

CHAPTER 4:

Cultural Competency

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Blue Cross Blue Shield of Arizona Health Choice is committed to providing access to high-quality services delivered in a culturally responsive manner. Cultural competency in health refers to the ability to respect and appreciate the values, beliefs, and practices of all individuals regardless of race, ethnicity, or any other factors associated with other minority groups and the homeless. This includes consideration of health status, national origin, religion, sex, gender, gender identity, sexual orientation, and age. 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.

To deliver culturally responsive services, healthcare providers and their employees must possess a set of attitudes, skills, behaviors, and policies to work effectively in cross-cultural situations. These practices are crucial for improving services, strengthening programs, increasing community participation, and eliminating disparities among diverse populations. Providing high-quality care involves applying these skills to ensure better communication with patients and their families as well as to improve health outcomes and patient satisfaction.

As stated in their contract, providers must adhere to Blue Cross Blue Shield of Arizona Health Choice policies and procedures and Blue Cross Blue Shield of Arizona Health Choice Provider Manual.

4.0 CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities. The National CLAS Standards serve as a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. The enhanced standards are a comprehensive series of guidelines that inform, guide, and facilitate practices related to culturally and linguistically appropriate health services. Providers shall incorporate CLAS standards and Blue Cross Blue Shield of Arizona Health Choice requirements throughout service delivery. For a list of these standards, visit [Think Cultural Health](#).

4.1 PROVIDER RESPONSIBILITIES

Culture plays a vital role in the health and behaviors of our members. Culturally and linguistically appropriate services help reduce health disparities among our members and in our communities. It is our responsibility to guarantee a member's right to be treated fairly and have equitable access to care. Blue Cross Blue Shield of Arizona Health Choice providers are required to comply with practices and policies as outlined in these

sections. Our providers understand the importance of your family as the main support for their health care and decisions. For some adults, family may not be biological but chosen. These individuals can be friends, caregivers, guardians, and others who are committed to their health and well-being. It is our providers' responsibility to ask the members who they want involved in the decision-making process of their care and who they consider family.

4.2 PROVIDER EDUCATION /TRAINING

Provider offices have varying needs when serving their patients in a culturally competent manner. In collaboration with the Cultural Competency Administrator, Blue Cross Blue Shield of Arizona Health Choice's Provider Performance Representative, and Network Services Department, providers are educated on Blue Cross Blue Shield of Arizona Health Choice's Cultural Competency Program (CCP). Provider Performance Representatives distribute CCP summary information to network providers during provider orientation. A description of the CCP, in addition to tools and resources, is posted on the BCBSAZ Provider Cultural Competency webpage. Provider culture and language requirements training can be found on the provider webpage.

Blue Cross Blue Shield of Arizona Health Choice and their subcontracted providers must complete the following activities to ensure staff are prepared to support the cultural and linguistic needs of our members:

- Providers must complete required Cultural Competency training (see Chapter 18, section for *Training Requirements*).
- Providers must ensure cultural competency training is performed during new hire orientation and annually. The first training course must occur within 90 days of the employee's hiring date.
- Annually review the Blue Cross Blue Shield of Arizona Health Choice Provider Manual – Chapter 4
- Annually review the Culturally and Linguistically Appropriate Services (CLAS) standards.
- Provide continuing education in cultural competence, to include but not limited to, the review of Culturally and Linguistically Appropriate Services (CLAS) standards, use of oral interpretation and translation services, and alternative language access formats and services for individuals with Limited English Proficiency (LEP.)
- At least annually, review the "Cultural and Language Requirements for Delivering Care" training module located on the [Provider Education](#) webpage.

Tools for Provider Education

- The CLAS Behavioral Health Implementation Guide underscores the ways in which the National CLAS Standards can improve access to behavioral health care, promote quality behavioral health programs and practice, and reduce persistent disparities in mental health and substance use treatment for underserved minority communities.
- The Ask Me 3 program, approved by AHCCCS, is a national program with the focus on helping patients communicate with their healthcare providers.

- The Ask Me 3 website link is accessible through The Institute of Healthcare Improvement at IHI.org or for the Native American designed version, <https://www.ihs.gov/>
- The [teach-back method](#) is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health.
- Clinical Skill Training on culture, language and health literacy is available through <https://www.hrsa.gov/>

4.3 LANGUAGE ACCESS SERVICES (LAS)

Language services are the services that take written or oral messaging in one language or format and convert to a different language or format. Language Services include interpretation (oral or sign) and translation (written) services. Following Title VI of the Civil Rights Act, Prohibition against National Origin Discrimination, and President's Executive Order 13166, providers and subcontracted providers must make Language Services available to persons and/or their families with Limited English Proficiency (LEP) at all points of contact to support appropriate delivery of health services for individuals.

Blue Cross Blue Shield of Arizona Health Choice offers interpretation and translation services to members at no cost to them when they are communicating with Blue Cross Blue Shield of Arizona Health Choice staff.

All providers and subcontractors are required to follow the language assistance requirements listed below.

- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. Notification can be in the form of multilingual taglines in member materials as well as statements on forms (including electronic forms on websites or portals.)
- 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.
- All written materials must be translated into Spanish. If language usage analysis indicates that there is a need for materials to be translated into languages other than Spanish, then these materials must also be translated into the identified language.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- If a behavioral health patient requests a copy of their assessment, those documents must be provided to the behavioral health recipient in their primary or preferred language. Documentation in the assessment must also be made in English. Both versions must be maintained in the recipient's record to ensure any persons reviewing the member's record have an English version available.
- Vital materials must be translated into a member's preferred language at no charge to the member. Vital materials include provider directories, notice for denials, reductions, suspensions, or termination of services, consent forms, appeal and grievance notices;

member handbooks and provider conducted patient assessments. Oral interpretation services shall not substitute for written translation of vital materials.

- The individual service plan is a vital document, as defined by AHCCCS and Blue Cross Blue Shield of Arizona Health Choice. Service plans specifically incorporate a person's right to disagree with services identified in the plan. If the plan is not in the person's preferred language, the person has not been appropriately informed of services they will be provided and afforded the opportunity to exercise their rights when there is a disagreement.
- In general, any document that requires the signature of the member, and that contains vital information such as the treatment, medications, notices, or service plans must be translated into their preferred/primary language. If the member or their guardian declines the translation, documentation of this decision must be in the member's medical record and in their preferred language (if it is other than English.) These requirements also apply to the ITDP (Inpatient Treatment and Discharge Plan), in accordance with **9 A.A.C. 21, Article 3**

Language assistance in the form of translation (written) or interpretation (oral) services must be provided by qualified interpreter staff, qualified bilingual staff, contracted qualified interpreters, telephone interpretation services, video remote interpretation services, or from a qualified individual provider office, agency, or facility. Sign language services are to be provided by licensed interpreters for the deaf and the hard of hearing pursuant to A.R.S. § 36-1946.

- The qualified interpreter or translator can be an employee of the agency or an employee from an outside agency (vendor) and must pass a language proficiency exam.
- Interpreters must attend interpreter training and adhere to accepted interpreter ethic principals, including client confidentiality. They must have demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language.
- Interpreters must demonstrate the ability 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.
- Family, friends, and minors must not interpret for individuals unless it is an emergency.

American Sign Language Interpretive Services

Blue Cross Blue Shield of Arizona Health Choice providers and subcontractors shall adhere to the rules established by the Arizona Commission for the Deaf and Hard of Hearing, in accordance with A.R.S. § 36- 1946, which include:

- Utilizing licensed (must be licensed in the State of Arizona) interpreters for the Deaf and the Hard of Hearing.
- 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.
- Classification of interpreters for the Deaf and the Hard of Hearing is based on the level of interpreting skills acquired by that person.

The Arizona Commission for the Deaf and 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.

There are also options for people with hearing or speech disabilities to communicate by the Arizona Relay Services (TTY/TDD) 7-1-1. Calling 7-1-1, a toll-free number, connects callers to a telecommunications relay service (TRS). TRS allows people with hearing or speech disabilities to communicate with others using a text telephone (TTY) or another device. A communication assistant relays the messages between the parties. It is available in English and Spanish.

Accommodations for those who are visually impaired must be made available. This includes translating information into Braille, using visual enhancement tools such as magnifying pages, or allowing for audio of web-based information.

4.4 CULTURALLY COMPETENT CARE

To comply with culturally competent care requirements, Blue Cross Blue Shield of Arizona Health Choice and subcontracted providers must:

- Recruit, promote, and support culturally and linguistically diverse representation within governance, leadership, and the workforce that are responsive to the population in the service area.
- Educate and train representatives within governance, leadership, and the workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- Guarantee a member's right to be treated fairly without regard to health status, age, ethnicity, race, sex, religion, national origin, creed, tribal affiliation, ancestry, gender identify, sexual orientation, marital status, genetic information, socio-economic status, physical or intellectual disability, ability to pay, mental illness, and/or cultural and linguistic needs; and
- Provide culturally relevant and appropriate services for members of various populations.

4.5 ORGANIZATIONAL SUPPORTS FOR CULTURAL AND LINGUISTIC NEED

Under AHCCCS guidance, and to comply with the Organizational Supports for Cultural Competence, Blue Cross Blue Shield of Arizona Health Choice Arizona and subcontracted providers must:

- Establish culturally and linguistically appropriate goals, policies, and management of accountability and infuse them throughout the organization's planning and operations.
- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- 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.
- Create culturally and linguistically appropriate conflict and grievance resolution processes to identify, prevent, and resolve conflicts or complaints.

- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public.
- Ensure the use of multi-faceted approaches to assess satisfaction of diverse individuals, families, and communities, including the identification of minority responses in the analysis of client satisfaction surveys, the monitoring of service outcomes, member complaints, grievances, provider feedback and/or employee surveys.
- Include prevention strategies by analyzing data to evaluate the impact on the network and service delivery system, with the goal of minimizing disparities in access to services and improving quality.
- Consult with diverse groups to develop relevant communications, outreach and marketing strategies that review, evaluate, and improve service delivery to diverse individuals, families, and communities, and address disparities in accessing, understanding and using information and services.

