



**COCHISE HEALTH SYSTEMS  
CULTURAL COMPETENCY PLAN  
October 1, 2010**

## **I. PURPOSE**

The Cultural Competency Plan (CCP) has been developed to outline the methods used by Cochise Health Systems (CHS) to ensure that Members receive care that is delivered in a culturally and linguistically sensitive manner. The CCP is comprehensive and incorporates our Members, Providers and CHS Sections (Administration, Behavioral Health, Case Management, Member and Provider Relations, Finance, Claims Disputes and Member Appeals, Medical Direction, Medical/Utilization Management). CHS recognizes that respecting the diversity of our Members has a significant and positive effect on the outcome of care. CHS has adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards, as developed by the US Department of Health and Human Services, as our official guideline for providing culturally sensitive services.

## **II. GOALS**

CHS will provide high-quality, culturally sensitive services by identification, referral, delivery, and continual monitoring of Members' needs. CHS hires bilingual/bicultural staff and makes available education programs for all CHS staff regarding cultural competency. CHS will monitor and evaluate the level of cultural competency through the delivery of medical services provided by our subcontractors. CHS will develop plans/programs for improving cultural awareness, where a need is identified, through the program evaluation process. CHS will ensure that Staff and Providers develop awareness and appreciation of customs, values and beliefs, and the ability to incorporate them into the assessment of, treatment of, and interaction with our Members. CHS encourages Staff and Providers to share and utilize their own cultural diversity to enhance our program and the services provided to our Members.

## **III. OBJECTIVES**

- A. To relay to providers their responsibility to provide competent health care that is culturally and linguistically sensitive.
- B. To provide members with access to quality health care services that are culturally and linguistically sensitive.
- C. To educate and facilitate communication to develop partnerships among members, providers, and CHS in an effort to enhance cultural awareness.
- D. To identify members with cultural and/or linguistic needs through available demographic information and member expressed wishes.
- E. To provide proficient translation/interpretation services to our Members who require these services.
- F. To provide our members with Limited English Proficiency (LEP) the assistance they need to understand the care being provided and to accomplish effective interactions with their health care providers. To also provide our members who may have Limited Spanish Proficiency (LEP) with assistance.

## **IV. CULTURAL COMPETENCY COORDINATOR (CCC)**

The CCC, Paula Saroff, is responsible for writing the CCP and keeping it updated on an annual basis or more often as required by AHCCCS Policy (ACOM) and CHS (ADM011). The CCP reports to the Director and is available to all CHS staff to assist in the oversight of culturally sensitive provision of services. The CCC also assists all Sections of CHS to ensure that policies and procedures include cultural competency provisions and to ensure that staff is oriented to the importance of this information. The CCC will assess the language needs of CHS members by running a quarterly report from the Health Information System (HIS) database and will make recommendations for translation services for the members or for translating materials as needed. The CCC participates in the quarterly Medical/Utilization Improvement Committee and the Member/Provider Council meetings, and Quality Circle sessions in order to ensure that Providers, Members or other interested parties are participants in the cultural competency program and that they participate in decisions regarding the delivery of culturally competent services and identified issues (if applicable). The CCC will also provide an overview of the current CCP and the last CCP Annual Review. The CCC, as Chief Operating Officer, also performs the duties of the Chief Operating Officer, Contracts Compliance Officer and Claims Dispute and Appeals Manager, thus ensuring that Subcontractors are aware of the importance of providing services in a cultural competent manner and that the Grievance process is culturally and linguistically sensitive to members' needs.

The AHCCCS, Division of Health Care Management, will be notified, as required, if there is a change in the staff member responsible for the CCP.

## **V. DELIVERY OF CARE AND SERVICES**

CHS is committed to providing competent health care that is culturally and linguistically sensitive to our members within our geographic service area. CHS will ensure that Members receive services from all Staff and Providers that incorporate effective, understandable, and respectful care provided in a manner compatible with their cultural health beliefs, practices, preferred language, and with awareness of the language proficiency of each individual Member.

