

# 4 Cultural Competency

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Health Choice Arizona is committed to providing access to high quality services delivered in a culturally competent manner. Cultural competency in health refers to being aware of and respecting differences among diverse racial, ethnic, and other minority groups.

Provision of high quality care involves taking steps to apply that knowledge to ensure better communication with patients and their families as well as to improve health outcomes and patient satisfaction.

The delivery of culturally competent health care and services requires health care providers and/or employees to possess a set of attitudes, skills, behaviors, and policies which enable the organization and staff to work effectively in cross-cultural situations<sup>1</sup>. It reflects an understanding of the need for acquiring and using knowledge of the unique health-related beliefs, attitudes, practices, and communication patterns to improve services, strengthen programs, increase community participation, and eliminate disparities in health status among diverse population groups.

## **CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTHCARE STANDARDS AND OBJECTIVES**

Health Choice adopts goals and objectives that align with the CLAS standards<sup>2</sup> listed below:

STANDARD	DESCRIPTION
Principle Standard:	
1	Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages,
Governance, Leadership and Workforce:	
2	Advance and sustain organizational governance and leadership that promote CLAS and health equity through policy, practices, and allocated resources.
3	Recruit, promote, and support a culturally and linguistic diverse governance, leadership, and workforce that are responsive to the population in the service area.
4	Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Communication and Language Assistance:	
5	Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
Engagement, Continuous Improvement, and Accountability:	
9	Establish culturally and linguistically appropriate goals, and management accountability, and infuse them throughout the organization's planning and operations.
10	Conduct ongoing assessments of the organization's CLAS-related activities and integrate
11	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery
12	Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13	Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14	Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

<sup>2</sup> U.S. Department of Health and Human Services; Office of Minority Health: <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>

## PROVIDER RESPONSIBILITIES

Culture plays an important role in the health and behaviors of our members, so provision of culturally and linguistically appropriate services is essential to reducing health disparities among our members. Health Choice providers are required to:

1. Ensure all staff receive training in cultural competence and culturally and linguistically appropriate services during new employee orientation and annually thereafter;
2. Ensure all staff have access to resources for members with diverse cultural needs;
3. Guarantee a member's right to be treated fairly without regard to age, ethnicity, race, sex (gender), religion, national origin, creed, tribal affiliation, ancestry, gender identity, sexual orientation, marital status, genetic information, socio-economic status, physical or intellectual disability, ability to pay, mental illness, and/or cultural and linguistic need; and
4. Deliver services with consideration for the member's preferred language, English proficiency and literacy, visual and auditory abilities.
5. Deliver services so that they are readily accessible to persons with a disability and ensure that people with disabilities get the same access and benefits as other people.

6. Inform members of the availability of language assistance and other services clearly, in their preferred language, verbally and in writing;
7. Ensure the competence of individuals providing language assistance. Health Choice Arizona encourages members to request translation services, instead of relying only on family members, in order for the member to have the best opportunity to understand their health care.
8. Provide easy-to-understand print and multimedia materials as well as signage in the languages commonly used by the populations in the service area.
9. Ensure information disseminated to members meets cultural competence and LEP requirements and make written translated materials available. Print, multimedia materials, and signage should be easy-to-understand and in the languages commonly used by the members in the service area.
10. Provide documents to members in their primary/preferred language when requested by the member or guardian. Providers must also maintain documentation of the member service plan in both the preferred/primary language as well as in English.
11. Document services and assessment in English while making available copies in the member's preferred/primary language when requested.

### **Provider Education /Training**

Health Choice's Provider Relations and Network Services Department educates providers (including subcontractor) regarding the CCP through the Provider Manual, the Health Choice Provider Portal, and as part of routine site visits with contracted provider offices. Provider Services Representatives distribute summary information of the CCP to network providers through provider orientation, which includes details on how the provider can request a hard copy of the CCP at no charge to the provider.

Provider offices have varying needs when serving their patients in a cultural competent manner. To assist with this effort, Health Choice maintains a resource page on its website which is available to all interested parties without a specific "log-on", and allows providers or their staff to select information through its [Cultural Competency link](#) (*Health Literacy link*). This includes several links to excellent resources, including organizations that provide CME for clinicians.

