



# **Cultural Competency and Language Translation Services Plan**

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## Overview

The purpose of this Cultural Competency and Language Translation Services Plan (hereinafter referred to as “Plan”) is to describe the methods and procedures employed by Cook Children’s Health Plan (CCHP) to assure the provision of quality, compassionate, and culturally sensitive health care services to members and their families.

CCHP was developed and is structured so that the organization can respond to the diverse needs of the population in a culturally competent manner that will assist members in making effective use of all benefits and programs that are offered under this Plan. The objective of this Plan is to provide a tool to assist CCHP staff in understanding and respecting the diversity of not only our members but also our providers, vendors and the employees of CCHP. The Plan will provide resources for our staff to use to help overcome any barriers our members face in getting the care and services they need. This Plan can also be used as a guide in teaching our providers the alternative communication methods that can be made available to our members as well as helping them to understand and recognize the diverse needs of our population.

Working with our members in a culturally competent manner can not only help our members by improving services and care for our current members but also helps CCHP by improved member satisfaction which can result in a higher retention of our membership as well as a reduction in the number of complaints received by CCHP.

### **Why is cultural competency important?**

Cultural competency is one of the main ingredients in closing the disparities gap in health care. It’s the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Asking an individual about their preferences will not only make them more comfortable, it will show flexibility and acceptance. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.

It is important to understand that the members we serve, our providers as well as our own co-workers are diverse. Employees are expected to treat all individuals with dignity and respect regardless of race, age, gender, religion, sexual orientation or culture. Remember to listen to the members, be understanding and communicate effectively, through interpreters, if necessary. It is important to understand some basic information about the various cultures of the members we serve. Being familiar with the different cultural backgrounds of our members will help us to understand the varying beliefs of our members. Being culturally sensitive and aware along with good customer service can help our members feel comfortable talking to us. This in turn will help our members receive the best possible care under our plan.

Become knowledgeable about our populations.

- ✓ You do not need to agree
- ✓ You do need to understand

## Definitions

**CLAS standards** are the collective set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services Office of Minority Health. They are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.

**Competence** implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

**Cultural and linguistic competence** is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

**Culturally and linguistically appropriate services** are health care services that are respectful of and responsive to cultural and linguistic needs (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).

**Culture** refers to integrated patterns of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of a lifetime. Element of culture include, but are not limited to, the following:

- Age
- Cognitive ability or limitations
- Country of origin
- Degree of acculturation
- Educational level attained
- Environment and surroundings
- Family and household composition
- Gender identity
- Generation
- Health practices, including use of traditional healer techniques such as Reiki and acupuncture
- Linguistic characteristics, including language(s) spoke, written, or signed; dialects or regional variants; literacy levels; and other related communication needs
- Military affiliation

**Health** is understood to encompass many aspects, including physical, mental, social, and spiritual well-being. The World Health Organization also notes that health is “not

merely the absence of disease or infirmity”. Health status occurs along a continuum and therefore can range from poor to excellent. The advancement of health equity allows individuals to experience better health over the course of their life spans.

**Health and Health Care Organizations** and **Professionals** are referenced in the CLAS standards to acknowledge those working not only in health care delivery facilities (e.g., hospitals, clinics, community health centers) but also in organizations that provide services such as behavioral and mental health, public health, emergency services, and community health and prevention.

**Individuals** and **Groups** encompasses patients, consumers, clients, recipients, families, caregivers, and communities.

**Limited-English proficiency** means persons who have difficulty speaking, reading, writing, or understanding the English language because they are individuals who:

- were not born in the United States or whose native language is a language other than English; or
- come from environments where a language other than English is dominant; or
- are American Indian and Alaskan Natives and who come from environments where a language other than English has had a significant impact on their level of English language proficiency; and
- by reason, thereof, are denied the opportunity to learn successfully in classrooms where the language of instruction is English or to participate fully in our society.

## Laws

***Emergency Medical Treatment and Active Labor Act (EMTALA)***– The Emergency Medical Treatment and Active Labor Act, also known as the Patient Anti-dumping Act, requires hospitals that participate in the Medicare program that have emergency departments to treat all patients (including women in labor) in an emergency without regard to their ability to pay. Hospitals that fail to provide language assistance to persons of limited-English proficiency are potentially liable to Federal authorities for civil penalties, as well as relief to the extent deemed appropriate by a court.

***The Hill-Burton Act*** – The Hill-Burton Act, enacted by Congress in 1946, encouraged the construction and modernization of public and nonprofit community hospitals and health centers. In return for receiving these funds, recipients agreed to comply with a "community service obligation," one of which is a general principle of non-discrimination in the delivery of services. The Office of Civil Rights has consistently interpreted this as an obligation to provide language assistance to those in need of such services.

***Medicaid*** - Medicaid regulations require Medicaid providers and participating agencies, including long-term care facilities, to render culturally and linguistically appropriate services. The Centers for Medicare & Medicaid Services (CMS), the Federal agency that oversees Medicaid, requires that states communicate both orally and in writing "in a language understood by the beneficiary" and provide interpretation services at Medicaid hearings.

***Medicare*** – Medicare addresses linguistic access in its reimbursement and outreach education policies. Medicare "providers are encouraged to make bilingual services available to patients wherever the services are necessary to adequately serve a multilingual population." Medicare reimburses hospitals for the cost of the provision of bilingual services to patients.

***Title VI of the Civil Rights Act of 1964*** - "No person in the United States shall, on ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

## **Cook Children's Health Plan's Commitment to Cultural Competency**

Cook Children's Health Plan (CCHP) is committed to ensuring that our staff and providers are informed of the importance of providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

CCHP members may have a limited proficiency with the English language, disabilities that may impede their ability to communicate with the health plan and providers as well as members that come from other cultures that view health care services differently than other members.

CCHP's primary goal is to deliver health services in a sensitive and compassionate manner to the population in our service area and assist members with increased access, coordinated care, and improved health outcomes.