4.6 DOCUMENTING CLINICAL CULTURAL AND LINGUISTIC NEED

To advance health literacy, reduce health disparities, and identify the individual's unique needs, Blue Cross Blue Shield of Arizona Health Choice and subcontracted providers must:

- Collect and maintain demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes, as well as to inform service delivery.
- Ensure documentation of cultural needs (e.g., age, race/ethnicity, national origin, sex assigned at birth, gender identity, sexual orientation, tribal affiliation, disability status) and linguistic needs (e.g., preferred language, alternative language) within medical records.
- Maintain documentation within the medical record of oral interpretation services provided in a language other than English. Documentation must include the date of service, interpreter name, type of language provided, interpretation duration, and type of interpretation services provided.
- Ensure the cultural preferences of members and their families are assessed and included in the development of treatment plans.
- Assess the unique needs of the communities' cultural preferences.

4.7 CULTURAL COMPETENCE REPORTING AND ACCOUNTABILITY

Reporting and accountability measures are intended to track, monitor, and ensure access to quality and effective care. Blue Cross Blue Shield of Arizona Health Choice and subcontracted providers advance equity within the access, delivery, and utilization of services by:

- Annually developing and evaluating strategic plans for cultural competency. The planning process shall include national level priorities, contractual requirements, stakeholder input, and community involvement.
- Capturing and reporting on language access services, which include linguistic needs (primary language, preferred language, language spoken at home, alternative language), interpretive services, and written translation services.
- Maintaining documentation on how to access qualified/licensed interpreters and translators.
- Assessing and developing cultural competency and workforce development reports quarterly, semi-annually, and annually. Review the initiatives, activities, and requirements

impacting diverse communities and the needs of individuals accessing and receiving services against these reports.

- Reporting, on an ongoing basis, provides insight to strengths, gaps, and needs within communities served by Blue Cross Blue Shield of Arizona Health Choice and subcontracted providers.

4.8 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.

Blue Cross Blue Shield of Arizona Health Choice and subcontracted providers shall abide by the following referenced federal and state applicable rules, regulations, and guidance documents:

- [Title VI of the Civil Rights Act](#) prohibits discrimination based on race, color, and national origin in programs and activities receiving federal financial assistance.
- Department of Health and Human Services - Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination affecting [Limited English Proficient Persons](#).
- [Title VII of the Civil Rights Act of 1964](#) prohibits employment discrimination based on race, color, religion, sex, or national origin by any employer with 15 or more employees. ([The Civil Rights Act of 1991](#)) reverses in whole or in part several Supreme Court decisions interpreting Title VII, strengthening and improving the law and providing for damages in cases of intentional employment discrimination.)
- [President's Executive Order 13166](#) improves access to services for persons with Limited English Proficiency. The Executive Order requires each Federal agency to examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency.
- [State Executive Order 99-4](#) mandates that all persons regardless of race, color, sex, age, national origin, or political affiliation shall have equal access to employment opportunities.
- [The Age Discrimination in Employment Act \(ADEA\)](#) prohibits employment discrimination against employees and job applicants 40 years of age or older. The ADEA applies to employers with 20 or more employees, including state and local governments. The Older Workers Benefit Protection Act (Pub. L. 101-433) amends the ADEA to prohibit employers from denying benefits to older employees.
- [The Equal Pay Act \(EPA\)](#) and [A.R.S. 23-341](#) prohibit sex-based wage discrimination between men and women in the same establishment who are performing under similar working conditions.
- [Section 503 of the Rehabilitation Act](#) prohibits discrimination in the employment or advancement of qualified persons because of physical or mental disability for employers with federal contracts or subcontracts that exceed \$10,000. All covered contractors and subcontractors must also include a specific equal opportunity clause in each of their nonexempt contracts and subcontracts.

- [Section 504 of the Rehabilitation Act](#) prohibits discrimination based on disability in delivering contract services.

THE AMERICANS WITH DISABILITIES ACT

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 impairment.

Providers who employ less than fifteen persons and 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.

SECTION 1557 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

Section 1557 is the nondiscrimination provision of the Patient Protection and Affordable Care Act (ACA). The law prohibits discrimination based on race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), in covered health programs or activities. 42 U.S.C. § 18116(a) 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 based on 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 visit: <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>

4.9 ADDITIONAL RESOURCES

In addition to the provider portal, educational materials and tools are located on the [Blue Cross Blue Shield of Arizona Health Choice Cultural Competency Webpage](#) and include tools such as:

- Conversation Starters: Cultural Needs

- Telehealth and Patient Engagement Flyer to understand the AHCCCS requirements for Cultural Competency, Language and Family Centered Care, visit: ACOM Policy 405 (azahcccs.gov)
- To understand the definitions presented in this document, visit: the [AHCCCS Contract and Policy Dictionary](#)
- Arizona Commission for the Deaf and the Hard of Hearing <http://www.acdhh.org> or (602) 542-3323 (V/TTY)
- [Guide to Language Access Plan](#). This Guide identifies ways that providers can assess their programs and develop language access plans to ensure persons with limited English proficiency have meaningful access to their programs.