

NH HEALTHY FAMILIES



Cultural Competency Plan

Culturalcomp.01

Version 1.0

Prepared by NH Healthy Families
Report Date: 9/15/2020

Contact: Ann Marie Sciammacco
Vice President, Quality Improvement
NH Healthy Families
2 Executive Park Drive
Bedford, NH 03110
1-866-769-3085 Ext. 65124
Ann.M.Sciammacco@centene.com

All information in this document is proprietary and confidential. NH Healthy Families is underwritten by Granite State Health Plan, Inc

Table of Contents

1. Introduction with Purpose, Goals and Objectives for the Plan
2. Operational Breakdown for Work
3. Communication Access Policies and Procedures
4. Strategies currently in use for improving the MCOs ability to provide culturally and linguistically appropriate services
5. Anticipated Challenges and Recommendations (Including where more DHHS support could be provided)
6. Changes to Prior Year Plan (if applicable)

1. Purpose, Goals and Objectives for the Plan

- A. NH Healthy Families endeavors to meet the needs of all members with sensitivity to cultural needs and the impact of cultural difference on health services and outcomes. NH Healthy Families is guided by requirements set by the New Hampshire Department of Health and Human Services and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) developed by the Office of Minority Health. NH Healthy Families promotes the delivery of services in a culturally and linguistically competent manner to all members, including those with Limited English Proficiency (LEP) and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity. The goal is to ensure that these services are provided by using qualified staff, interpreter services and translators and that participating providers offer physical access, reasonable accommodations, and accessible equipment for members with physical or behavioral disabilities. The Plan describes how providers and health plan systems will effectively provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of the members and protects and preserves their dignity.
- B. The Quality Program identifies and addresses clinical area of health disparities. NH Healthy Families assures communications are culturally sensitive, appropriate, and meet federal and state requirements. Population health management initiatives are reviewed to assure cultural issues and social determinants of health are identified, considered and addressed. As part of the annual quality program evaluation, NH Healthy Families also reviews member needs from a cultural competency perspective, analyzes data for cultural, ethnic, racial and linguistic issues and addresses any identified barriers. One of the objectives of the Quality Improvement Program is to serve a culturally and linguistically diverse membership and to improve those services if opportunities are identified. In addition to the communication access, members' health care and services can be impacted by these cultural differences, NH Healthy Families staff need to be competent to assess these needs and effectively address these barriers to improve services delivered to them.

- C. The process to develop a cultural competency plan includes the following:
- i. Annual assessment of the member population to identify cultural and linguistic needs
 - ii. Understand any public health issues in the community that will impact enrollees and participate in services to address these social barriers
 - iii. Identify issues that are prevalent in the membership served that are cultural or linguistic related
 - iv. Collaborate with the public resources and provider community to address the barriers as well as manage members care
 - v. Implement programs that incorporate principles and values related to cultural competency and a respect for diversity, as well as education and training to staff, providers, and relevant stakeholders.
 - vi. Measure outcomes, such as clinical quality rates stratified by diverse populations or cultural differences if information is available. Monitor outcomes from Care Management programs that decrease adverse effects, such as hospitalizations, emergency room use, preventive care screenings and chronic care management.

2. Operational Breakdown for Work

- A. The NH Healthy Families Cultural Competency Plan was developed based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, sponsored by the U.S. Department of Health and Human Services. Effective methods of communicating with members who have physical conditions that impair their ability to speak clearly in order to be easily understood as members who have low vision or hearing loss, and accommodating members with physical and cognitive disabilities and different literacy levels, learning styles and capabilities.
- i. All plan employees and providers receive Cultural Competency training
 - ii. Staff trainings are conducted during new hire orientation. Ongoing cultural competency training is available to all employees. Cultural Competency training is available to subcontractors and providers through web-based training.
 - iii. The Plan shall complete an annual evaluation of the effectiveness of its CCP. This evaluation may include results from the CAHPS or other comparative member satisfaction surveys, outcomes for certain cultural groups, member grievances, member appeals, provider (practitioner) feedback and Plan employee surveys. The Plan shall track and trend any issues identified in the evaluation and shall implement interventions to improve the provision of services. A description of the evaluation, its results, the analysis of the results and interventions to be implemented shall be described in the Annual Quality Improvement Evaluation.
 - iv. As part of this framework, NHHF will annually conduct activities to:
 - Incorporate the principles and values relating to cultural competency and a respect for diversity into the NHHF Quality Management/Quality Improvement (QM/QI) Program.
 - Assess the cultural and linguistic needs of NHHF members and other relevant stakeholders, as needed.

