

**PIMA HEALTH SYSTEM  
ADMINISTRATIVE STANDARD AND PROCEDURE**

<b>SUBJECT: Cultural Competency - Health Care Services</b>	<b>Administration  Compliance  AD-VIII 0003A</b>
<b>APPLICABLE TO: Acute Care, ALTCS Institutional, ALTCS HCBS</b>	
<b>EFFECTIVE DATE: 6/04 APPROVED BY: Mary Kaehler by signature</b>	
<b>SUPERSEDES: 5/94, 3/97, 6/97, 9/99, 5/19/01, 1/30/02, 9/12/02, 2/2/04</b>	

**I. STATEMENT OF PURPOSE:**

This standard and procedure describes the methodology used in providing accessible health related services to diverse members in a culturally competent way. <sup>1</sup>

**Statutory Basis:** AHCCCS Administrative Policy 407 Cultural Competency; 28 C.F.R. Part 42, Subpart F; Americans with Disabilities Act: 42 U.S.C. Chapter 126; Title VI of the Civil Rights Act.

**II. DEFINITIONS:**

**Culture** means the integrated pattern of human behavior that includes 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 (AHCCCS Policy and Procedure 407).

**Cultural Competency** refers to an awareness and appreciation of customs, values, and beliefs and the ability to incorporate them into assessment, treatment, and interaction with any individual.

**Cultural Diversity** refers to a variety of experiences and perspectives that arise from differences in race, culture, religion, mental or physical abilities, heritage, age, gender, sexual orientation, and other characteristics.

**Limited English Proficiency (LEP)** refers to not being able to speak, read, write, or understand the English language at a level that permits one to interact effectively with health care providers or the contractor (AHCCCS Policy and Procedure 407).

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<sup>1</sup> The US Department of Health and Human Services (HHS) has published guidance on Title VI's prohibition against national origin discrimination as it affects limited English proficient (LEP) persons. This guidance became effective August 30, 2000 (Federal Register/Vol. 65, No. 169/Wednesday, August 30, 2000 Notices).

### **III. STANDARDS:**

- A. Pima Health System (PHS) is committed to providing quality health care services to each eligible member without regard to race, sex, age, religion, national origin, genetic information, sexual orientation, physical or mental disability, source of payment, life style, or **limited English proficiency**.
- B. PHS promotes and supports the attitudes, behaviors, knowledge, and skills necessary for staff and its provider network **in all services and settings** to work respectfully and effectively with members and each other.
- C. PHS takes action to prevent, identify, and remove language barriers or practices that may be discriminatory in intent or which may affect PHS members who need health care services.<sup>2</sup> PHS takes adequate steps to ensure that members receive the language assistance necessary to afford them meaningful access to health care services at no charge to the member
- D. PHS has established a Cultural Competency Planning Committee whose members include PHS managers and associates who provide guidance in establishing and evaluating the PHS Cultural Competency Program.
- E. PHS **has associates of diverse cultures and backgrounds** who provide guidance and feedback on the accuracy and effectiveness of written materials, communication, training programs and other cultural issues.
- F. A person or entity who is registered with AHCCCS and/or subcontracts with PHS to provide AHCCCS covered services to members is monitored in their ability to provide accessible services to members with disabilities in accordance with Federal, State, Pima County and City of Tucson regulations.
- G. A person or entity registered with AHCCCS and/or subcontracts with PHS to provide health and social services to members is prohibited from discriminating against a member with limited English proficiency.
- H. A person or entity registered with AHCCCS and/or subcontracts with PHS to provide health and social services to members are prohibited from denying, or providing a service or other eligible benefit to a member which is different or provided in a different manner from that provided to others on grounds of race, color or national origin.
- I. The PHS training program includes modules on culturally and linguistically competent service delivery for PHS staff and is available to providers. Providers **in all services**

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<sup>2</sup> Title VI of the Civil Rights Act of 1964, 42, U.S.C. 2000d *et.seq.* and its implementing regulation at 45 CFR Part 80 provide that no person shall be subjected to discrimination on the basis of race, color or national origin under any program or activity that receives Federal financial assistance.

**and settings** are made aware of the requirements related to providing services in a culturally competent manner through newsletters and other educational material.

