

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

EFFECTIVE DATES: 03/02/00, 10/01/12, 05/01/14, 07/01/16, 10/01/17, 07/03/19, 10/01/21, 07/20/23, 10/01/24

APPROVAL DATES: 11/16/10, 01/01/11, 10/02/12, 04/17/14, 06/02/16, 02/22/17, 02/21/19, 05/06/21, 06/15/23, 05/07/24

**I. PURPOSE**

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. The purpose of this Policy is to outline Contractor requirements for providing health care services in a culturally and linguistically competent manner.

**II. DEFINITIONS**

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

<b>COMPETENT</b>	<b>CULTURE</b>	<b>FAMILY-CENTERED</b>
<b>INTERPRETATION</b>	<b>LANGUAGE ASSISTANCE SERVICE</b>	<b>LIMITED ENGLISH PROFICIENCY (LEP)</b>
<b>LINGUISTIC NEED</b>	<b>MEMBER</b>	<b>PREVALENT NON-ENGLISH LANGUAGE</b>
<b>QUALIFIED INTERPRETER</b>	<b>TRANSLATION</b>	<b>VITAL MATERIALS</b>

For purposes of this Policy, the following term(s) are defined as:

**CULTURAL COMPETENCY** A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals to work effectively in cross-culture situations.

Competence implies having the capacity to function effectively (e.g., respect and respond) as an individual and an organization within the context of the cultural beliefs, values, behaviors, and needs (e.g., social, cultural, linguistic) presented by consumers and their communities. This includes consideration of national origin, sex, gender, gender identity, sexual orientation, and age.

**QUALIFIED INTERPRETER** An interpreter who via a Video Remote Interpreting (VRI) service, over the phone, or an on-site appearance: Adheres to generally accepted interpreter ethical 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 as specified in 45 CFR 92.4.

**QUALIFIED TRANSLATOR** 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 as specified in 45 CFR 92.4.

### III. POLICY

#### A. CULTURAL COMPETENCY PLAN

The Contractor shall have a comprehensive cultural competency program that is inclusive of those with Limited English Proficiency (LEP) and diverse cultural and ethnic backgrounds, disabilities, race, color, national origin, age, and regardless of sex, gender, sexual orientation, or gender identity as specified in 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.

The Contractor shall have a comprehensive cultural competency program that includes measurable and sustainable goals and develop a written Cultural Competency Plan (CCP).

The CCP shall describe how care and services will be delivered in a culturally competent manner and shall include all information specified in Attachment A which is also inclusive of the required components of the Family-Centered Care and Language Access Plan.

The Contractor shall identify a staff member responsible for implementation and oversight of all requirements for the cultural competency program and plan as specified in Contract.

The Contractor shall require its provider workforce to adhere to all cultural competency requirements as specified in this Policy.

The Contractor's CCP shall also include:

1. 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.
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 method(s) used for evaluating health equity and addressing health disparities within the Contractor's service delivery.
4. A description of the provision and coordination needed for linguistic and disability-related services.
5. 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, and
  - 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.

#### **B. TRANSLATION AND INTERPRETATION SERVICES**

The Contractor 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 including translation of documents written in English into the member's preferred language. The Contractor shall provide translation and interpretation services that are accurate, timely, and that protect the privacy and independence of the individual with LEP. Translation and interpretation services shall be provided by a qualified translator or interpreter respectively.

Members are permitted to use an adult who is accompanying the member for LEP interpretation only in the following circumstances:

1. In an emergency when there is no qualified interpreter immediately available, or
2. When 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. Members are not permitted to rely on a minor child for interpretation except in an emergency when there is no qualified interpreter or qualified translator immediately available.

1. Translations and interpretations 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. In addition, written materials that are critical to obtaining services (also known as vital materials) shall be made available in the prevalent non-English language spoken for each LEP population in the Contractor's service area as specified in 42 CFR 438.10(d)(3). Oral interpretation services, as applicable, shall not substitute for written translation of vital materials, and
  - b. The Contractor shall make oral interpretation services available at no cost to the member. This applies to sign language, the use of auxiliary aids, 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 for additional information regarding language, readability, and oral interpretation requirements.
2. The Contractor shall provide member information materials in compliance with ACOM Policy 404.
3. The Contractor and its subcontractors shall:
  - a. Utilize licensed interpreters for the deaf and the hard of hearing, and
  - b. Provide auxiliary aids or licensed interpreters that meet the needs of the member upon request. Auxiliary aids include but are not limited to:
    - 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.

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.

### **C. CULTURAL COMPETENCY PLAN ASSESSMENT**

The Contractor shall perform an annual assessment of the effectiveness of its CCP. Based on the results of its annual assessment, the Contractor shall include modifications as appropriate to their CCP. The CCP Assessment shall consider the following including but not limited to:

1. Linguistic need.
2. Provision of family-centered care. Refer to Family-Centered Care section below.
3. Comparative member satisfaction surveys.

4. Outcomes for certain cultural groups.
5. Translation and interpretation services and utilization.
6. Member complaints and grievances.
7. Provider feedback.
8. Contractor employee surveys.
9. Communicating progress in implementing and sustaining CCP goals to stakeholders.

Identified issues shall be tracked and trended, and actions taken to resolve the issue(s). The Contractor shall submit a Cultural Competency Plan Assessment with a completed Attachment A as specified in the Contract.

#### **D. FAMILY-CENTERED CARE**

The Contractor shall provide family-centered care in all aspects of the service delivery system for members with Special Health Care Needs (SHCN)s, as specified in Contract. The additional responsibilities of the 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 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, and economic diversity 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 assurance within the service delivery system.
10. Appreciating and recognizing the unique nature of each member and their family.

#### **E. LANGUAGE ACCESS PLAN**

The Contractor shall have a language access plan (LAP) that indicates how the needs of members with LEP are met. The LAP shall address each of the following elements:

1. **Needs and Capacity Assessment**  
The Contractor's processes to regularly identify and assess the language assistance needs of its members and potential members, as well as the processes to assess the Contractor's capacity to meet these needs according to the elements of this plan.
2. **Language Assistance Service**  
The Contractor shall provide the established point of contact for members who need language assistance services. Information outlining the Contractor's processes to provide member information in easily understood language and format when requested by a member. Considerations include members with LEP or limited reading skills, those with diverse cultural and ethnic backgrounds, and those with visual or auditory limitations. The Contractor 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 as specified in 45 CFR 92.4 and 45 CFR 92.101.
3. **Written Translations**  
How written materials critical to obtaining services (also known as vital materials) are identified, translated, and made accessible in various formats in the prevalent non-English language spoken for each LEP population in the Contractor's service area as specified in the 42 CFR 438.10(d)(3) and in the in accordance with assessments of need and capacity conducted as specified in assessment. This includes the requirement for provision of all written materials for members to be translated into Spanish whether or not the written materials are considered vital. Refer to ACOM Policy 404 for additional requirements.
4. **Policies and Procedures**  
Written policies and procedures ensuring members with LEP have meaningful access to programs and activities.
5. **Notification of the Availability of Language Assistance at No Cost**  
A description of how the Contractor ensures meaningful access to the Contractor's programs, including notifying current and potential members with LEP about the availability of language assistance (e.g., translation/interpretation services and auxiliary aids utilized by members who are deaf and hard of hearing) at no cost. This includes access to oral interpretation, translation, sign language, disability-related services, and provision of auxiliary aids and alternative formats on request.

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.

6. **Staff Training**  
Description of employee training to ensure management and staff understand and can implement the policies and procedures of the LAP.
7. **Access and Quality Assessment**  
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 member need and evaluate progress on an ongoing basis.
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.