appearance: Adheres to generally accepted interpreter ethic principles, including client confidentiality; has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology [45 CFR 92.4].

QUALIFIED TRANSLATOR¹²

A translator who: adheres to generally accepted translator ethic principles, including client confidentiality; has demonstrated proficiency in writing and understanding both written English and at least one other written non-English language; and is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology [45 CFR 92.4].

TRANSLATION

The conversion of written communication from English into the member's preferred language while maintaining the original intent.

VITAL MATERIALS

Written materials that are critical to obtaining services which include, at a minimum, the following:

1. Member Handbooks,
2. Provider Directories,
3. Consent Forms,
- 3.4. Appeal and Grievance Notices,
- 4.5. Denial and Termination Notices.

III. POLICY

A. CULTURAL COMPETENCY PLAN

The Contractor shall have a comprehensive cultural competency program that is inclusive of those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity [42 CFR 438.206(c)(2)].-The Contractor shall have a comprehensive Cultural Competency program that includes measureable and sustainable goals and develop a written Cultural Competency Plan (CCP) as outlined in 42 CFR 438.206(c)(2).

The CCP shall describe how care and services will be delivered in a Culturally Competent manner and shall include all information provided-specified in Attachment A.

¹¹ New definition added by group

¹² Added as per 45 CFR 92.4

The Contractor shall identify a ¹³ staff member responsible for implementation and oversight of all requirements for the Ceultural Ceompetency program and plan as specified in Contract¹⁴. ~~RBHAs shall employ a Cultural Competency Administrator as a key staff position as described in RBHA Contract, Scope of Work. If there is a change in the staff member responsible for the cultural competency program and plan, the Contractor shall notify the Division of Health Care Management (DHCM).¹⁵~~

¹⁶The Contractor shall ensure Cultural Competency requirements for its providers as required in the Annual Workforce Development Plan and Implementation Progress Report outlined in ACOM 407.

The Contractor's Cultural Competency Plan shall also include:

1. A description of the method(s) used for evaluating the cultural diversity of its membership to assess needs and priorities in order to provide culturally competent care to its membership.
2. An evaluation of its network, outreach services, and other programs to improve accessibility and quality of care for its membership.
3. A description of the provision and coordination needed for linguistic and disability-related services.¹⁷
4. A description of education and training that includes:
 - a. The methods used to train its staff to ensure that services are provided in a culturally competent manner to members of all cultures. Training shall be customized to fit the needs of staff based on the nature of the contacts with providers and/or members,
 - b. Cultural Competency training for all staff during new employee orientation and annually thereafter, and¹⁸
 - c. The methods used for providers and other subcontractors with direct member contact. The education program shall be designed to make providers and subcontractors aware of the importance of providing services in a culturally competent manner and understanding of health literacy. The Contractor shall also make additional efforts to train or assist providers and subcontractors with how to provide culturally competent services. The Contractor shall track provider participation in cultural competency trainings.

The CCP shall address the following:¹⁹

¹³ Added for clarity

¹⁴ Added for clarity.

¹⁵ Removed reference to notifying of change in staff position as that is already a contract requirement.

¹⁶ Removed entire section for WFD as not applicable to this policy. Created a short paragraph to address and refer to ACOM 407 instead.

¹⁷ Reformatted to provide clarity

¹⁸ Section undeleted and moved under B

~~1. Education and Training:~~

- ~~a. The education program consists of the methods the Contractor will use to train its staff to ensure that services are provided in a culturally competent manner to members of all cultures. Training shall be customized to fit the needs of staff based on the nature of the contacts they have with providers and/or members;~~
- ~~b. The education program consists of methods the Contractor will use for providers and other subcontractors with direct member contact. The education program shall be designed to make providers and subcontractors aware of the importance of providing services in a culturally competent manner and understanding of health literacy. The Contractor shall also make additional efforts to train or assist providers and subcontractors with how to provide culturally competent services. The Contractor shall track provider participation in cultural competency trainings, and~~
- ~~c. The Contractor shall ensure all staff receives Cultural Competency training during new employee orientation and annually thereafter.²⁰~~

B. CULTURALLY COMPETENT SERVICES AND TRANSLATION/INTERPRETATION SERVICES

~~The Contractor shall:~~

- ~~— describe the method for evaluating the cultural diversity of its membership to assess needs and priorities in order to provide culturally competent care to its membership;~~
- ~~— Culturally competent care requires that the Contractor~~
- ~~— evaluate its network, outreach services and other programs to improve accessibility and quality of care for its membership~~
- ~~ip It should also~~
- ~~describe the provision and coordination needed for linguistic and disability-related services.²¹~~

The availability and accessibility of Translation/Interpretation services should not be ~~predicated based²²~~ upon the non-availability of a friend or family member who is bilingual. Members may elect to use a friend or relative for this purpose, but ~~they~~ should not be encouraged to substitute a friend or relative for a Translation/Interpretation service.²³ A Contractor, ~~at any point of contact²⁴~~, shall make all members aware that Translation/Interpretation services are available, ~~and provide written notice informing members of the right to translation/interpretation services in their preferred language²⁵~~.