- J. Members with limited English proficiency are provided access to bilingual staff or interpretation services. Bilingual staff or contracted interpreters are used who can demonstrate bilingual proficiency with knowledge and concepts relevant to clinical and non-clinical encounters.
- K. PHS obtains information on the member's primary spoken language and self-identified race/ethnicity whenever possible and includes it in assessing the member's needs for language interpretation assistance.
- L. PHS Management Information System Division issues a Cultural Competency Study - LEP Report of preferred languages for both the Acute Plan and ALTCS members. The report is issued annually or more frequently if changes in the population indicate a significant change in language preference.
- M. The Cultural Competency Study- LEP Report is used to assess PHS member population to determine that standards are met which meet the needs of members with LEP.
- N. PHS provides oral and/or written notices to members, with limited English proficiency, informing them of their right to receive interpreter services free of charge.
- O. PHS provides informational materials (e.g. member handbooks, newsletters, brochures) in English and another language when that language is spoken by 3,000 members or 10% (whichever is less) of the enrolled member population, who have limited English proficiency in that language.<sup>3</sup>
- P. All vital materials are translated when PHS is aware that a language is spoken by 1,000 or 5% (whichever is less) of PHS members who also have LEP in that language. Vital materials include, at a minimum, notices for denials, reductions, suspensions, or terminations of services, vital information from the member handbooks and consent forms.
- Q. All written notices informing members of their right to interpretation and translation services in a language are translated when PHS is aware that 1,000 or 5% (whichever is less) of PHS members speak that language and have LEP.
- R. PHS conducts department wide self-assessments of cultural and linguistic competence and measure outcome for cultural and linguistic appropriate services through reviews and evaluations.

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<sup>3</sup> In accordance with AHCCCSA policy and procedure: Cultural Competency, Revision date 10/1/01. LEP means limited English proficiency. Not being able to speak, read, write or understand the English language at a level that permits one to interact effectively with health care providers or the contractor.

- S. PHS monitors compliance by providers with the standards of care requirement that prohibits discrimination or the implementation of any barriers to the receipt of services by its members.
- T. **PHS does not intentionally execute a subcontract with a provider with the intent of allowing or permitting the subcontractor to implement barriers to care.**
- U. PHS annually evaluates the Cultural Competency Plan for effectiveness. Any issues identified are tracked and trended, and action is taken to resolve the issue (s).
- V. The Cultural Competency Plan and Annual Evaluation are reviewed annually by the PHS Member/Provider Council.

#### **IV. PROCEDURES:**

- A. To promote and support PHS's commitment to providing culturally competent health care services to eligible members, PHS:
  - 1. Requires staff to participate in an annual survey to determine PHS's cultural awareness;
  - 2. Determines the types of agency-wide training that may be required to increase PHS's cultural awareness based on the survey;
  - 3. Requires newly hired staff to attend education and training in cultural awareness as part of the initial orientation. The training class includes information to promote the attitude, behaviors, knowledge and skills necessary for staff to work respectfully and effectively with members and each other;
  - 4. Requires staff to attend training in cultural awareness as needed and identified by their supervisor;
  - 5. Encourages the use of educational opportunities for associates to acquire Spanish and other language skills as needed;
  - 6. Strives to recruit and retain culturally diverse staff and health care providers;
  - 7. Annually evaluates the cultural competency of PHS to determine its effectiveness;
  - 8. Conducts periodic reviews of availability and adequacy of language interpreter assistance;
  - 9. Trends any issues identified and takes action to resolve any issues of non compliance with the standards and procedures;

10. Takes prompt corrective measures to resolve problems which involve discrimination by a provider; and
11. Supports the Cultural Competency Planning Committee which oversees and monitors the Cultural Competency Plan (EXHIBIT A). The Committee:
  - a) Makes recommendations to department managers for quality improvement;
  - b) Reviews PHS Administrative Standards and Procedures for inclusion of cultural and linguistic competency;
  - c) Annually reviews available member ethnic data to determine appropriate need for expansion of linguistic service availability;
  - d) The PHS Administrator annually reports to AHCCCS Office of Managed Care on the effectiveness of PHS's Cultural Competency Plan. The Annual Evaluation of the PHS Cultural Competency Plan is prepared and forwarded to AHCCCS by November 15 or each contract year. The Plan contains the following measurable goals:
    - GOAL #1** Provide members with translated material when PHS is aware that a language is spoken by 3,000 or 10% (whichever is less) of the PHS members who also have limited English Proficiency (LEP) in that language.
    - GOAL #2** Provide translation to all vital materials when PHS is aware that a language is spoken by 1,000 or 5% (whichever is less) of PHS members who also have LEP in that language.
    - GOAL #3** Provide written notices to inform members of their right to interpretation and translation services in the member's language. The written notice is translated into another language when PHS is aware that 1,000 or 5% (whichever is less) of the PHS members speak that language and have LEP. Provide notices at least four times per year and expand into by flyer in any language of significance (2004).
    - GOAL #4** Provide training to newly hired PHS employees during their orientation period on providing culturally competent services to members and make available training programs on cultural diversity to all employees.
    - GOAL #5** Review all member complaints on language barriers or issues at the quarterly QM/QI Committee meeting.
    - GOAL #6** Make providers available who are able to speak the preferred language of the PHS members.
    - GOAL #7** Provide information to the provider network through the Provider Newsletter on issues related to cultural diversity and providing culturally competent services to PHS members.
    - GOAL #8** Annually review the cultural competency portion of the member satisfaction surveys for improvement in those requirements.
    - GOAL #9** Annually survey PHS employees for improvement in cultural competency awareness.
    - GOAL #10** Annually review the Cultural Competency evaluation with the PHS Member/Provider Council.