CHS recruits new staff with a preference for bilingual skills dependent on the need in the specific geographic area. The Cochise County Human Resources Department maintains an updated EEOC Plan that assesses hiring and promotion practices within the County, to ensure that the composition of staff is representative of the demographic makeup of our area. CHS has available bilingual/bicultural staff to provide culturally sensitive information and to provide the linguistic skills required for meeting the needs of our members, including both one-on-one communication and access to translation services.

CHS monitors the delivery of care and services in relation to the provision of culturally competent services through a comprehensive system that includes the Quality of Care Concerns Process, Expression of Dissatisfaction process, the Grievance Process, the CHS Member and Provider Satisfaction Surveys, Provider Credentialing and Profiling process, Corporate Compliance, Prior Authorization Process, Quality Circle workgroups, member and provider council quarterly meetings and Claim Dispute & Appeals Process. In sum, the delivery of Culturally Competent services is threaded into the very fiber of our daily operations.

**Case Management.** CHS evaluates the cultural diversity of our members through demographic data obtained through PAS information. The Lead Case Managers assigns members to a suitable Case Manager based on cultural needs. For example, if a member rolled onto our program and was identified as a Spanish speaking only member the lead CM would then assign the member to a bilingual case manager. Once assigned, the Case Manager assesses the member's cultural needs. This means the CM talks to the member and finds out if they prefer to have Spanish-speaking providers or if they prefer to have a particular kind of caregiver. The member is also assessed for Limited English Proficiency. If the CM determines that the member has LEP and needs an interpreter or translation, the CM will notify their Supervisor and Cultural Competency Coordinator who will in turn arrange for an interpreter and maintain a log. Member demographic data and other data related to cultural competency is collected and maintained in the health information system and in the member's physical files. CMs are also responsible for notifying the member PCP or other subcontractors of a member's need for interpreter or translation services to ensure appropriate delivery of covered services.

Translation/interpreter services are delivered through Catholic Community Services and InterpreTalk. CHS contracts on a case-by-case basis with Catholic Community Services for sign language services. CHS has an account with Language Services Associates for InterpreTalk, a phone service that facilitates communication with non-English speakers 24 hours a day, 7 days a week. We also have access to tools through a company called viaLanguage for assistance in translation of up to 150 languages.

CHS ensures that member cultural needs are met in alternative residential settings and nursing facilities through a number of different mechanisms. These mechanisms include On-site reviews by both the Provider Relations department and M/UM department, Member and Provider Surveys, Member and Provider Council Meetings, Quality of Care Concerns and Expressions of Dissatisfaction. The CHS Quality Circle work groups are also a process that allows for continuous communication of information between all divisions of CHS, especially member care planning and address opportunities for improvement.

CHS recognizes that for members placed in alternative residential settings or skilled nursing facilities, cultural and linguistic needs are not intermittent as they would be for HCBS members. HCBS members have an encounter with a PCP, for example, and may need interpreter services. A member in setting would need culturally sensitive services on a daily basis because these settings are their home and their home environment must incorporate their customs, values and beliefs. CHS monitors SNF and ALF providers to ensure that their cultural and linguistic needs are met. As an example this is an excerpt from a skilled nursing facility and assisted living facility monitoring tool: "What arrangements do you make for non-English speaking clients in the provision of services? Do you hire bilingual staff/caregivers? Do you provide admission forms in more than one language? How do you ensure that

members' cultural needs are met. This means their values beliefs and customs. How does the facility ensure that services are delivered in a culturally sensitive manner—each day? Do you have a written policy (cultural competency)? If so please obtain a copy. Provide a copy of our Cultural Competency guide. This means their values beliefs and customs. How does the facility ensure that services are delivered in a culturally sensitive manner—each day? Do you have a written policy (cultural competency)? If so please obtain a copy. Provide a copy of our Cultural Competency guide.“ In addition, members satisfaction is monitored via our member surveys including those in SNFs and ALFs that would help us to identify any issues.