~~Additionally,~~ tThe Contractor shall ensure access to oral Interpretation, Translation, sign language, disability-related services, and provide auxiliary aids and alternative formats upon request. The services offered shall be provided by an individual who is proficient and skilled in Translation/Interpretation. Translation/Interpretation services shall be provided at no cost to members.

¹⁹ [Included new language on workforce development requirements](#)

²⁰ [Section is being replaced with new language above](#)

²¹ [Moved up under CC plan](#)

²² [Changed for clarity](#)

²³ [Refined sentence as translation services are available to all members w/o differentiation](#)

²⁴ [Removed 'at any point'](#)

²⁵ [Section revised to align with Contract language](#)

1. Translations shall be provided in the following manner:
 - a. ~~All written materials for members shall be translated into Spanish regardless of whether or not the materials are Vital.~~²⁶ ~~In addition w~~Written materials that are critical to obtaining services (also known as ~~V~~vital ~~M~~materials) shall be made available in the ~~P~~prevalent ~~N~~non-English ~~L~~language spoken for each LEP population in the Contractor's service area [42 CFR 438.103(d)(3)]. Oral ~~I~~interpretation services shall not substitute for written ~~T~~translation of ~~V~~vital ~~M~~materials, and ~~All written materials for members shall be translated into Spanish regardless of whether or not they are vital, and~~²⁷
 - b. The Contractor shall make oral ~~I~~interpretation services available at no cost to the member. This applies to sign language and all non-English languages, not just those identified as prevalent. The Contractor shall also provide information on which providers speak languages other than English. Refer to ACOM Policy 404.²⁸

2. ~~The Contractor shall provide member information materials in~~²⁹ ~~easy to understand print and member information materials as well as signage in the languages commonly used by the populations in the service area. This includes the production of materials with consideration of members with LEP or limited reading skills, those with diverse cultural and ethnic backgrounds, and those with visual or auditory limitations. in compliance with ACOM Policy 404.~~³⁰

- 2.3. The Contractor and its subcontractors shall:
 - a. ~~Utilize licensed interpreters for the Deaf and the Hard of Hearing, and~~
~~a., and~~
 - b. ~~Provide auxiliary aids or licensed sign language interpreters that meet the needs of the individual member upon request. Auxiliary aids include but are not limited to: computer-aided transcriptions, written materials, assistive listening devices, or systems, closed and open captioning, and other effective methods of making aurally delivered materials available to persons with hearing loss.~~
 - b. The Arizona Commission for the Deaf and the Hard of Hearing provides a listing of licensed interpreters, information on auxiliary aids, and the complete rules and regulations regarding the profession of interpreters in the State of Arizona.

B.C. CULTURAL COMPETENCY PLAN ASSESSMENT REPORTING

The Contractor shall assess its CCP for effectiveness at a minimum on an annual basis including modifications based on the assessment. The Cultural Competency Plan ~~a~~Assessment ~~should~~³¹ shall consider the following:

1. Linguistic Need.

²⁶ Added to align with ACOM 404

²⁷ Merged b. with a. information is retained

²⁸ Included reference to ACOM 404, Attachment B

²⁹ Revised sentence for flow

³⁰ Replaced with reference to ACOM 404

³¹ Replaced 'should' with 'shall' throughout policy

2. ~~C~~e comparative member satisfaction surveys.⁵
- 1-3. ~~O~~utcomes for certain cultural groups.⁵
4. ~~T~~ranslation/~~I~~nterpretation~~r~~anslator/~~i~~nterpretive services and utilization.⁵
5. ~~M~~ember complaints ~~and~~ grievances.⁵
~~P~~rovider feedback, ~~and/or~~
6. Contractor employee surveys.

Identified issues ~~must~~ shall be tracked and trended, and actions taken to resolve the issue(s). The CCP ~~should~~ shall also address how the Contractor communicates its progress in implementing and sustaining the CCP goals to all stakeholders, members and the general public.

The Cultural Competency Plan Assessment shall be submitted with Attachment A, as specified in the Contract.

