

Chapter 4:

Cultural Competency

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BCBSAZ Health Choice Pathway 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, individuals without homes, individuals with physical or intellectual disability, limited English proficiency or reading skills, and age. Provider organizations should develop a comprehensive cultural competency program that is inclusive of those with Limited English Proficiency (LEP) and diverse cultural and ethnic backgrounds as described in the above considerations 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. BCBSAZ Health Choice Pathway conducts routine audits to ensure that providers and agencies deliver culturally and linguistically appropriate services.

To deliver culturally responsive services, health care 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 and to improve health outcomes and patient satisfaction.

Provision of high-quality care involves applying that knowledge to ensure better communication with patients and their families and to improve health outcomes and patient satisfaction. As stated in their contract, providers must adhere to BCBSAZ Health Choice Pathway policies and procedures, and the BCBSAZ Health Choice Pathway Provider Manual.

Providers must provide treatment options in a culturally competent manner, including the option of no treatment. Providers must ensure that individuals with disabilities have effective communications with participating providers throughout the health system in making decisions regarding treatment options. (42 CFR 422.112(a)(8))

Providers agree that all health care services shall be provided or arranged by duly licensed, certified or otherwise authorized professional health care personnel in a culturally competent manner and at physical facilities in accordance with (a) the generally accepted practices and standards prevailing in the applicable professional community at the time of treatment, (b) the provisions of the Health Benefit Plan's quality improvement program and Utilization Management program, (c) the requirements of Applicable Laws and (d) the applicable

standards of Accreditation Organizations. In addition, Provider shall comply with all applicable rules, regulations and ethical standards of the State’s board or licensing agency.”

In support of Title VI of the Civil Rights Act of 1964, BCBSAZ Health Choice Pathway, providers, and subcontractors are prohibited from discriminatory practices. Title VI prohibits discrimination based on race, color, and national origin in programs and activities receiving federal financial assistance.

If a recipient of federal assistance is found to have discriminated and voluntary compliance cannot be achieved, the federal agency providing the assistance should either initiate fund termination proceedings or refer the matter to the Department of Justice for appropriate legal action.

Aggrieved individuals may file administrative complaints with the federal agency that provides funds to a recipient, or the individuals may file suit for appropriate relief in federal court. Title VI itself prohibits intentional discrimination. However, most funding agencies have regulations implementing Title VI that prohibit recipient practices that have the effect of discrimination based on race, color, or national origin.

4.0 CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTHCARE

The enhanced National Culturally and Linguistically Appropriate Services (CLAS) Standards are intended to advance health equity, improve quality, and help eliminate health care disparities. The CLAS Standards were released to provide a blueprint for individuals and organizations to provide 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 BCBSAZ Health Choice Pathway 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. The provision of culturally and linguistically appropriate services is essential to reducing 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. BCBSAZ Health Choice Pathway providers must comply with practices and policies outlined in these sections.

4.2 PROVIDER EDUCATION AND TRAINING

Provider offices have varying needs when serving their patients in a culturally competent manner. In collaboration with the Cultural Competency Administrator, BCBSAZ Health Choice Pathway’s Provider Performance Representative, and Network Services Department, providers are educated on BCBSAZ Health Choice Pathway’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 Website](#).

BCBSAZ Health Choice Pathway and their subcontracted providers must:

- Ensure all staff receive training in cultural competence and culturally and linguistically appropriate services (CLAS) during new employee orientation.
- Provide annual training to all staff in diversity awareness and culturally relevant topics customized to meet their community's needs.
- Provide continuing education in cultural competence, to include but not limited to, the review of CLAS standards, use of oral interpretation and translation services, and alternative language access formats and services for individuals with Limited English Proficiency (LEP.)

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 IHA.org or for the Native American designed version, IHS.gov.
- Clinical Skill Training on culture, language and health literacy is available through [Health Resources and Service Administration](#)

4.3 LANGUAGE ACCESS SERVICES (LAS)

Language services are the services that take written or oral messaging in one language/format and convert to a different language/format. Language Services include interpretation (oral or sign) and translation (written) services. In accordance with 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.

BCBSAZ Health Choice Pathway offers interpretation and translation services to BCBSAZ Health Choice Pathway members at no cost to them when they are communicating with BCBSAZ Health Choice Pathway staff.

All providers and subcontractors must 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 multilingual taglines in member materials and 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.
- Materials which are critical to obtaining services (also known as vital materials) need to be made available in Spanish and the prevalent non-English language spoken for each LEP population. [42 CFR 438.3(d)(3)] 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.
- In general, any document requiring the member's signature and containing 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 the **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. Guidelines for using language services:

- The qualified interpreter and/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/or minors must not interpret for the individual unless it is an emergency.

Providers, in delivering language services, must follow all requirements established by Federal and State agencies, BCBSAZ Health Choice Pathway by adhering to the following activities:

- Identify the prevalent non-English language within your service areas to ensure service capacity meets this need.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

American Sign Language Interpretive Services

BCBSAZ Health Choice Pathway 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 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 interpreters who are licensed and 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.

Accommodation must be made for those who are visually impaired. 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, BCBSAZ Health Choice Pathway 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.
- Providers with direct care responsibilities must complete mandated Cultural Competency training (see Chapter 18, Section 18.19 Training Requirements).
- 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, BCBSAZ Health Choice Pathway and subcontracted providers must:

- Establish culturally and linguistically appropriate goals, policies, and management 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 NEEDS

To advance health literacy, reduce health disparities, and identify the individual's unique needs, BCBSAZ Health Choice Pathway and subcontracted providers must:

- Collect and maintain demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and 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 assessment of the cultural preferences of members and their families and include 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 intended to track, monitor, and ensure access to quality and effective care. BCBSAZ Health Choice Pathway 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, to provide insight into strengths, gaps, and needs within communities served by BCBSAZ Health Choice Pathway and subcontracted providers.

4.8 LAWS ADDRESSING DISCRIMINATION AND DIVERSITY

All individuals must treat the member with respect and dignity. They must not discriminate against the member based on race, ethnicity, national origin, religion, sex, sexual orientation, gender identity, mental, behavioral, or physical disability, genetic information, or source of payment.

BCBSAZ Health Choice Pathway 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](#) and [President's Executive Order 11246](#) 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.

4.9 FEDERAL ACTS

THE AMERICANS WITH DISABILITIES ACT (ADA)

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 an impairment.

Providers who employ less than fifteen people 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 people are required to designate at least one person to coordinate their efforts to comply with federal regulations that govern anti-discrimination laws.

SECTION 1557 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA)

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 the 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>

4.10 ADDITIONAL RESOURCES

In addition to the provider portal, educational materials and tools are located on the [BCBSAZ Health Choice Pathway Cultural Competency Website](#)

There are a variety of resources to develop and support culturally and linguistically appropriate services.

- To review the blueprint and resource guide to help implement the CLAS standards, visit:
 - [A Practical Guide to Implementing the National CLAS Standards \(cms.gov\)](#)
 - [An Implementation Checklist for the National CLAS Standards \(hhs.gov\)](#)
- 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: [AHCCCS Policy Dictionary](#)
- Arizona Commission for the Deaf and the Hard of Hearing <http://www.acdhh.org> or (602) 542-3323 (V/TTY)