**Provider Relations.** CHS will ensure that our provider network and outreach services are developed in consideration of cultural and linguistic member needs. When a provider is identified a potential provider form is completed that identifies what services the provider offers, practice location(s) and the form includes a question about other languages spoken for Providers to indicate their linguistic diversity (CON002). The credentialing process for physicians and allied health professionals includes questions on the application regarding languages spoken and this information is indicated on the Provider Network Directory and is a search option on the website.

In addition, each provider is monitored within the first 120 days of the contract start date and then either annually or every three years thereafter in accordance with AHCCCS policy. This monitoring includes a review of culturally sensitive processes used in the delivery of care to ensure compliance with CHS expectations. This monitoring is accomplished through on-site visits by Provider Relations and M/UM staff. For example, Provider Relations on-site monitoring tool (CON016) includes the following questions: This is an excerpt from a Physician monitoring form: "What arrangements do you make for non-English speaking clients in the provision of services? Do you hire bilingual staff? How does the office ensure that services are delivered in a culturally sensitive manner? Do you use interpreter services? Cultural competency policy?" The Provider Relations Department monitors all contracted providers and each survey tool includes questions as stated above. The annual Network Development Plan identifies this process including results. During the provider monitoring process, CHS has Cultural Competency literature guide that is distributed to providers. These booklets are handed out to staff that may not familiar with cultural competency or who do not adequately respond to the monitoring survey or, just in general, are interested in receiving additional information.

In addition to the onsite monitoring, the Provider Relations Department conducts annual Provider Accessibility Surveys that help us identify cultural competency within the network of healthcare professionals. Providers are surveyed to determine the accessibility of bilingual staff and interpreter/translation services. The results of these surveys are audited annually by AHCCCS or are available upon request.

The Provider Relations Department is also responsible of the Member Handbook and Newsletters. CHS prepares a Member Handbook annually and a biannual Member Newsletter in both English and Spanish (ADM008). The CHS Member Handbook includes a section entitled "How will my cultural needs be taken into consideration?" This section gives Members information about their right to receive language assistance and/or translation services. CHS sends all notices or other correspondence to Members in their primary language. CHS will utilize InterpreTalk and viaLanguage for interpreters/translators for other languages as the need arises. The Fall edition of the member newsletter also had an article on Cultural Competency titled "Your Cultural and Language Needs". This article included information on the training CHS staff receives on how to provide culturally competent care. The article goes on to describe that "CHS staff wants to give the best help for our members. One way we do this is to take special care with your cultural needs".

Both the Member and Provider Newsletters contain information on InterpreTalk to help promote cultural competency. Member and Providers are encouraged to contact CHS to use this service.

CHS Provider Manuals are distributed to new providers with a copy of their fully executed contract. Provider Relations maintains a log of this, and updates are mailed out each quarter. The Provider Manual contains the Cultural Competency Plan and it is distributed to all contracted Providers on an annual basis via the Provider Manual updates that are incorporated by reference into their contracts. In addition, this information is available via the CHS website and is updated each quarter.

All contracts contain a Mainstreaming clause to educate providers on the importance of rendering services to members with the same standard of care, skill and diligence that would be offered to any patient regardless of their national origin and that Contractor must take into account a member's culture when providing care. **The Primary Care Physician (PCP)** is the focal point for managing each member's medical care, including coordinating all specialty or ancillary services the member may require. The PCP is tasked with ensuring that referrals within the CHS network are culturally and linguistically sensitive, as may be requested by the Member. Subcontracts'

language reflects this provider requirement. Excerpt from contract: *"Contractor shall provide Covered Services to Members with the same standard of care, skill and diligence customarily used by similar physicians in the community in which such services are rendered and with the same availability as offered to other patients. The Contractor shall take all reasonable steps to ensure that Agency clients shall in no manner whatsoever be discriminated against by the Contractor or any agents or employees of the Contractor. The Contractor shall respond immediately to any charges of discrimination"*

**Medical Utilization Management Department.** The M/UM department also ensures that members have access to high quality services in a culturally competent manner. M/UM on-site monitoring surveys (QM002G) the network through questions such as: "Any cultural or linguistic barriers to member care identified?" The M/UM Plan and Annual Review also incorporate this process. Any issues identified through the Provider Relations and M/UM monitoring processes are investigated and resolved through the CHS Quality of Care Process.

