

405 CULTURAL COMPETENCY, LANGUAGE ACCESS PLAN, AND FAMILY/ MEMBER CENTERED CARE

EFFECTIVE DATE: July 19, 2023

REFERENCES: 42 CFR 457.1230(a), 42 CFR 457.1201(d), 42 CFR
438.206(c)(2), 42 CFR 438.3(d)(4), and 45 CFR Part 92; ACOM 405.

PURPOSE

The purpose of this Policy is to set forth Division requirements for providing health care services in a culturally and linguistically competent manner.

DEFINITIONS

1. “Administrative Services Subcontract/Subcontractor (AdSS)” means an agreement that delegates any of the requirements of the Contract with Arizona Health Care Cost Containment System (AHCCCS), including, but not limited to the following:
 - a. Claims processing, including pharmacy claims,
 - b. Pharmacy Benefit Manager (PMB),
 - c. Dental Benefit Manager,
 - d. Credentialing, including those for only primary source verification,
 - e. Management Service Agreements,

- f. Medicaid Accountable Care Organization (ACO),
 - g. Service Level Agreements with any Division or Subsidiary of a corporate parent owner; and
 - h. DDD Subcontracted Health Plan. A person (individual or entity) who holds an Administrative Services Subcontract is an Administrative Services Subcontractor. Providers are not Administrative Services Subcontractors.
2. “Cultural Competency” means a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals, that enables that system, agency, or those professionals to work effectively in cross-cultural situations.
- a. 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. Culture defines the preferred ways for meeting needs and may be influenced by factors such as geographic location, lifestyle, and age.

- b. 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.
3. “Family-Centered” means 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 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.
4. “Interpretation” for the purpose of this policy means the conversion of oral communication from one language into another while maintaining the original intent.
5. “Language Assistance Service” means services including, but not limited to:
 - a. 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,
- b. Written Translation, performed by a Qualified Translator, of written content in paper or electronic form into languages other than English; and
 - c. Taglines.
6. “Limited English Proficiency (LEP)” means 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 to language assistance with respect to a particular type of service, benefit or encounter.
7. “Linguistic Need” means, for the purposes of this policy, the necessity of providing services in the member’s primary or preferred language, including sign language, and the provision of interpretive and Translation services.
8. “Member” means the same as “Client” as defined in A.R.S. § 36-551.

9. “Qualified Interpreter” means, for the purpose of this policy, an interpreter who via over the phone, a video remote interpreting (VRI) service, or an on-site appearance:
- a. Adheres to generally accepted interpreter ethical principles and standards of practice, including client confidentiality,
 - b. 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, considering cultural appropriateness; and
 - c. Has demonstrated proficiency in speaking and understanding both spoken English and at least one other language.
10. “Qualified Translator” means for the purpose of this policy, a translator who:
- a. Adheres to generally accepted translator ethic principles and standards of practice, including client confidentiality;

- b. Has demonstrated proficiency in writing and understanding both written English and at least one other written non-English language; and
 - c. Is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology, considering cultural appropriateness.
11. “Translation” means, for the purpose of this policy, the conversion of written communication, while taking into consideration the cultural context, content and spirit of the message, while maintaining the original intent.
12. “Vital Materials” means information, provided to the member, which assists the member to receive covered services through the Arizona Long Term Care System (ALTCS) program. These materials include but are not limited to:
- a. Member handbooks,
 - b. Notices of Adverse Benefit Determinations,
 - c. Notices of Appeal Resolution,

- d. Consent forms,
- e. Member notices,
- f. Communications requiring a response from the member,
- g. Grievance, appeal, and request for state fair hearing information, or
- h. Written notices informing members of their right to Interpretation and Translation services.

POLICY

A. CULTURAL COMPETENCY PLAN (CCP)

- 1. The Division shall develop and maintain a comprehensive Cultural Competency program that:
 - a. Is inclusive of those with LEP and diverse cultural and ethnic backgrounds, disabilities, race, color, national origin, age, and regardless of sex, gender, sexual orientation, or gender identity.
 - b. Includes measurable and sustainable goals,
 - c. Is available in a written format,

- d. Describes how care and services will be delivered in a culturally competent manner, and shall include all information as specified in ACOM 405 Attachment A,
2. The Division shall identify a staff member responsible for implementation and oversight of all requirements for the Cultural Competency program and plan.
3. The Division shall require its workforce to adhere to all Cultural Competency requirements as specified in this Policy.
4. The Division's CCP shall also include:
 - a. A description of the method(s) used for evaluating the cultural diversity of its membership to assess needs and priorities to provide culturally competent care to its membership,
 - b. An evaluation of its network, outreach services, and other programs to improve accessibility and quality of care for its membership,
 - c. A description of the method(s) used for evaluating health equity and addressing health disparities within the Division's service delivery,

- d. A description of the provision and coordination needed for linguistic and disability related services; and
- e. A description of education and training that includes:
 - i. Methods used to train its workforce to ensure that services are provided in a culturally competent manner to members of all cultures,
 - ii. Training customized to fit the needs of the workforce based on the nature of the contacts with providers and members,
 - iii. Cultural Competency training for the entirety of the workforce during new employee orientation and annually thereafter,
 - iv. Methods used to train members of the workforce with direct member contact,
 - v. Education designed to make members of the workforce and AdSSs aware of the importance of providing services in a culturally competent manner and understanding of health literacy,

- vi. The Division shall also make additional efforts to train or assist its workforce and Division AdSSs with how to provide culturally competent services; and
- vii. The Division shall track workforce participation in Cultural Competency trainings.