We are committed to providing quality and accessible health care services within an environment that recognizes the special needs of our members and the complex social problems that may affect the ability of these members to maximize the use of the services offered. Improving the health status and outcomes for our members requires thoughtful programs designed to help them overcome barriers to care in addition to providing access to services.

This plan describes the processes CCHP employs to meet the Principle Standard for providing Culturally and Linguistically Appropriate Services (CLAS) set forth by the Office of Minority Health.

## **Theme 1: Governance, Leadership, and Workforce**

### **2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.**

#### Component 1: Advance and sustain organizational governance and leadership that promotes CLAS and health equity.

Cook Children’s Health Plan includes CLAS and health equity as a standing agenda item in the Managers and Directors Council, which meets monthly and ad hoc. Our commitment to include this as an agenda item will give all CCHP leadership an opportunity to discuss any issues or concerns regarding health equity or concerns relating to translation services or any aspect of the CLAS Standards.

#### Component 2: Promote CLAS and health equity through policy, practices, and allocated resources.

Cook Children’s Health Plan is part of a pediatric integrated health care system whose promise is “to improve the health of every child in our region through the prevention and treatment of illness, disease and injury.

It is our mission to improve the health of every child in our region by:

- ✓ Enhancing the child and family centered environment of care
- ✓ Expanding access to health care services
- ✓ Providing the highest quality of care and safely built upon evidence from clinical and health services research
- ✓ Fostering continued growth and development of great physicians, great leaders and great staff
- ✓ Capitalizing upon our unique health care delivery system to better integrate processes, services and companies; and
- ✓ Enhancing community-wide collaboration and coordinating health resources and information to meet the region’s growing health needs

Integrity is a large part of our Promise to “respect patient confidentiality, privacy and diversity.” Other aspects of our Promise includes safety (quality of care), caring (patient/member needs comes first), collaboration (working together with families, providers and the communities), innovation (improving care and services) and giving (provide the highest level of service).

Cook Children’s Health Plan’s Cultural Competency Committee is dedicated to developing a plan to meet the CLAS standards. This committee meets monthly to discuss ways to improve compliance with CLAS standards, to discuss any concerns and to implement new strategies to support and promote CLAS. The chair of the

Cultural Competency Committee is the Director of Regulatory Compliance who also serves on the Cook Children's Health Care System's diversity committee.

**3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.**

Component 1: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce.

Equal Employment Opportunity

Cook Children's Health Plan and its parent organization, Cook Children's Health Care System, are equal opportunity employers. As such, Cook Children's offers equal employment opportunities without regard to race, color, religion, sex, national origin, physical or mental disability, pregnancy, protected veteran status, sexual orientation, transgender status, gender identity or gender expression, genetic information, age or any other characteristic protected by law. These opportunities include terms, conditions and privileges of employment, including but not limited to hiring, job placement, training, compensation, discipline, advancement and termination. (Code of Conduct, HR Policy HR480, Equal Employment Opportunity, HR Policy HR520, Hiring, HR Policy 400, Conduct and Corrective Action, HR Policy HR155, Hiring of Physicians)

Harassment

Harassment of an employee in the workplace by supervisory personnel, co-workers or non-employees on the basis of race, color, religion, sex, national origin, physical or mental disability, pregnancy, protected veteran status, sexual orientation, transgender status, gender identity or gender expression, genetic information, age or any other characteristic protected by law is a form of discrimination that violates the law and Cook Children's policy. (Code of Conduct)

Workforce

In an effort to recruit a culturally and linguistically diverse workforce, Cook Children's vacancies are posted on various websites by a 3<sup>rd</sup> party vendor. The list below is a sample of local organizations that receives information on current vacancies:

Texas Workforce Solutions - Austin  
Workforce Solutions of Tarrant County  
Texas Veteran Commission  
Women's Center of Tarrant County  
Catholic Charities  
City of Fort Worth CAP (Community Action Partners)  
Veteran Employment Center

Hero2Hired – Texas  
Texas Division of Rehabilitation  
Goodwill Industries of Fort Worth  
University of Texas at Arlington  
Tarrant County College  
Deaf Action Center  
DARS/Division for Blind Services  
The Salvation Army  
Fort Worth Metropolitan Black Chamber  
DiversityWorking.com

Along with online recruiting efforts, Cook Children's Talent Acquisition department has also participated in the following Job Fairs:

City of Fort Worth – Job Fair for 50+  
Texas Veteran's Commission  
Goodwill of Fort Worth  
Fort Worth ISD  
Hiring Our Heroes  
City of Fort Worth Disability Job Fair  
Red, White and You (Veteran Job Fair)

Along with specialty Job Fairs for: Nursing, Occupational Therapy, Physical Therapy and colleges.

Component 2: Governance, leadership, and workforce that are responsive to the population in the service area.

The Institute of Patient- and Family-Centered Care (IPFCC) defines patient- and family-centered care as:

“Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care.

Patient- and family-centered practitioners recognize the vital role that families play in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. They acknowledge that emotional, social, and developmental support are integral components of health care. They promote the health and well-being of individuals and families and restore dignity and control to them.

Patient- and family-centered care is an approach to health care that shapes policies, programs, facility design, and staff day-to-day interactions. It leads to better health outcomes and wiser allocation of resources, and greater patient and family satisfaction.”

Family-centered care and cultural and linguistic competence are fundamental approaches to address the multiple strengths, needs, and preferences of families who have children and youth with special health care needs.

Our philosophy of family-centered care is based on four core concepts:

### Dignity and Respect

We listen to and honor the perspectives and choices of our members and their families. We incorporate their knowledge, beliefs, values and experiences into our health plan operations.

### Information Sharing

Effective family-centered care comes from clear communication among members, families, health care providers, and their service coordination team. Cook Children's Health Plan is committed to transparency as an organization.

### Participation

We encourage members and their families to participate in making health care decisions during treatment. They may participate in the decision-making at the level they choose.