The Informal Complaint Process (Expressions of Dissatisfaction) and Quality of Care Concern Process are mechanisms utilized by CHS to identify a range of issues that may occur within the network and delivery of care. One issue that may arise and be reported is cultural issues. For example, a member may report that their needs are not being met because their doctor doesn't speak Spanish and doesn't understand them. The CM would then fill out the Member Expressions of Dissatisfaction and Provider Complaint Issue Form and submit it to M/UM to investigate and resolve. A Quality of Care Concern could be reported if a Provider refuses to provide services for a member he/she accepts as a patient and then denies care because the member is Korean or Russian. The M/UM department would also receive this Quality of Care Concern, investigate and resolve the issue. Resolution of such a complaint may include education and training to make providers aware of the importance of providing services in a culturally competent manner and to ensure that services are provided effectively to members of all cultures. All expressions of dissatisfaction and quality of care concerns are tracked through a quarterly reporting process that is submitted to AHCCCS and presented to the quarterly M/UM Process Improvement Committee. These mechanisms help CHS ensure that members have access to quality health care services that are culturally and linguistically sensitive.

The M/UM Department also annually distributes Member and Provider satisfaction surveys. These surveys help CHS identify if members' cultural needs are being met in a culturally sensitive manner. These surveys include statements such as "Your Case Manager is sensitive and respectful of your cultural and ethnic background", or "Your doctor treats you with respect, is sensitive and respectful of your cultural and ethnic background". The members are asked to rate these statements if they agree, disagree, etc. The Provider Survey asks "Is staff sensitive to the cultural needs of the member". These surveys help CHS identify that services are delivered in a culturally competent manner.

In sum, the efforts of the Provider Relations, M/UM and Case Management departments help CHS evaluate the network and improve accessibility and quality of care for our membership. These efforts, for example, include provider credentialing, monitoring, tracking and trending of quality of care concerns and expressions of dissatisfaction and member and provider surveys and case management daily interactions with members and periodic assessments.

## **VI. EDUCATION AND TRAINING**

CHS provides staff training at least on an annual basis to ensure that services are provided effectively to our members of different cultures. This training will be customized to fit the needs of CHS staff based upon the nature of the contacts with our members and/or providers. Customized training needs may be identified through the processes utilized by provider relations, case management and M/UM that help determine the needs of our membership.

CHS will offer training for our Providers with direct Member contact to ensure that they are aware of the importance of providing services in a culturally competent manner. This training will include ideas and assistance about how to provide culturally competent services.

CHS will use the Member/Provider Advisory Council meetings as a mechanism to ensure Member involvement in the CCP and as a tool to evaluate the cultural competency program to ensure that services are delivered in a culturally competent manner.

CHS will integrate as part of our staff and provider training an evaluation to increase our own cultural self awareness and awareness of our interactions with others which are a result of our own cultures.

CHS will educate providers on the availability of sign language services and how to access InterpreTalk and via Language. CHS offers to pay our contracted Providers for the use InterpreTalk Services when needed by our Members, which will be approved on a case-by-case basis. This information is on the CHS website, along with the link to the InterpreTalk website ([www.saweb.com/italk.php](http://www.saweb.com/italk.php)) and the 800 # to call (800-305-9673). This information is also included in the cover letter sent with the quarterly updates to the Provider Manual. The website for via Language is [www.viaLanguage.com](http://www.viaLanguage.com) and can also be contacted at 800-737-8481 for translation of documents.

CHS educates Case Management staff regarding obtaining interpretation services for their members.

CHS will track utilization of interpretation services by Providers and Staff through the Interpreter Translation Log that is part of our Cultural Competency Policy.

CHS Quality Circle Work Groups are another mechanism employed to educate and facilitate communication and develop partnerships among members, CHS and providers in an effort to enhance cultural awareness.