#### *Other Tools for Provider Education*

- Health Choice Provider Manual, Chapter 4  
[http://www.healthchoiceaz.com/docs/providers/providermanual/hca\\_ch-04\\_culturalcompetency.pdf](http://www.healthchoiceaz.com/docs/providers/providermanual/hca_ch-04_culturalcompetency.pdf)
- The Ask Me 3 program, which is approved by AHCCCS, is a national program with the focus on helping patients communicate with their healthcare providers. Provider materials are provided to Health Choice subcontractors, and member materials are distributed to members in case management. The Ask Me 3 website link is accessible through our website. [http://www.healthchoiceaz.com/providers/health\\_literacy.aspx](http://www.healthchoiceaz.com/providers/health_literacy.aspx)

<http://www.hrsa.gov/culturalcompetence/index.html>

Health Choice Arizona and subcontracted providers must make oral interpretation services available to persons with Limited English Proficiency (LEP) at all points of contact. Oral interpretation and sign language services are provided at no charge. To coordinate linguistic services for a member, please contact the Member Services Department. Health Choice Arizona offers Language Interpretation Line, onsite translators, and Sign Language interpreters (see Exhibit 4 .1 AHCCCS Contracts Interpreter guide).

Health Choice Arizona adheres to the rules established by the Arizona Commission for the Deaf and Hard of Hearing, in accordance with A.R.S. § 36- 1946, which cover the following:

- a. Classification of interpreters for the Deaf and the Hard of Hearing based on the level of interpreting skills acquired by that person;
- b. Establishment of standards and procedures for the qualification and licensure of each classification of interpreters;
- c. Utilizing licensed interpreters for the Deaf and the Hard of Hearing; and
- d. Providing auxiliary aids or licensed sign language interpreters that meet the needs of the individual upon request. Auxiliary aids include 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.

## **LAWS ADDRESSING DISCRIMINATION AND DIVERSITY**

Members have the right to be treated with respect and dignity. Members must not be discriminated against based on race, ethnicity, national origin, religion, sex, sexual orientation, gender identity, mental, behavioral, or physical disability, genetic information or source of payment.

### **Section 1557 of the Patient Protection and Affordable Care Act**

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities, and is intended to advance health equity and reduce health care disparities. Physicians that participate in state Medicaid programs are subject to the provisions of this law.

It is the first federal civil rights law to broadly prohibit discrimination on the basis of sex in federally funded health programs. It also includes important protections for individuals with disabilities and enhances language assistance for people with limited English proficiency.

Under Section 1557, providers must comply with the following requirements:

- Post a notice of nondiscrimination and taglines in the top 15 languages spoken by individuals with limited English proficiency.
- Develop and implement a language access plan
- Designate a compliance coordinator and adopt grievance procedures (applicable to group practices with 15 or more employees)
- Submit an assurance of compliance form to Office of Civil Rights at the United States Department of Health and Human Services

For more information regarding the non-discrimination provisions of Section 1557 of the ACA, please see <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>

## The Americans with Disabilities Act

The ADA prohibits business from treating people differently simply because they have a disability.

The definition of disability in the ADA includes people with mental illness who meet **one or more** of these three definitions:

1. A physical or mental impairment<sup>1</sup> that substantially limits one or more major life activities of an individual
2. A record of such an impairment
3. Being regarded as having such an impairment

The ADA protects people with mental disabilities, including people with psychiatric illnesses. The ADA also protects people who have a current mental “impairment” or who are discriminated against because they have a history of such impairment or are regarded as having such an impairment.

Providers who employ less than fifteen persons and who cannot comply with the accessibility requirements without making significant changes to existing facilities may refer the person with a disability to other providers where the services are accessible. Providers who employ fifteen or more persons are required to designate at least one person to coordinate its efforts to comply with federal regulations that govern anti-discrimination laws.

