

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

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

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

I. PURPOSE

This Policy applies to ACC, ALTCS-EPD, DCS/ Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA 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

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

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.

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 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 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. Contractors shall provide translation and interpretation services that are accurate, timely, and that protect the privacy and independence of the individual with limited English proficiency (LEP). Translation and interpretation services shall be provided by a qualified interpreter/translator. Members are permitted to use an adult accompanying the member with LEP for translation and/or interpretation 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 translation and /or interpretation except in an emergency when there is no qualified interpreter 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 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 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 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 sign language interpreters that meet the needs of the 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. 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 REPORTING

The Contractor shall assess its CCP for effectiveness as specified in Contract. The assessment shall include modifications as appropriate based on evaluation of the CCP. The CCP Assessment shall consider the following:

1. Linguistic Need.
2. Comparative member satisfaction surveys.
3. Outcomes for certain cultural groups.
4. Translation and interpretation services and utilization.
5. Member complaints and grievances.
6. Provider feedback.
7. Contractor employee surveys.

Identified issues shall be tracked and trended, and actions taken to resolve the issue(s). The CCP 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 CCP Assessment shall be submitted with Attachment A, as specified in the Contract.

D. LANGUAGE ACCESS PLAN

The Contractor shall submit a Language Access Plan annually that indicates how the needs of members with LEP 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.

2. **Language Assistance Service**

The Contractor shall provide the established point of contact for members who need Language Assistance Services. 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.

3. **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.

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**

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. 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 Language Access 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 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.

E. FAMILY-CENTERED AND CULTURALLY COMPETENT CARE

The Contractor shall provide family-centered care in all aspects of the service delivery system for members with special health care needs, 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 within the service delivery system.
10. Appreciating and recognizing the unique nature of each member and their family.