- B. Issues are tracked and trended to identify and remove barriers from the delivery of health related services.
1. The Cultural Competency Coordinator notifies the Information Services Manager annually in September to issue a report of the population demographics for language preference for Acute Care Plan and ALTCS members. The Coordinator:
    - a) Reviews the report to identify the population that will require translators or translated materials in accordance with the standard for LEP;
    - b) Forwards this information to the PHS Administrator who will direct the necessary changes to be made; and
    - c) Monitors interim reports to identify additional population groups who need translators or translated materials when that population reaches 3,000 or 10% (whichever is less).
  2. Translated written materials, in the identified predominant non-English language (Spanish is identified as greater than 10% of the members), is provided:
    - a) Forms, booklets, pamphlets, surveys and signs, as well as other forms of written communication that members with limited English proficiency may encounter, are translated into Spanish.
    - b) Members speaking languages other than Spanish, may request language interpretation assistance by calling Member Services. Notices, in Spanish, of whom to contact at PHS are provided in the Member Handbook and the Member Newsletter.
    - c) Providers are notified through site reviews and the Provider Newsletter of language assistance availability for non-English speaking members.
    - d) Forms of written communication are reviewed by the Cultural Awareness Team for accuracy and to ensure that materials are appropriate to the member's level of understanding and reading proficiency. Material for review may be forwarded to the Team at any time.
    - e) Prior to distribution to the member, all forms of written communication are forwarded for approval by AHCCCS.
  3. PHS Contracts Division contracts with qualified interpreters or services to provide non-English speaking members with meaningful access to services.
  4. PHS associates use sign language interpretation services for hearing impaired members, as needed, through a contracted provider or the Arizona Relay Service.
  5. Member Services Division directs members to providers who are culturally acceptable to them. The PHS List of Providers is updated monthly to indicate Spanish speaking providers. Additional language speaking providers are indicated and updated by the Provider Services Division as available.
- C. To promote accessible and non-discriminatory services within the PHS network, PHS:
1. PHS Contracts Division conducts monitoring visits with contract providers for compliance with the standards of care requirement and the quality of services and

- outcomes in the delivery of culturally competent services through record reviews, site visits, surveys and audits.
2. The Cultural Competency Coordinator trends any issues identified and takes action to resolve any issues of non-compliance as directed.
  3. The Cultural Competency Coordinator reports issues to the Cultural Competency Planning Committee and the to member of the QM/QI Committee for discussion and recommendations.
  4. Provider Services Division provides education to increase the provider's knowledge, attitude, and skills in providing appropriate services through communication and technical assistance.
  5. Administrators, and associates support the use of qualified providers who deliver health related services to members regardless of race, culture, religion, mental or physical disability, heritage, age, gender, or sexual orientation; and
  6. Provider Services Division associates conduct on-going evaluations of provider's ability to provide linguistic services during site visits and reviews.
- D. To promote that members are not prohibited from, denied services, or receive different services or **at a different time than other members**, or denied or prohibited from receiving other eligible benefits, **except where medically necessary**, based on race, color, creed, religion, age, sex, ancestry, marital status, sexual preference, income status, **AHCCCS membership**, physical or mental disability, **limited English proficiency**, or national origin:
1. Member Services Division surveys the members annually for satisfaction. The survey includes questions regarding cultural competency in the delivery of services.
  2. Provider Services Division reviews member records and monitors facilities and other health care providers for compliance with the standard.
  3. Provider and Member Services Division staff:
    - a) Evaluate the results of surveys, reviews, and monitoring activities;
    - b) Collect data to identify any areas for quality improvement; and
    - c) Make recommendations for action to the PHS Administrator for compliance with sections in this Standard and Procedure which are not being met.