### ADDITIONAL RESOURCES

The following citations can serve as additional resources for this content area:

- 42 *CFR Ch.IV*. (2015, September 15). Retrieved from US Department of Health and Human Services: <http://www.gpo.gov/fdsys/pkg/CFR-2004-title42-vol3/pdf/CFR-2004-title42-vol3-sec438-10.pdf>
- 42 *U.S.C. § 2000d et seq.* . (2015, September 15). Retrieved from Title 42 The Public Health and Welfare: <http://www.gpo.gov/fdsys/pkg/USCODE-2008-title42/pdf/USCODE-2008-title42-chap21-subchapV.pdf>
- AHCCCS. (2015, September 15). *AHCCCS Contractor's Interpreter Services Quick Reference*. Retrieved from Health Choice Arizona: [http://www.healthchoiceaz.com/docs/providers/ProviderManual/HCA\\_Exhibit\\_04-1\\_AHCCCSContractorsInterpreterServicesQuickReference.pdf](http://www.healthchoiceaz.com/docs/providers/ProviderManual/HCA_Exhibit_04-1_AHCCCSContractorsInterpreterServicesQuickReference.pdf)
- American Medical Association. (2015, September 2015). *Culturally Effective Health Care*. Retrieved from American Medical Association: <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/minority-affairs-section/news-resources/culturally-effective-health-care.page?>
- Arizona Commission for the deaf and hard of hearing. (2015, September 15). *Arizona Commission for the deaf and hard of hearing*. Retrieved from Arizona Commission for the deaf and hard of hearing: <http://www.acdhh.org/>

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<sup>1</sup> A mental impairment is defined by the ADA as "any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities."

- Arizona Department of Health Services. (2015, September 15). *Provider Manual Section 3.23 Cultural Competence*. Retrieved from Arizona Department of Health Services Division of Behavioral Health: [http://www.azdhs.gov/bhs/provider/sec3\\_23.pdf](http://www.azdhs.gov/bhs/provider/sec3_23.pdf)
- Arizona Department of Health Services Division of Behavioral Health Services. (2015, September 16). *Policy: 407, Cultural Competence*. Retrieved from Arizona Department of Health Services: <http://www.azdhs.gov/bhs/policy/documents/policies/bhs-policy-407.pdf>
- Arizona Health Care Cost Containment System. (2015, September 15). *Arizona Health Care Cost Containment System*. Retrieved from AHCCCS Contractor Operations Manual: <http://www.azahcccs.gov/shared/Downloads/ACOM/ACOM.pdf>
- C3 Committee Members. (2015, September 15). *Provider and Patient communication Guide*.
- Elayne J. Heisler, R. W. (2010). *Indian Health Care Improvement Act Provisions in the Patient Protection and Affordable Care Act (p.L. 111-148)*. Washington, DC: Congressional Research Service.
- IQ Solutions, Inc. (2001). *National Standards for Culturally and Linguistically Appropriate Services in Health Care*. Washington DC: US Department of Health and Human Services Office of Minority Health. Retrieved September 16, 2001, from <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>
- LEP.gov. (2015, September 16). *Executive Order 13166*. Retrieved from Limited English Proficiency (LEP): <http://www.lep.gov/13166/eo13166.html>
- (1999). *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of The Surgeon General*. Washington, DC: US Department of Health and Human Services.
- Title 9 Health Services*. (2015, September 15). Retrieved from Arizona Administrative Code: [http://apps.azsos.gov/public\\_services/Title\\_09/9-21.pdf](http://apps.azsos.gov/public_services/Title_09/9-21.pdf)
- U.S. Government Printing Office. (2015, September 16). *Chapter 126 Equal Opportunity for Individuals with Disabilities*. Retrieved from United States Code : <http://www.gpo.gov/fdsys/pkg/USCODE-2009-title42/html/USCODE-2009-title42-chap126.htm>
- US Department of Health and Human Services*. (2015, September 15). Retrieved from Code of Federal Regulations: <http://www.gpo.gov/fdsys/pkg/CFR-2007-title45-vol1/pdf/CFR-2007-title45-vol1-sec80-3.pdf>
- US Department of Health and Human Services. (2015, September 16). *Civil Rights*. Retrieved from HHS.gov: <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/>
- US Department of Health and Human Services Office of Minority Health. (2015, September 15). *US Department of Health and Human Services*. Retrieved from Office of Minority Health: <http://minorityhealth.hhs.gov/>