## **VII. CULTURALLY COMPETENT SERVICES AND TRANSLATION/INTERPRETATION SERVICES**

CHS evaluates the cultural diversity of our members and assesses their needs and priorities in order to provide culturally competent care. This process begins with the Case Manager but extends to other departments as our program is a collaborative effort comprised of Case Management, Provider Relations, M/UM and extends to other areas such as Claims Dispute and Member, Administration, Medical Director and includes our Network of Subcontracted Providers.

CHS provides translation services that are not conditional upon the availability of a friend or family member who are bilingual. Members may elect to use a friend or relative for this purpose, but they will not be encouraged to substitute a friend or relative for a translation service. CHS will make certain that someone who is proficient and skilled in translating language(s) provides translation/interpreter services to our Members.

All materials shall be translated when CHS is aware that a language is spoken by 3,000 or 10% (whichever is less) of the membership population who also have limited English proficiency (LEP) in that language. All vital materials shall be translated when the CHS is aware that a language is spoken by 1,000 or 5% (whichever is less) of the our membership who also have LEP in that language. Vital materials must include, at a minimum, notices for denial, reduction, suspension or termination of services, vital information from the member handbook and consent forms. All written notices informing members of their right to interpretation and translation services in a language shall be translated when CHS is aware that 1,000 or 5% (whichever is less) of our members speak that language and have LEP.

The Spanish language and Hispanic culture are the most prevalent in the CHS service area at this time. Provisions will be made for other languages/cultures as required, by using the Language Services Associates for InterpreTalk, phone services that facilitate communication with non-English speakers 24 hours a day, 7 days a week. Translations for languages other than Spanish may be provided through viaLanguage on a case-by-case basis. CHS notifies providers when translation/interpretation services are required by one of our Members. Providers are required (via Contract) to hire culturally competent staff and to provide appropriate staff for our Members needs. In our current Provider Network, there are only two physicians' offices that are not bilingual and do not have any type of interpretation services in house. 180 of our contracted physicians and allied health professionals are bilingual out of a total of 395 in the network. Several speak more than one language besides English. Languages spoken include: Spanish (103), French (11), Hindi (6), Chinese (7), and other languages such as; Arabic, Vietnamese, Korean, Greek, German, Italian, Portuguese, Apache, Swedish, Russian, Filipino, Turkish, Malay, Syrian, Afrikaans, and Urdu.

CHS currently employs several staff who are bilingual in the Spanish language, including eleven fulltime Case Managers and one CM Administrative Aide who are bilingual/bicultural. The Provider Relations Department has one member who is Spanish speaking. This employee's duties include translating the Member Handbook into Spanish on a yearly basis, as well as translating into Spanish the bi-annual Member Newsletter and other Member correspondence as needed. The Case Managers may assist with the translation process for the handbook, newsletters and other correspondence including forms and notification letters. In addition, the Provider Relations staff member assists with translation services for phone calls for cases when the case manager is out in the field or other situations that may arise. Case Managers that are bilingual assist those that are not and are available to accompany non-bilingual Case Managers for home or facility visits as needed.

CHS translates all member materials for Spanish-speaking members, and will ensure that members who have Limited English Proficiency (LEP) are given assistance as needed. This includes (but is not limited to) the Member Handbook, newsletters, notices of action, consent forms and any other member correspondence such as material change notices and includes emails and voice recorded messages. In addition, CHS will assess whether some of our Spanish-speaking members may have Limited Spanish Proficiency – this could indicate that the specific member speaks and understands Spanish, but cannot read or write in Spanish. If this is the case, CHS Case Managers will orally explain how the program works, and will be available whenever further explanation may be needed. The Member Handbook is reviewed with the Member or authorized representative by the Case Manager at the initial assessment, and annually thereafter at the time of the reassessment process. Utilizing one-on-one contact with the Member, the Case Managers assist Members to resolve any questions on a daily basis, including explaining to them about the services they are receiving. Materials will be translated into other languages as the need arises.