### Collaboration

The leadership at Cook Children's Health Plan works with members and their families to develop policies, programs and evaluation strategies that make our health plan operations and service delivery more effective.

The Maternal and Child Health Bureau (MCHB) established Six Core Outcomes to create an effective, family-centered, integrated system of services and supports for children and youth with special health care needs (CYSHCN) and their families. The National Center for Cultural Competence (NCCC) is funded by the MCHB to support the design, implementation, and evaluation of culturally and linguistically competent approaches to achieve the Six Core Outcomes. To achieve the Six Core Outcomes requires addressing cultural and linguistic competence in creating systems of services and supports.

1. Families of CSHCN will partner in decision making at all levels and will be satisfied with the services they receive.
2. All CSHCN will receive coordinated ongoing comprehensive care within a medical home.
3. All families of CSHCN will have adequate private and/or public insurance to pay for the services they need.
4. All children will be screened early and continuously for SHCN.
5. Services for children with special health care needs and their families will be organized in ways that families can use them easily.

6. All youth with SHCN will receive the services necessary to make appropriate transitions to adult health care, work, and independence.

The National Survey – Children with Special Health Care Needs (2009-2010) identified significant disparities related to race and ethnicity in how families perceived the services and supports they receive for their children. Black and Hispanic CYSHCN are more likely to have families who report divergent experiences in the health care delivery system.

Cook Children’s Health Plan has adopted the following strategies to integrate family-centered care and cultural and linguistic competence:

1. Recruit and hire staff that are willing and capable of working in an organization that values cultural and linguistic diversity and the core concepts of patient- and family-centered care. Hiring managers utilize behaviorally-based interviewing questions to assess these job service attributes.
2. Educate and train staff on cultural and linguistic competence, patient- and family-centered care, and disability etiquette, including person first respectful language. Assure competency through ongoing staff development activities (e.g. focused trainings, seminars, etc.) and competency assessment.
3. Consult with and include Health Plan members and their families in the planning, delivery, and evaluation of health plan services (e.g. Member Advisory Group, focus groups)
4. Incorporate a cultural assessment (e.g. language, family/social structure) as a component of screening and assessment tools utilized by Cook Children’s Health Plan Care Management Department staff to identify a member’s needs and strengths.
5. Employ members and their legally authorized representatives in meaningful positions in the health plan (e.g. Parent Partner Coordinator, Parent Advisors).

Websites: These key websites for Patient- and Family-Centered Care link to many other useful sites.

Institute for Patient- and Family-Centered Care:	<a href="http://www.ipfcc.org">www.ipfcc.org</a>
National Patient Safety Foundation:	<a href="http://www.npsf.org">www.npsf.org</a>
Institute for Healthcare Improvement:	<a href="http://www.ihl.org/ihl">www.ihl.org/ihl</a>
Patient Powered:	<a href="http://www.patientpowered.org">www.patientpowered.org</a>
Family Voices:	<a href="http://www.familyvoices.org">www.familyvoices.org</a>
National Center for Cultural Competence	nccc.georgetown.edu/
American Academy of Pediatrics	<a href="http://www.aap.org">www.aap.org</a>

National Initiative for Children’s Health Care Quality	<a href="http://www.nichq.org">www.nichq.org</a>
Agency for Healthcare Research and Quality	<a href="http://www.ahrq.gov">www.ahrq.gov</a>

**4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an on-going basis.**

Component 1: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate services.

Cook Children’s Health Plan provides training for all employees through our Learning Management System called “ULearn”. The training modules are titled:

- ✓ Cultural Competence: Background and Benefits
- ✓ Cultural Competence: Providing Culturally Competent Care
- ✓ Diversity in the Workplace

These training sessions are assigned to all new employees, including leadership, upon hire and annually thereafter. Existing employees that were hired prior to when the training became available are required to complete the initial training and will also complete the training on an annual basis.

This plan is also readily available to all CCHP employees on a shared drive and is posted on CCHP’s website at [www.chp.org](http://www.chp.org).

## Theme 2: Communication and Language Assistance

5. 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.

### Component 1: Offer language assistance.

Cook Children's Health Plan provides several options for the non-English speaking or hearing-impaired Cook Children's Health Plan members (or their parents) to communicate with Cook Children's Health Plan. These options are described below.

✓ In-house Bilingual Staff

Cook Children's Health Plan employs bilingual staff members in the Member Services, Claims, Marketing, Quality Improvement, and Care Management departments. Cook Children's Health Plan's bilingual staff is available by contacting Cook Children's Health Plan Monday through Friday from 8:00 a.m. – 5:00 p.m. by calling (800)-964-2247.

✓ Cyra Communications

Cook Children's Health Plan subscribes to CyraCom International (CyraCom), a translation service offering competent translations of most commonly spoken languages around the world. Cook Children's Health Plan staff is trained in how to access this line in order to communicate with members from essentially all local ethnic groups. CyraCom interpreters have received special training in terminology and standard business practices in the HMO and healthcare industries.

All CyraCom operators are trained in the following key areas:

- Facilitate emergency room and critical care situations
- Accelerate triage and medical advice
- Simplify the admitting process
- Improve billing and collection processes
- Process insurance claims
- Process prescriptions
- Provide outpatient and in-home care
- Change primary care physicians
- Communicate with non-English speaking family members

Cook Children's Health Plan members can access the CyraCom translation services by calling the main number to Cook Children's Health Plan at (800) 964-2247 or (682) 885-2247. A Cook Children's Health Plan staff member will conference in a CyraCom translator who can facilitate the communication.