B. TRANSLATION AND INTERPRETATION SERVICES

- 1. The Division shall ensure access to oral Interpretation, Translation, sign language, disability-related services, and provide auxiliary aids and alternative formats upon request, and at no cost to the member.
- 2. The Division shall provide Translation and Interpretation services that are accurate, timely, and that protect the privacy and independence of the individual with LEP.
- 3. The Division shall ensure Translation services are provided by a Qualified Translator, and Interpretation services are provided by a Qualified Interpreter.
 - a. The Division shall always, first offer and encourage use of Qualified Interpreter services. Members are permitted to

use an adult accompanying the member with LEP for

Interpretation in the following situations:

- i. When danger is imminent or there is a threat to the welfare or safety of the member, and no Qualified Interpreter is immediately available; or
 - ii. After receiving the Division's offer and recommendation to use a Qualified Interpreter, the member with LEP requests the accompanying adult to interpret or facilitate the communication, the accompanying adult agrees to provide the communication assistance, and reliance on the accompanying adult for assistance is reasonable under the circumstances.
- b. Division staff shall advocate for use of Qualified Interpretation services when an adult accompanying the member is providing communication assistance and:
- i. There is a concern that the Interpretation is not accurate; or

- ii. The content of the conversation is potentially inappropriate to be shared or provided with the accompanying adult.
 - c. The Division shall only permit reliance upon minor children for Interpretation assistance when:
 - i. In an urgent emergency situation when danger is imminent, or there is a threat to the welfare or safety of the member; and
 - ii. There is no Qualified Interpreter immediately available.
 - d. The Division staff shall follow up with a Qualified Interpreter to verify information after the emergency is over, in the event that a minor child has been relied upon to provide Interpretation assistance.
 - e. The Division shall not rely on a minor child for Translation of documents.
- 4. The Division shall ensure Translations and Interpretations are 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.
 - i. Vital Materials shall be made available in the prevalent non-English language spoken for each LEP population in the Division's service area.
 - ii. Oral Interpretation services shall not substitute for written Translation of Vital Materials.
- b. Oral Interpretation services available at no cost to the member.
 - i. This applies to sign language and all non-English languages, not just those identified as prevalent.
 - ii. Information shall be made available on which providers speak languages other than English.
5. The Division shall provide member information materials in compliance with ACOM Policy 404.
6. The Division shall:
 - a. Utilize licensed interpreters for the Deaf and the Hard of Hearing, and

- b. Provide auxiliary aids or licensed sign language interpreters that meet the needs of the member upon request. Auxiliary aids include:
 - i. Computer aided transcriptions,
 - ii. Written materials,
 - iii. Assistive listening devices or systems,
 - iv. Closed and open captioning; and
 - v. Other effective methods of making aurally delivered materials available to persons with hearing loss.

C. CULTURAL COMPETENCY PLAN ASSESSMENT REPORTING

- 1. The Division shall assess its CCP for effectiveness. The assessment shall include modifications as appropriate based on evaluation of the CCP. The CCP Assessment shall consider the following:
 - a. Linguistic Need,
 - b. Comparative member satisfaction surveys,
 - c. Outcomes for certain cultural groups,
 - d. Translation and Interpretation services and utilization,
 - e. Member complaints and grievances,

- f. Provider feedback; and
 - g. Division employee surveys.
 2. The Division shall track and trend identified issues, and actions taken to resolve those identified issue(s).
 3. The CCP shall also address how the Division communicates its progress in implementing and sustaining the CCP goals to all stakeholders, members, and the general public.
 4. The CCP Assessment shall be submitted with ACOM 405 Attachment A to the DDD Compliance department.

D. LANGUAGE ACCESS PLAN

1. The Division shall submit a Language Access Plan with ACOM 405 Attachment A annually, that indicates how the needs of members with LEP are met.
2. The Language Access Plan shall address each of the following elements:
 - a. **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 Division's capacity to meet these needs according to the elements of this plan.

b. Language Assistance Service

The Division shall provide the established point of contact for members who need Language Assistance Services. The Division shall include the process used to ensure that the interpreters used are qualified to provide the service and understand interpreter ethics and member confidentiality needs.

c. Written Translations

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.

d. Policies and Procedures

Written policies and procedures ensuring members with LEP have meaningful access to programs and activities.

e. Notification of the Availability of Language Assistance at No Cost

Processes to ensure meaningful access to the Division's programs including notifying current and potential members with LEP about the availability of language assistance at no cost. 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 Capacity Assessment above should be used to determine the languages in which the notifications should be translated.

f. Workforce Training

Description of employee training to ensure management and staff understand and can implement the policies and procedures of the Language Access Plan.

g. 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.

h. 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 member need and evaluate progress on an ongoing basis.

i. AdSS Assurance and Compliance

Processes for ensuring AdSSs understand and comply with their obligations under civil rights statutes and regulations enforced by AHCCCS related to language access.

E. FAMILY-CENTERED AND CULTURALLY COMPETENT CARE

The Division shall provide Family-Centered care in all aspects of the service delivery system for members with special health care needs.

The additional responsibilities of the Division 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 shall be made available to support the family's role as decision makers;
2. Facilitating collaboration among members, 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 members, families, and health care professionals in a supportive manner at all times;
4. Recognizing cultural, racial, ethnic, geographic, social, spiritual, economic diversity, gender, gender identity, and individuality within and across all families;
5. Implementing practices and policies that support the needs of members and families, including medical, developmental,

educational, emotional, cultural, environmental, and financial needs;

6. Participating in Family Centered Cultural Competency 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. Appreciating and recognizing the unique nature of each member and their family.

F. SUPPLEMENTAL INFORMATION

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.