## **VIII. EVALUATION AND ASSESSMENT**

### **Standards**

CHS conducts an annual evaluation of the Cultural Competency Plan to assess overall effectiveness and to determine future directions. Monitoring Tools are evaluated to determine whether the CHS Cultural Competency Plan was successfully implemented and Survey results are assessed to identify areas for improvement and revision. The evaluation will serve as the foundation for planning the upcoming year's Plan and activities relating to elevating cultural awareness.

CHS will forward a copy of the CCP evaluation to the AHCCCS, Division of Health Care Management, annually.

The Director of CHS will review changes and approve the CCP on an annual basis and will submit to AHCCCS for review/comments, as necessary. CHS policies are summarized in this document and are available for review upon request.

### **Annual Review**

Over the course of the contract year, Cochise Health Systems has delivered culturally and linguistically sensitive services, which is evident through multiple facets of our operations.

Of fifty staff members, CHS has a total of 19 bilingual employees. CHS hired two new Case Managers and one CM administrative staff member this contract year that are bilingual. Out of this 50, there are a total of 14 Case Managers, 7 of which are bilingual, one authorization specialist is bilingual and a temporary clerk for case management is also bilingual. All speak Spanish. This means that more than half the staff members in Case Management including support staff are bilingual. In other departments, at least one staff member is bilingual.

On a daily basis, CHS delivers culturally sensitive services from the time we answer the phone to the time a call is routed to a Spanish speaking Case Manager. Most of the Case Managers who cover the geographic service area of Douglas and some parts of Bisbee, conduct their assessments and any communications with members in Spanish. Spanish is the predominant language in our region due to our geographic proximity to Mexico. This also occurs on a daily basis for Case Management and is considered a normal and fundamental part of our operations. Cultural Competency is not an exception but a way of life for us.

The Member Newsletters that include information on Cultural Competency are distributed in both English and Spanish. The Fall edition of the member newsletter also had an article on Cultural Competency titled "Your Cultural and Language Needs". This article included information on the training CHS staff receives on how to provide culturally competent care. The article goes on to describe that "CHS staff wants to give the best help for our members. One way we do this is to take special care with your cultural needs". This column gave members information about receiving services through an interpreter, obtaining forms in Spanish and using InterpreTalk. The October 1, 2010 Member handbook includes a section on Cultural Competency and will be mailed out in both English and Spanish (this was recently approved by AHCCCS and CHS received a proof from the printer). Each publication of the member handbook contains information on Cultural Needs and is published in Spanish as well. The Member Handbook is also available on the CHS website. Instructions are included in the Handbook to assist members in navigating the website. Case managers also provide a short tutorial, about Cochise Health Systems, for members when they distribute the member handbook. In addition, members are also given information about the CHS website (for those who are interested).

During this review period, a few Primary Care Providers gave notice of their intent to terminate their services as they were leaving the area. CHS sent this information out to members in both English and Spanish. CMs assisted members in the selection of a new PCP and coordinated most of these efforts in Spanish.

**CHS Assessment of Languages spoken for the period October 1, 2009 to September 30, 2010:**

<u>Total Members for quarter (July to Sept)</u>		
English speaking members:	781	(83%)
Cochise County	619	
Graham County	136	
Greenlee County	26	
Spanish speaking members:	159	(17%)
Cochise County	150	
Graham County	5	
Greenlee County	4	
Other/Unknown members' languages:	0	(0%) (less than 1% .03%)
Cochise County	0	
Graham County	0	
Greenlee County	0	

At the end of last contract year, English-speaking members made up 84% of the population and Spanish speakers accounted for 16%. At the end of this contract year, the member demographics changed slightly with English speakers accounting for 83% of the population and Spanish speakers at 17%. There is no other significant population percentage for members with other languages spoken.

Attached are the specific quarterly statistics for the review period of October 1, 2009 to September 30, 2010 (Attachment B).