✓ Services for the Hearing Impaired

Cook Children's Health Plan has a service agreement with Texas Interpreting Services, LLC. This company employs 75 staff members who are proficient in sign language communications for hearing impaired individuals. These services are available to Cook Children's Health Plan staff and providers on an as-needed basis. If a provider is in need of a sign language interpreter, they can contact Cook Children's Health Plan at least 5 days in advance of the scheduled appointment and Cook Children's Health Plan will coordinate services with Texas Interpretive Services

✓ Telecommunications Devices for the Deaf (TDD)

Cook Children's Health Plan employs telecommunications devices that can effectively communicate with hearing impaired members. Whenever a "silent call" is received on the Cook Children's Health Plan Member and/or Provider Hotline, staff will handle such calls by utilizing telephonic communications devices that permit the representative to communicate with the member/caller using the TDD/TTY.

✓ Access to Services for Members with Physical and Modality Limitations

As part of the inventory of items that Cook Children's Health Plan Provider Relations staff checks when performing on-site office survey visits to network provider offices/locations, information is gathered to determine if the facilities provide access for members with physical and mobility limitations.

Providers are required to meet the minimum standards for access prescribed by the Americans with Disabilities Act (ADA) and terms and conditions outlined in the CCHP provider services agreement.

✓ Services for the Visually Impaired

Cook Children's Health Plan also provides alternative communication services for members/families that are visually impaired. These services include:

- Verbal communications and assistance via phone or in person to assist the member with:
  - ✓ Understanding plan benefits;
  - ✓ Selecting an appropriate primary care physician;
  - ✓ Resolving billing or other questions; and
  - ✓ Concerns or questions regarding their plan or plan benefits.
- Audiotape and large print versions of the Member Handbook and other member communications regarding the plan or plan benefits and limitations are available upon request.

✓ Internet Member Services Access

In addition, members who are hearing impaired may communicate via electronic mail (e-mail) over the internet, whenever the member has access to such services, for all of their business relative to Cook Children's Health Plan.

Component 2: Individuals who have limited English proficiency and/or other communication needs.

Member Health Education Training

Each encounter a member has with the Cook Children's Health Plan is a teachable moment. That is, after every contact, a member should have more information than before about his or her health or about how to access health care. Information is provided in a culturally sensitive way, appropriate to the member's knowledge level. These programs address language barriers and are sensitive to cultural and ethnic beliefs that may affect understanding of health care information and health behavior. In addition, programs will be offered in locations and at times that are accessible to members so as to lower barriers to participation as much as possible. Cook Children's Health Plan's Member Services and Outreach staff link closely with our Care Management staff to ensure smooth and consistent communication, referrals and outreach for the Cook Children's Health Plan population.

Health Literacy

The ability to understand health issues, make appropriate health decisions, and follow treatment instructions are all components of health literacy. Reading the materials provided to the member/patient by Cook Children's Health Plan or the member's provider does not necessarily demonstrate health literacy. The ability to process information and make appropriate decisions based on the information are also integral to being competent in health literacy.

Health literacy is not a problem specific to certain ethnicities or backgrounds. Studies have shown that health literacy problems exist across all economic and education backgrounds, ages, cultures, and races. Rates of disparities in health literacy, however, are higher among the minority, low income and those who speak English as a second language.

Improving Health Literacy – Tips from the Society of General Internal Medicine

- Slow down. Take time to recognize warning signs. Patients may claim to forget their reading glasses, bring family members with them to visits or struggle with filling out health forms.
- Do not use medical jargon – Using words that the average person is familiar with can help patients understand the issues at hand.
- Use visual aids – Pictures and diagrams can help with comprehension and recall.
- Limit the amount of information given and repeat instructions.

- Confirm understanding – Have members/patients repeat instructions to demonstrate their understanding. Never simply ask “Do you understand?” as members/patients can easily reply “yes” even if they do not.

Cook Children’s Health Plan relies on three communication methods to make certain that members understand the information they receive:

1. All member literature is available in English and Spanish and is written at or below the “**6th**” grade reading level.
2. **Ask Me 3™** has been incorporated into the case and disease management program. This program was developed by the National Patient Safety Foundation in response to an Institute of Medicine report on the impact of poor health literacy in the US. The program includes patient and provider education materials developed by leading health literacy experts. **Ask Me 3™** promotes three simple but essential questions that patients should ask their providers in every health care interaction. Providers should always encourage their patients to understand the answers to:
  - **What is my main problem?**
  - **What do I need to do?**
  - **Why is it important for me to do this?**
3. The “Teach Back” method has also been incorporated into the care management program. The intervention requires that the member or caregiver repeat back or demonstrate instructions/explanations which are repeated and reviewed by multiple members of the health care team. The caregiver is never asked, “Do you understand?”

#### Identification of Language(s) Spoken

Currently, Cook Children’s Health Plan has access to limited language information we receive from the Texas Health and Human Services Commission’s Enrollment Broker. The default language is English if primary language not indicated by the member. We receive the following 4 codes:

- EN – indicates English
- ES – Indicates Spanish
- VI – Indicates Vietnamese
- ZH – Indicates Chinese

Cook Children’s Health Plan is developing a procedure by which we will implement new processes not only to identify the languages members speak but also to capture that information in our member demographic screen. Doing so will allow us to report off that information and be able to analyze our populations based on this information as well as the information we are able to obtain from our language line vendor. The information we obtain will be in a secured field in our system so it does not get overwritten with each new enrollment file.

In addition to the preferred language information we receive from the enrollment broker, we will also gather language information with a form currently under

development to be included in the new member welcome packet with return request. Additionally, we capture preferred language via phone calls to or from our members. Preferred language, including sign language or other necessary language accommodations requests can be directly entered into the secured primary language field in our Core Operating System

Component 3: Timely access to all health care and services.

