



**POLICY 405, ATTACHMENT A -
CULTURAL COMPETENCY PLAN, ASSESSMENT, LANGUAGE ACCESS PLAN,
AND FAMILY-MEMBER CENTERED CARE REPORTING CHECKLIST**

CONTRACTOR: _____
 LINES OF BUSINESS: _____
 AHCCCS REVIEWER: _____

The Contractor shall complete column 'B' and may complete column 'E' if applicable.

		CONTRACTOR	CONTRACTOR	AHCCCS		AHCCCS
	(A) POLICY/CONTRACT REQUIREMENT	(B) FOUND ON PAGE	(C) CONTRACTOR COMMENTS	(D) YES	(E) NO	(F) AHCCCS COMMENT
CULTURAL COMPETENCY PLAN REQUIREMENTS						
The submission includes all of the following:						
1.	A written Cultural Competency Plan (CCP).					
2.	A description of how care and service is delivered in a culturally competent, family/member centered manner to diverse cultural and ethnic backgrounds, including those with Limited English Proficiency (LEP), disabilities, and regardless of sex , gender, sexual orientation or gender identity, health status , national origin , and age . ¹					
3.	Identification of a Contractor staff member responsible for the CCP.					
4.	A description of goals for the coming year.					

¹ [Added for clarification.](#)



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5.	The training programs the Contractor utilizes (e.g. CC 101) to orient and train staff to be culturally competent to all members and their families of all cultures. Staff training shall be customized to fit the needs of staff based on the nature of their contact with providers and/or members.					
6.	A description of educational methods the Contractor will use for providers and other subcontractors with direct member contact.					
7.	The Contractor’s education and training program addresses the importance of making providers and other subcontractors aware of the importance of providing services in a culturally competent manner.					
8.	A description of additional/ongoing training and assistance provided to providers and subcontractors on providing ecultural ^{culturally} ² competent services to members.					
9.	Information outlining Ecultural c ompetency training provided to the Contractor’s staff during new employee orientation and annually.					

² Updated to correct grammar.



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10.	A description of how the Contractor conducts regular assessments of community health assets and how the results are used to plan, implement, and assist providers in providing services that respond to the cultural and linguistic diversity of populations in their service area(s).					
11.	A description of the Contractor’s method for evaluating the cultural diversity of its membership to assess needs and priorities in order to provide culturally competent care to its membership (languages spoken and ethnicity of membership).					
12.	A description of how the Contractor evaluates its network, outreach services, and other programs to improve accessibility and quality of care for its membership. It shall also describe the provision and coordination needed for linguistic and disability-related services.					
<u>13.</u>	<u>A description of the method(s) used for evaluating health equity and addressing health disparities within the Contractor’s Geographic Service Area (GSA).³</u>					

³ Added to align with AHCCCS initiatives.



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13 14.	A description of how the Contractor makes the member, at the point of contact, aware that T translation/ i nterpretation services are available. This includes access to oral interpretation, translation, sign language, disability-related services, and provision of auxiliary aids and alternative formats on request.					
14 15.	How written materials critical to obtaining services (also known as vital materials) are made available in the prevalent non-English language spoken for each LEP population in the Contractor’s service area. f as <u>specified in</u> 42 CFR 438.10(d)(3) }. This includes the requirement for provision of all written materials for members to be translated into Spanish whether or not they are considered vital. Refer to ACOM Policy 404 for additional requirements.					
15 16.	Information outlining the Contractor’s process to provide member information in easily understood language and format when requested by a member. Consideration includes members with LEP or limited reading skills, those with diverse cultural and ethnic backgrounds, and those with visual or auditory limitations.					



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16 17.	Information on available interpretation services and auxiliary aids utilized by members who are D deaf and <u>h</u> Hard of <u>h</u> Hearing.					
17 18.	The process for communicating the Contractor's progress in implementing and sustaining the CCP's goals to stakeholders, members, and the general public.					

OPEN UNTIL 02/21/21



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18 19.	<p>To ensure that communications with members and their families about member health care concerns are culturally competent, the Contractor shall submit a summary statement describing the practices that health care providers are required to use when:</p> <ul style="list-style-type: none"> • Accessing language assistance services, • Explaining member rights and protections (e.g. Health Insurance Portability and Accountability Act [HIPAA]), • Eliciting descriptions of symptoms, health problems, treatment goals and preferences, and • Explaining treatment practices (e.g. medications, examinations) and processes, (e.g. goal setting, assessments, treatment planning, clinical meetings, referrals to other service providers and service interventions) are communicated. <p>The statement shall also refer to source documents (e.g. policies, procedures, training curricula, clinical protocols, supervisory processes, best practices) that guide these practices.</p>					



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CULTURAL COMPETENCY ASSESSMENT						
The submission includes all of the following:						
19 20.	The CCP was assessed for effectiveness. The assessment includes consideration of: L inguistic n eed, comparative member satisfaction surveys, outcomes for certain cultural groups, T ranslation ⁴ and i nterpretation services and utilization, member complaints and grievances, provider feedback, and ⁵ or Contractor employee surveys.					
	a. The CCP assessment includes a review of goals from the prior year. ;					
	b. Tracking and trending of any identified issues. ;					
	c. Actions taken for resolution of identified issues. ; and					
	d. The assessment includes modifications, if any, that were made to the CCP.					

⁴ Aligned with changes to the Policy.

⁵ Removed 'or'; should not be an 'and/or'



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20 <u>21.</u>	A description of how the Contractor ensures that the family is recognized as the primary source of support for the member’s health care decision-making process.					
21 <u>22.</u>	Information regarding the availability of service systems and personnel to support the family’s role as decision makers.					
22 <u>23.</u>	How cultural competency collaboration is facilitated among members, families, health care providers, and policy makers at all levels that include:					
	a. Care of the member ;					
	b. Development, implementation, and evaluation of programs ;					
	c. Policy development ;					
	d. A description of how the CCP promotes complete exchanges of unbiased information between members, families, and health care professionals in a supportive manner at all times ; <u>and</u>					



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	e. A description of how cultural, racial, ethnic, geographic, social, spiritual, and economic diversity and individuality are recognized within and across all families.					
23 24.	A description of practices and policies that were implemented to support the medical, developmental, educational, emotional, cultural, environmental, and financial needs of members and their families.					
24 25.	A description of the development and participation of the Contractor in Family/Member Centered Cultural Competency Trainings.					
25 26.	A description of how family-to-family support and networking is facilitated.					
26 27.	A description of how the Contractor promotes available, accessible, and comprehensive community, home, and hospital support systems to meet the diverse and unique needs of the member and family.					



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27 28.	An acknowledgement of the importance of families as crucial allies as it applies to the member's health and well-being for quality assurance within the service delivery system, including how this is communicated to members and their families.					
28 29.	The CCP documents how the unique nature of each member and their family is appreciated and recognized.					

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<i>LANGUAGE ACCESS PLAN (SEE POLICY FOR DESCRIPTION OF EACH ELEMENT BELOW)</i>						
1.	Assessment: Needs and Capacity.					
2.	Language Assistance Services.					



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3.	Written Translations.					
4.	Policies and Procedures.					
5.	Notification of the Availability of Language Assistance at No Cost.					
6.	Staff Training.					
7.	Assessment: Access and Quality.					
8.	Stakeholder Consultation.					
9.	Subcontractor Assurance and Compliance.					



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