**Utilization of interpretation services.** This is accomplished through the use of our Interpreter-Translation Services Policy and Log (CHS003)-Attachment A. At the end of each contract year, the CCC evaluates the logs/utilization of services for inclusion in the plan. There were no interpretation services utilized through the translation services such as InterpeTalk or Catholic Community Services. This does not mean, however, that interpretation services were not delivered to members. This is most entirely accomplished through the mechanisms built into the structure of our system such as interpretation through our case managers, providers and family members. In addition, providers utilize their own mechanisms such as local universities that offer translation services. Our providers in the Graham County area utilize Eastern Arizona University language department and some providers in the Tucson area use the University of Arizona language program.

**Provider Relations-**

The CHS Provider Manual includes the most current version of the Cultural Competency Plan. This Manual is distributed to all new providers, and all providers receive a quarterly update beginning each October. The plan is also available on the CHS website. Once this CCP is approved by AHCCCS, it is posted on the CHS website. A Provider Manual distribution tracking log is available upon request, which demonstrates the distribution of the Plan to all contracted providers.

The CHS newsletter, mailed out this Summer, contained an article on cultural competency titled Information from the Office of Minority Health on Cultural Competency. The article included information such as: *What is Cultural Competency? Why is it important?* And *Cultural and language may influence: Cultural and language may influence:*

- Health, healing, and wellness belief systems;
- How illness, disease, and their causes are perceived; both by patient/consumer and
- The behaviors of patients/consumers who are seeking health care and their attitudes toward health care providers;
- As well as the delivery of services by the provider who looks through his or her own limited set of values, which can compromise access for patients from other cultures.

This newsletter is included for your consideration as part of this plan (refer to attachment C) The newsletter also included information on InterpeTalk to educate providers of the availability of interpreter services through CHS.

The Provider Relations Department conducted annual monitoring for a variety of providers from nursing homes to primary care providers and Assisted Living Homes to HCBS providers. Results revealed that most all Providers in

the CHS Network have a bilingual workforce and forms are available in both English and Spanish. Results of these monitoring activities are available upon request. Providers were also educated about the availability of Interpreter services through InterpreTalk. Some providers surveyed stated that they use local universities as a resource for interpreter services. CHS intends to research the dynamics of these university programs and provide the information in the next provider newsletter and subsequent results will be published in the next plan.

CHS conducted the Provider Accessibility Surveys this contract year and each survey contained a question about the availability of services in more than one language. Specifically, the surveyor looked for instructions in more than one language when calling each provider. Results of these surveys are available upon request. There were no issues or trends noted.

CHS ensures that member cultural needs are met in alternative residential setting and nursing facilities through a number of different mechanisms. These mechanisms include On-site reviews by both Provider Relations and M/UM, Member and Provider Surveys, Member and Provider Council Meetings, Quality of Care Concerns and Expressions of Dissatisfaction. CHS has also started Quality Circles as a process that allows for continuous communication of information between all divisions of CHS, especially member care planning and address opportunities for improvement.

CHS recognizes that for members placed in alternative residential settings or skilled nursing facilities, cultural and linguistic needs are not intermittent as they would be for HCBS members. HCBS members have an encounter with a PCP, for example, and may need interpreter services. A member in setting would need culturally sensitive services on a daily basis because these settings are their home and their home environment must incorporate their customs, values and beliefs.

There have been no issues or quality of care concerns reported by members, staff or other providers regarding members' cultural needs and where they live. We are confident that services in an alternative residential setting and skilled nursing facility are culturally and linguistically sensitive.

### **Medical and Utilization Management**

The M/UM department mailed out the annual member satisfaction surveys at the end of July. 551 Surveys were mailed out to home and community based members and 208 were returned (return rate of 38%). 366 Surveys were sent to members residing in Nursing Homes and 120 were returned (return rate of 32%). There were no issues or trends regarding cultural competency. Specifically, the member satisfaction ratings for both HCBS and SNF for cultural competency was 91% always, 7.5% Almost Always, Almost Never 1%, Never .5%. This is an average of 98.5% satisfaction for cultural competent services.

The CHS Provider surveys are broken into five different segments: Administration, Case Management, M/UM, Finance, and Provider Relations. Each of these segments contains the same question regarding cultural competency, "Are staff sensitive to the cultural needs of the member". The statistical analysis of these surveys revealed no issues or trends identified for CYE 2010. The specific satisfaction ratings are: Administration 92%, Member/Provider Relations 95%, Finance/Claims Dept-95%, Case Management 98% and Medical/Utilization Management 98%.