CCHP must comply with TAC Section 533.0055, AND

1. Provide for timely and accurate claims adjudication and proper claims payment in accordance with UMCM Chapter 2.0.
2. Include Network Provider training and education on the requirements for claims submission and appeals, including Cook Children's Health Plan's policies and procedures.
3. Ensure Member access to care, in accordance with Section 8.1.3, "Access to Care," and the UMCM's Geo-Mapping requirements
4. Ensure prompt credentialing, as required by Section 8.1.4.2, "Provider Credentialing and Re-credentialing."
5. Ensure compliance with state and federal standards regarding prior authorizations, as described in Sections 8.1.9, "Utilization Management," and 8.1.17.2, "Prior Authorization for Prescription Drugs and 72-Hour Emergency Supplies."
6. Provide 30 days' notice to Providers before implementing changes to policies and procedures affecting the prior authorization process. However, in the case of suspected fraud, waste, or abuse by a single Provider, Cook Children's Health Plan may implement changes to policies and procedures affecting the prior authorization process without the required notice period.
7. Include other measures developed by HHSC or a provider protection plan workgroup, or measures developed by Cook Children's Health Plan and approved by HHSC.
8. Additionally, Cook Children's Health Plan must participate in HHSC's work group, which will develop recommendations and proposed timelines for other components of the provider protection plan.

Timely Access to Language and Assistance Services

Cook Children's Health Plan policies provide for timely access to translation services. When a member calls and requires translation services, Member Services can immediately contact CyraCom and gets translation services over the phone without having to call the member back or transferring the call to someone else.

If a member requires in person sign language services, the member should contact Cook Children's Health Plan at least 5 days prior to their appointment so

that we can arrange for a sign language interpreter to be there in person for the member.

Cook Children's Health Plan's Member Handbook informs the member on how to access translation services. Members can also contact Cook Children's Health Plan at 800-964-2247 or 682-885-2247 to get information about translation services or look online at Cook Children's Health Plan's website.

**6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.**

Component 1: Inform all individuals of the availability of language assistance services

In-house Bilingual Staff

Cook Children's Health Plan employs bilingual staff members in the Member Services, Claims, Marketing, Outreach, Quality Improvement, and Care Management departments. Cook Children's Health Plan's bilingual staff is available by contacting Cook Children's Health Plan Monday through Friday from 8:00 a.m. – 5:00 p.m. by calling (800)-964-2247.

Multi-lingual Written Member Materials

All published member materials are available in both English and Spanish. Whenever a particular segment of the Cook Children's Health Plan population reaches ten (10) percent or more of the total population, materials will be translated into the predominant language of that population.

Interpreter services in the provider office

Cook Children's Health Plan will provide translation services via CyraCom or face-to-face interpreter services for members who need interpreter services during the doctor visit. Members can call Cook Children's Health Plan Member Services Department at 800-964-2247 or 682-885-2247. Cook Children's Health Plan requires notification of the appointment at least 5 working days prior to the appointment.

Multi-lingual Web Site for Cook Children's Health Plan

Cook Children's Health Plan has established and maintains a web site for Cook Children's Health Plan members in both English and Spanish. Cook Children's Health Plan's website is constructed such that members with access devices that have industry-standard technological capabilities can easily access and navigate the web site. The web site will be translated into additional languages as that specific segment of the population reaches ten (10) percent or more of the total population.

### Multi-lingual Recorded Messages

Cook Children's Health Plan will record all voice messages on its main business lines in both English and Spanish. When a particular segment of the Cook Children's Health Plan population reaches ten (10) percent or more of the total population, recorded messages will be added to main business lines in the predominant language of that additional population (or populations).

### Provider Directory Language Information

The Provider Directory published by Cook Children's Health Plan is available in both English and Spanish (and other languages when needed as described above) and identifies physicians who are proficient in various languages. This information helps Cook Children's Health Plan members select physicians who are culturally compatible with their family and who can communicate effectively with them.

### Reading Level Sensitivity

Because of the cultural diversity of the Cook Children's Health Plan population, not all members have comprehensive reading levels. Therefore, in order to facilitate understanding, all written Cook Children's Health Plan materials (including the web site) are at or below a sixth (6th) grade reading level. This is accomplished by testing all text with a software tool called "Readability"- Set I.

### Outreach Staff

Cook Children's Health Plan's Outreach Department serves as the initial point of contact for our new members. Their role is to introduce Cook Children's Health Plan and to make sure the contact information is up-to-date, educate them on the use of their PCP, inform them about THSteps (and assist with making appointments for them), etc. If the member requires translation services, the Outreach staff will inform the members about the translations services available to them and educate them about contacting us if they will need a translator to accompany them to their healthcare related appointments.

- 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should avoided.**

### Component 1: Ensure competence of individuals providing language assistance.

Cook Children's Health Plan is implementing an employee assessment tool for anyone who speaks to members to assess interpreting skills. Currently, every applicant for Member Services Representative is tested for their competency is speaking Spanish during the interview process by the Member Services Manager. The Member Services Department holds the contract and the main budget for the language translation line. Other departments that have staff who

speak to members and have the need for the language line also have a budget for translations services. The Member Services Manager communicates the separate charges and notifies each department of the amount of translation services that were provided.

Component 2: Use of untrained individuals and/or minors as interpreters should be avoided.

Cook Children's Health Plan does not allow family members to serve as interpreters for their family member.

**8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.**

Component 1: Provide easy-to-understand print and multimedia materials and signage.

Cook Children's Health Plan's print and multimedia materials are all developed by Cook Children's Health Care System's Marketing department. The Marketing department then submits the materials to Cook Children's Health Plan's Marketing and Outreach staff who review the materials for ease of readability, content, and to be sure the content is correct and appropriate. Cook Children's Health Plan's Marketing and Outreach staff reflect our membership and the communities we serve. All are Community Health Workers and are out in the communities in our service area and know our membership and have the capability of assessing all materials to determine if any materials that are developed have any embarrassing or offensive content.

Component 2: Languages commonly used by the populations in the service area.

Cook Children's Health Plan endorses the importance of understanding that the members we serve, our providers, and our own co-workers are diverse. Employees are expected to treat all individuals with dignity and respect regardless of race, age, gender, religion, sexual orientation or culture. We expect all staff to remember to listen to the members, be understanding and communicate effectively, through interpreters, if necessary. It is important to understand some basic information about the various cultures of the community we serve. Being familiar with the different cultural backgrounds of our members will help us to understand the varying beliefs of our members. Being culturally sensitive and aware along with good customer service can help our members feel comfortable talking to us. This in turn will help our members receive the best possible care under our plan.