~~C~~.D. LANGUAGE ACCESS PLAN

The Contractor shall submit a Language Access Plan annually that indicates how the needs of members with Limited English Proficiency are met. The Language Access Plan shall be submitted with Attachment A, as specified in the Contract. It shall address each of the following elements:

1. Assessment: Needs and Capacity
Processes to regularly identify and assess the language assistance needs of its members, as well as the processes to assess the Contractor's capacity to meet these needs according to the elements of this plan.⁵
2. ~~Oral~~ Language Assistance Services
~~Processes for the provisions of oral language assistance (such as qualified interpreters or staff whose proficiency in non-English languages has been documented), in both face-to-face and telephone encounters, that addresses the needs as specified in assessment above.³²~~ The Contractor shall provide the established point of contact for members with LEP who need language assistance services, such as an office, official, or phone number.
The Contractor shall include the process used to ensure that the interpreters used are qualified to provide the service and understand interpreter ethics and client-member³³ confidentiality needs as specified in 45 CFR 92.4.³⁴⁵
3. Written Translations

³² Language moved above to definition for language assistance services

³³ Changing 'client' to 'member' throughout policy

³⁴ Adding CFR for reference

- Processes to identify, translate, and make accessible in various formats Vital Materials in accordance with assessments of need and capacity conducted as specified in assessment, ACOM Policy 404, and ACOM Policy 406,³⁵
4. Policies and Procedures
Written policies and procedures ~~that ensure~~ members with LEP have meaningful access to programs and activities.
 5. Notification of the Availability of Language Assistance at No Cost
Processes to ensure meaningful access to the Contractor's programs, including notifying current and potential members with LEP about the availability of language assistance at no cost ~~inform members with LEP that language assistance is available at no cost. The Contractor is responsible for taking steps to ensure meaningful access to their programs, including notifying current and potential members with LEP about the availability of language assistance at no cost.~~³⁶ Notification methods may include multilingual taglines in member materials, as well as statements on forms including electronic forms such as agency websites. The results as specified in the Needs and Capacity³⁷ assessment ~~above~~ above should be used to determine the languages in which the notifications should be translated.
 6. Staff Training
Description of employee training to ensure management and staff understand and can implement the policies and procedures of the Language Access ~~this~~ Plan.
 7. Assessment: Access and Quality
Processes to regularly assess the accessibility and quality of language assistance activities for members with LEP, maintain an accurate record of Language Assistance Services, and implement or improve LEP outreach programs and activities in accordance with customer need.
 8. Stakeholder Consultation
Process for engaging stakeholder communities to identify language assistance needs of members with LEP, implement appropriate language access strategies to ensure members with LEP have meaningful access in accordance with assessments of customer member³⁸ need and evaluate progress on an ongoing basis, ~~and~~
 9. Subcontractor Assurance and Compliance
Processes for ensuring subcontractors understand and comply with their obligations under civil rights statutes and regulations enforced by AHCCCS related to language access.

D.E. CRS FAMILY CENTERED AND CULTURALLY COMPETENT CARE

³⁵ Removed no extra value with referencing the policies

³⁶ Reworded for clarity

³⁷ Included name of assessment, 'Access and Quality'

³⁸ Replaced 'customer' with 'member'

The ~~CRS~~ Contractor will provide family-centered care in all aspects of the service delivery system for members with special health care needs, including those with a CRS designation. (³⁹~~as specified in AMPM Policy 330~~). The additional responsibilities of the ~~CRS~~ Contractor for support of family-centered care include but are not limited to:

1. Recognizing the family as the primary source of support for the member's health care decision-making process. Service systems and personnel should be made available to support the family's role as decision makers.~~;~~
2. Facilitating collaboration among recipients, families, health care providers, and policymakers at all levels for the:
 - a. Care of the member,
 - b. Development, implementation, evaluation of programs, and
 - c. Policy development.
3. Promoting a complete exchange of unbiased information between ~~recipients, members,~~ families, and health care professionals in a supportive manner at all times.~~;~~
4. Recognizing cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality within and across all families.~~;~~
5. Implementing practices and policies that support the needs of ~~recipients-members~~ and families, including medical, developmental, educational, emotional, cultural, environmental, and financial needs.~~;~~
6. Participating in ~~f~~Family-~~c~~Centered Cultural Competence Trainings.~~;~~
7. Facilitating family-to-family support and networking.~~;~~
8. Promoting available, accessible, and comprehensive community, home, and hospital support systems to meet diverse, unique needs of the family.~~;~~
9. Acknowledging that families are essential to the members' health and well-being and are crucial allies for quality within the service delivery system.~~;~~ and
- ~~10-10.~~ Appreciating and recognizing the unique nature of each ~~recipient-member~~ and their family.

³⁹ ~~Removed as the AMPM doesn't appear to exist~~