The M/UM Department conducted provider monitoring throughout this review period. These monitoring tools also contain questions regarding cultural competency. For example, the Home Health Chart Review Tool states: Does this member have any cultural or linguistic needs? Barriers? How are they addressed? No issues or trends were identified any member through this review process. Results are available upon request.

There were no Expression of Dissatisfaction received for CYE 2010 regarding cultural competency issues nor were there any Quality of Care concerns reported for this contract year. This would include any employee issues concerning cultural competency for example, a network deficiency of Primary Care Providers for Spanish speaking members. No issues were reported by employees this reporting period.

All grievances and appeals for the survey period of October 1, 2009 to September 30 2010 were reviewed and no cases were related to issues concerns cultural competency.

**Education and Training:** This year CHS Member and Provider Relations Staff attended a Cultural Competency WebEx entitled Cultural Competency in Patient Care. This PowerPoint presentation was subsequently presented to all CHS staff members for annual training. To put cultural competency into perspective the presentation stated

"...Today there are more than 300 languages spoken in the US...the country has an increased need for effective business models that address culturally and linguistically appropriate health services for individuals with limited English proficiency". Some of the objectives of the training were an overview of culture and diversity in the US healthcare systems, Integrate the latest trends for providing cultural competent care and Investigate the impact cultural competency has on healthcare delivery and outcomes. The training offered mechanisms to develop cultural competency for example through awareness of one's own cultural worldview, attitude toward cultural differences, knowledge of different cultural practices and worldviews and cross-cultural skills.

Cultural Competency information from the Office of Minority Health was periodically sent out to CHS staff via email throughout the year. In addition, the CCC distributed information via email with the following links (specific records of the electronic transmissions are available upon request).

In addition all staff received the following links for cultural competency training and information:

[http://www.commonwealthfund.org/usr\\_doc/betancourt\\_culturalcompetence\\_576.pdf](http://www.commonwealthfund.org/usr_doc/betancourt_culturalcompetence_576.pdf)

This link provided information on CULTURAL COMPETENCE IN HEALTH CARE: EMERGING FRAMEWORKS AND PRACTICAL APPROACHES

<http://www.hrsa.gov/culturalcompetence/>

This link provided information from the US Department of Health and Human Services/Health Resources and Services Administration. The link offered Cultural Competency and Health Literacy Resources for Health Care Providers.

Each year staff receive--Cultural and Linguistically Appropriate Services National Standards from the Office of Minority of Health. <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15>

This is a link to the Health Affairs Organization that offered an article on Cultural Competence And Health Care Disparities: Key Perspectives And Trends <http://content.healthaffairs.org/cgi/content/full/24/2/499>

This is a link to the US Department of Health and Human Services Think Cultural website that offers cultural competency continuing education programs and other resources and materials.

<https://www.thinkculturalhealth.org/>

**Goals--**Our overall goal is to provide high-quality, culturally sensitive services by identification, referral, delivery, and continual monitoring of Members' needs.

This year we have met our goal through the employment of new staff members that are bilingual/bicultural. The 98.5% satisfaction rate from member is evidence that Cochise Health Systems has and is meeting our overall goal of providing high-quality culturally sensitive services. Also an average of 95.6 % provider satisfaction is evidence that CHS is provider Cultural Competent Services. On the whole, the success of our efforts can be measured by the lack of any grievances, appeals, or quality of care concerns regarding cultural issues. The absence of any issues or trends demonstrates the success of our program.

CHS will keep the goals as outlined in this document to ensure that members receive services that culturally and linguistically appropriate with the CLAS national standards as our guiding principles.

Submitted for review and approval signature, this .

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**Paula Saroff**  
**Chief Operating Officer/Cultural Competency Coordinator**

Attachments

**DISTRIBUTION:**

All CHS Staff via Email & Available on Shared Network File  
Provider Manual & CHS Website