### Multi-lingual Written Member Materials

All published member materials are available in both English and Spanish. Whenever a particular segment of the Cook Children's Health Plan population reaches ten (10) percent or more of the total population, materials will be translated into the predominant language of that population.

### Interpreter services in the provider office

Cook Children's Health Plan will provide translation services via CyraCom or face-to-face interpreter services for members who need interpreter services during the health care provider visit. Members can call Cook Children's Health Plan Member Services Department at 800-964-2247 or 682-885-2247. CCHP requires notification of the appointment at least 5 working days prior to the appointment.

### Multi-lingual Web Site for CCHP

Cook Children's Health Plan has established and maintains a web site for Cook Children's Health Plan members in both English and Spanish. Cook Children's Health Plan's website is constructed such that members with access devices that have industry-standard technological capabilities can easily access and navigate the web site. The web site will be translated into additional languages as that specific segment of the population reaches ten (10) percent or more of the total population.

### Multi-lingual Recorded Messages

Cook Children's Health Plan will record all voice messages on its main business lines in both English and Spanish. When a particular segment of the Cook Children's Health Plan population reaches ten (10) percent or more of the total population, recorded messages will be added to main business lines in the predominant language of that additional population (or populations).

### Provider Directory Language Information

The Provider Directory published by Cook Children's Health Plan is available in both English and Spanish (and other languages when needed as described above) and identifies providers who are proficient in various languages. This information helps Cook Children's Health Plan members select physicians who are culturally compatible with their family and who can communicate effectively with them.

### Reading Level Sensitivity

Because of the cultural diversity of the Cook Children's Health Plan population, not all members have comprehensive reading levels. Therefore, in order to facilitate understanding, all written Cook Children's Health Plan materials (including the web site) are at or below a sixth (6th) grade reading level. This is accomplished by testing all text with a software tool called "Readability"- Set I.

CCHP has many years of experience within the organization in communicating with children and family members who are either visually or hearing impaired or both. In addition, CCHP accesses all CCHCS resources available on an as-needed basis to assure effective communications with its hearing and visually impaired members and their families.

#### Services for the Hearing Impaired

Cook Children's Health Plan has a service agreement with Texas Interpreting Services, LLC. This company employs 75 staff members who are proficient in sign language communications for hearing impaired individuals. These services are available to Cook Children's Health Plan staff and providers on an as-needed basis. If a provider is in need of a sign language interpreter, they can contact Cook Children's Health Plan at least 5 days in advance of the scheduled appointment and Cook Children's Health Plan will coordinate services with Texas Interpretive Services.

## **Theme 3: Engagement, Continuous Improvement, and Accountability**

- 9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.**

Component 1: Establish culturally and linguistically appropriate goals, policies, and management accountability

### Plan Deployment and Oversight

Cook Children's Health Plan values the diversity of our member population, provider network, and our health plan staff. This Cultural Competency Plan was written with input from all departments within Cook Children's Health Plan especially those departments that interact in any way with our members and providers as they have first-hand knowledge of any barriers our members or providers encounter.

This Cultural Competency and Language Translation Services Plan (Plan) will be deployed throughout Cook Children's Health Plan through staff training and implementation and integration of the Plan within all Cook Children's Health Plan departments. The Cook Children's Health Plan Compliance Director has primary responsibility for assuring plan implementation and ongoing operation. The Compliance Director will monitor Plan activities and direct changes that will ensure our members receive the best cultural and linguistically competent services.

The Regulatory Compliance Director will work with other Cook Children's Health Plan staff on the day-to-day management and oversight of the Plan and Plan services. This includes the Plan materials, voice recordings, translator services and training in order to assure Plan viability. The Regulatory Compliance Director will report any issues or requirements related to Cook Children's Health Plan that require additional staff or resources to resolve. In addition, the Regulatory Compliance Director will work with the Member Services, Quality and Outreach Managers to oversee the Plan performance by:

- Reviewing CyraCom usage to ascertain the potential requirement for additional full or part-time staff translators;
- Use of staff translator time and the in-house demand for language services;
- Reviewing the CAHPS survey results and taking action as necessary;
- Staff training and education activity to assure dissemination of Plan provisions; and

- Monitoring the need for additional translation of materials and voice services based upon community/member needs.

The Cultural Competency Plan is reviewed and approved by the Operations Committee, the Quality Management Committee and the Board of Trustees for approval, monitoring, and oversight.

The Cultural Competency Committee meets on a monthly basis. The committee discusses barriers for our members and discusses ways to address those limitations to help our members. The committee members are charged with bringing forth suggestions for making improvements for our members, discussing those ideas, and setting goals and objectives for those initiatives approved by the committee. Part of developing proposals is to include the budget impact and how we can pay for any new initiatives. All initiatives will be brought to the committee for status of the initiative and to determine if any changes are needed.

#### Component 2: Infuse CLAS throughout the organization's planning and operations.

Cook Children's Health Plan will work to develop quality improvement measures based on a review of several data elements including the CAHPS survey, language line, eligibility data, Outreach calls, etc. Monitoring of the effectiveness of the Cultural Competency Plan will be performed by the members of the Cultural Competency Committee which includes staff from the Member Services, Quality, Claims, Case Management, Outreach and Compliance Departments. The Cultural Competency Committee reports up to the Operations Committee which consists of all Managers and Directors of Cook Children's Health Plan which will ensure the CLAS standards are infused throughout our organization.

African Americans, Hispanics, and Native Americans have a higher burden of chronic disease, disease complications, and disabilities. African Americans have nearly twice the rate of premature births as Whites. Collecting accurate data regarding race and ethnicity is absolutely vital in the creation of a comprehensive strategy to address health care inequality. Unfortunately, Cook Children's Health Plan has found that many Members do not self-identify race and ethnicity upon enrollment, and health care providers are not accurately capturing the data in their medical records. CCHP intends to gather more comprehensive race and ethnicity data upon engagement with the Member in order to more accurately identify health outcomes disparities amongst our Membership. CCHP is in the unique position to influence the Member at an early age prior to the onset of chronic disease and will target interventions based upon the data gathered. Examples of such studies would include Diabetes Outcomes, cardiovascular risk factors in children with diabetes, steatohepatitis in children, and others.

**10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.**

Component 1: Conduct ongoing assessment of the organization's CLAS-related Activities.

Cook Children's Health Plan is developing a monitoring plan that will encompass all functional areas of Cook Children's Health Plan. Although Cook Children's Health Plan is still in the development stage of the CLAS assessment plan, we are committed to developing a staffing plan that will be responsible for implementation and ongoing assessment of the Cultural Competency Plan.

Some suggestions for monitoring include collecting language and ethnicity information from multiple sources such as outreach calls to all new members, the SAI for STAR Kids Members, information collected from Member Services/Member Advocates all of which will be documented in our Care Management and core systems. Eligibility data will also be used although not relied upon. Ongoing review of this data will allow Cook Children's Health Plan to look for trends and use this information to determine if additional actions should be taken.

Cook Children's Health Plan will also look to add questions to the CAHPS survey relating to the provision of culturally and linguistically appropriate services.

The Provider Directory will also be audited on a quarterly basis to ensure the most up-to-date information is collected regarding our provider network.

As previously identified, Cook Children's Health Plan receives incomplete, incorrect, or default language, race, and ethnicity information from the enrollment broker employed by Texas Health and Human Services. Providers within the Cook Children's Health Plan network subjectively identify race and ethnicity, which would ideally be member-reported. Language preference is more readily available and is gathered by Cook Children's Health Plan Outreach, Care Management, or Member Services staff when unavailable during enrollment. Additionally, language preference is often confirmed via medical record review.

Cook Children's Health Plan is developing two documents to include in the new member packet to assist us with identifying the ethnic and language spoken of our member population. A third document is also being developed that will include key helpful information that will be translated into the top ten languages spoken by our members.

Anytime a language preference, including sign language, is identified, the information will be entered into a secured field in our eligibility system so that not only can the data be utilized to assist with monitoring the ethnic and linguistic

make-up of our members, but also so that each time that member calls, anyone who is assisting them will already know the primary language spoken and can immediately obtain a translator.

Component 2: Integrate CLAS-related measures into measurement and continuous quality improvement activities.

Cook Children's Health Plan currently utilizes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) to survey member satisfaction with all aspects of their healthcare, including access and availability, communication, customer service, health promotion, and care coordination, among others. The CAHPS survey is a standardized tool employed by the National Committee for Quality Assurance, and Cook Children's Health Plan engages an NCQA-certified CAHPS survey vendor to perform the assessment twice annually. Members or Legally Authorized Representatives (LARs) are asked to specify the race, ethnicity, age, sex, and gender of the Member, and results are presented at both the aggregate and by each individual identifying characteristic. Thus, Cook Children's Health Plan is able to assure that self-reported satisfaction with the healthcare and services received are equal amongst all demographics. In the event any health care satisfaction disparities are noted between genders, races, ethnicities, educational backgrounds, or other demographic identifiers, Cook Children's Health Plan will perform a root cause analysis, present the findings to the Cultural Competency and Quality Management Committees, and implement an action plan for improvement.

Additionally, Cook Children's Health Plan is currently investigating custom CAHPS questions that will further examine the above described cultural competency activities. Cook Children's Health Plan will further revise CLAS-related activities based on any findings associated with custom CAHPS survey questions.

Cook Children's Health Plan recognizes the importance of monitoring the cultural sensitivity of our provider network and thus takes all complaints and concerns regarding provider and office staff behavior and quality of care seriously. All complaints, including those involving the cultural competency of our provider network, are fully investigated. Provider, Member/LAR, and witness feedback is sought regarding any instances of perceived or overt cultural insensitivity. All cases in which a provider was found to have behaved inappropriately are reviewed by the Credentials and Peer Review Committee, as well as the Quality Management Committee. Corrective action, up to and including termination, is a consequence of inappropriate provider behavior. All complaints and concerns are tracked for trending purposes. Overt trends of complaints regarding provider or office staff behavior or quality of care concerns are also reported to the Credentials/Peer Review and Quality Management Committees for discussion and possible action.

**11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.**

Component 1: Collect and maintain accurate and reliable demographic data.

Cook Children's Health Plan has designated several opportunities in which accurate and reliable demographic data can be captured. Historically, demographic data is overwritten each month by the latest eligibility file. Cook Children's has identified fields in our system that can be updated with accurate information and lock the information in place so as to not be overwritten. Along with other identified internal means (e.g. CAHPS survey, SAI assessment, Outreach calls, etc) Cook Children's can capture accurate information to identify the population groups in our service area. Cook Children's Health Plan can also collect demographic data through external sources such as various organizations and websites.

Component 2: Monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Currently, Cook Children's Health Plan utilizes Geo-Mapping to assure that our provider network (including hospitals, Primary Care Providers, specialists, subspecialists, therapy providers and ancillary services, among others) is adequately dispersed throughout our six-county service area to meet the needs of our Membership. Additionally, there are a number of measures developed by the National Commission for Quality Assurance (NCQA) that provide an accurate representation of the utilization of services by our membership.

Preventive Care has long been the cornerstone of improving healthcare outcomes while decreasing healthcare costs and unnecessary overutilization of services. Cook Children's Health Plan will use the following NCQA Healthcare Effectiveness Data Information Set (HEDIS) measures to assure that CCHP members have access to and appropriately utilize preventive care:

- Adolescent Well Care
- Adult Access to Preventive/Ambulatory Services
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status
- Childrens Access to PCP
- Colorectal Cancer Screening
- Immunizations for Adolescents
- Lead Screening in Children
- Prenatal and Postpartum Care

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life

Cook Children’s Health Plan will also monitor unnecessary overutilization of services utilizing *Treo*, a 3M Potentially Preventable Event grouping software. The *Treo* tool allows CCHP to measure Potentially Preventable Admissions, Readmissions, Emergency Department Visits, Complications, and Services at the aggregate, by group, and at the Member level.

Cook Children’s analyzes all of the measures as described above at the aggregate, Member, and zip code level. Thus, any communities within our service area with a disproportionate increase in unnecessary overutilization of services or significant decrease in preventive care measures are taken note of promptly. A root cause analysis is performed and remedies are immediately implemented.

Component 3: Confidentiality issues.

Cook Children’s trains all staff upon hire and annually thereafter on the HIPAA privacy requirements. Additionally, “HIPAA Tips” are sent weekly to all staff as ongoing training throughout the year. All disclosures of a patient’s PHI is required to be reported through the Cook Children’s Health Care Systems Event Reporting System. Here all data relating to a disclosure is documented and follow-up is conducted by the Compliance Director an

**12. Conduct regular assessments of community health assets and needs and use the results to plan and implement series that respond to the cultural and linguistic diversity of populations in the service area.**

Component 1: Conduct regular assessments of community health assets and needs.

Cook Children’s Health Plan will assess the services needed by our vendors such as the language services line, social workers, outreach into the community and community organizations as well as through member focus groups. The goal is to identify any gaps in health care or any perception of disparities in health care. CCHP Outreach staff is already engaged with minority organizations and other service organizations

Component 2: Plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

CCHP is developing processes to capture the ethnic and language preferences of our member community. This will occur by including additional questions in our Outreach call script to include questions relating to the primary language spoken in the home as well as their ability to understand English. Additionally,

the New Member Packets will also include a flyer asking similar questions and asking that they complete and return the flyer to CCHP. This information will be entered into the member demographic screen so that anyone who interacts with this member will already have the information necessary to have the proper translation services immediately employed. The data that is collected will be captured in a reportable field that will enable CCHP to develop programs around the data we have been able to capture.

All data that is collected from various sources will be reviewed by the Cultural Competency Committee members. Based on the results of the data collected and analyzed, Cook Children's Health Plan will work with health plan staff and management to develop policies, programs, and processes to address any implied or actual deficiencies or perceived disparities in health care services provided to our members. Any approved new or revised processes will also be presented to the Operations Committee.

**13. Partner with community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.**

Component 1: Partner with the community

The CCHP Marketing team educates our community partners at school-based clinics, food pantries, homeless shelters, and other community-based organizations to ensure they are aware of the services available to members through CCHP

Additionally, all of the CCHP Marketing team are Certified Community Health Workers (Promotora). With this certification, the Marketing team has a better understanding of ethnicity, language, challenges and life experiences of the community we serve.

Component 2: Design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Through an ongoing relationship with MAXIMUS, CCHP cooperates and coordinates activities with the MAXIMUS Outreach and Informing Unit. CCHP has found this resource to be useful to identify potential members that would benefit from Medicaid coverage and benefits. CCHP also participates in coalitions and workgroups within the community to identify the following: gaps in services available to members; opportunities to improve contact with the members within the community; and to gain a better understanding of the barriers to care and services current and prospective members encounter. The information obtained from these activities is communicated back to CCHP leadership informally through the bi-weekly managers meeting.

CCHP participates in community events and health fairs as a face for the Health Plan to assist members with application completion, answer questions about

member benefits, and act as the subject matter expert for members to obtain access to resources that will benefit the child and family.

**14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.**

Component 1: Create conflict and grievance resolution processes that are culturally and linguistically appropriate.

CCHP's Member Advocates works towards "first call resolution". That means that every attempt is made to resolve any and all member conflicts, issues, grievances or complaints at the time of the call. If the conflict, issue, grievance or complaint cannot be resolved at the time of the initial call it is upgraded to a complaint.

Member Advocates will document the complaint and provide a written summary of the complaint to the Compliance Department for investigation and resolution. Member Advocates explain the complaint process to the member. This process prevents the member from having to be transferred and explain their grievance or complaint all over again.

The Regulatory Compliance Department has a STAR Kids dedicated Analyst who will be responsible for accepting all STAR Kids complaints from the Member Advocates and working with and getting additional information or feedback from the member and the member's legally authorized representative as well as the member's service coordinator to investigate and resolve the complaint. The resolution will be clearly communicated to the member or the member's legally authorized representative.

The complaint process will be clearly described on Cook Children's Health Plan's website as well as in the Member Handbook. Cook Children's Health Plan's Regulatory Compliance Department is responsible for the development and implementation of this Cultural Competency Plan. Therefore, every attempt will be made to ensure that the complaint or grievance is resolved in a culturally and linguistically appropriate manner.

**15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.**

Component 1: Communicate the organization's progress in implementing and sustaining CLAS.

Plan Performance Objectives

The objective of the Plan is to have no member complaints regarding language translation or culturally insensitive services. The Regulatory Compliance Director will monitor complaints by category received through the complaint and appeal

process and report to the Member Services and Outreach Manager any complaints related to language translation or cultural insensitivity. The Manager will assure that appropriate and timely corrective action is taken to correct any process or procedure that results in a member complaint, and summaries of all complaints received by Cook Children's Health Plan will be reviewed by the Quality Management Committee no less than quarterly.

CCHP will publish reports pertaining to the ethnic and language preferences of our population on CCHP's website at [www.cookchp](http://www.cookchp) as well as including the information in our Member and Provider Newsletters. The reports will include summary information on the number of translations and the languages requiring translation in our service area as well the ethnic makeup of our member population. CCHP will also post information pertaining to any new programs developed to enhance CCHP's overall CLAS performance.