- Evaluate NHHF and its network providers' ability to provide cultural and linguistically competent delivery of care through data and information sources that include:
 - The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Member Satisfaction Survey.
 - Provider Satisfaction Survey.
 - Staff and vendor / stakeholder feedback.
 - Member communications such as complaints, grievances and/or appeals.
- Provide initial and ongoing education and training to enhance the cultural competence of NHHF staff, network providers, relevant stakeholders, and NHHF as an organization.
- Implement selected activities to meet identified member needs and ensure progress towards meeting CCP goals and objectives.
- Continue to provide needed Member-related services to ensure cultural and linguistic/translation needs are met.
- Review progress toward meeting cultural competency development and CCP goals and objectives as part of the Quality Management/Quality Improvement (QM/QI) Program and the Annual Quality Improvement (QI) Work Plan.
- Update and distribute the Cultural Competency Plan to NHHF Staff, Network Providers, and other relevant stakeholders via the plan website.

B. Subcontracting Monitoring

- i. Continual monitoring of any member grievances related to cultural or linguistic issues regarding health care, services, providers, or staff.
- ii. Survey members annually to solicit feedback on satisfaction with the Health Plan services and care provided, also member self identifies profile that includes diverse characteristics that can be stratified.
- iii. Documented evidence that all interpreters have completed mandatory security and privacy training on an annual basis, including signing a Code of Conduct Policy, NCIHC attestation (Exhibit B-2), Confidentiality and Nondisclosure agreements and maintaining it as part of the interpreter's file.

3. Communication Access Policies and Procedures

- A. We understand that proficiency in communication entails not only understanding and translating words, but understanding the specific cultural nuances so critical to effective communication with Members with Limited English Proficiency (LEP), low health literacy, disabilities, special health care needs, and diverse cultural and ethnic backgrounds. NHHF has the resources in place to provide the necessary assistance, services and supports to Members with LEP, disabilities and special health care needs such as low-vision and hearing loss, and diverse cultural and ethnic backgrounds. This support starts with comprehensive staff training in

cultural competency and disability sensitivity training. Through our subcontractors, Voiance and Language Services Associates (LSA), we have access to local interpreter service providers that meet the requirements of Section 4.4.7 in the Model Contract. Our interpreters provide translation services on-site and remotely in over 200 languages, including American Sign Language (ASL). Interpreters undergo 120 hours of initial standardized, in-person training and are tested for language and code-switching ability as well as cultural sensitivity.

- B. Translation and interpreter services are available at no cost, as described during the New Member Welcome Call. This information is shared by CSRs when Members call into NHHF and described in our Member Handbook. We also translate all materials into Spanish and will do so for any other languages spoken by five percent or more of the population and/or upon Member request. For Members with LEP and low literacy, we will provide spoken translation of all vital information, including Member rights and responsibilities (e.g. translation and interpretation rights), using teach-back techniques to ensure understanding. We will include a language block explaining that the document contains important information and encouraging Members to contact Member Services for oral interpretation or for reading and explanation of the material for any Member with LEP. All NHHF Member facing staff are required to complete training for assisting Members with communication vulnerabilities, including Members with LEP, including:
- Arranging interpretation and communication support services in advance; coordinating three-way calls as needed for immediate translation/interpretation; and appropriately responding to/assisting Members who are communication-vulnerable using Relay, TDD/TTY, message boards and other communication assistance tools
 - Helping Members connect with qualified translators and interpreters that can provide translation services in their preferred language and/or meet their cultural and care needs
 - Ensuring availability of materials in the Member's primary language and in a variety of formats; and using an interpreter as necessary to help Members and caregivers understand written materials

State of the art internet-based video and audio support is used to communicate with our Members. This service enables Members, staff, and the professional interpreters to view facial expression and body language to improve critical communications. This service is secure and encrypted, complies with state, federal and HIPAA regulations, and will be free to Members who have a web-enabled tablet, smart phone, or computer, with video and audio capability. Additionally, CSRs and/or CM staff can assist Members in scheduling Member appointments with Providers, and with Member approval, send out appointment reminder texts or emails. Our Community Resource Database

NH Healthy Families will provide the following interpretive and translation services:

Service	Description	Access
TDD/TTY Access	<ul style="list-style-type: none"> Assists the hearing impaired. 	1-855-742-0123
Language Line Services/Member Services Staff	<ul style="list-style-type: none"> Provides assistance in 100 languages to providers and members in communicating with each other during urgent/emergent situations, non-urgent/emergent appointments as requested, or when there are no other translators available for the language requested. 	<ul style="list-style-type: none"> Available 24 hours a day, 7 days a week Accessed through Member Services during regular business hours or through the 24 Hour / 7 Day medical triage advice line after normal business hours.
Written Material	<ul style="list-style-type: none"> Selected Health education materials are available in several languages. Translations of member services and health education materials are available through the Member Services phone and TTY/TDD lines. 	Upon request of the member, provider, or designee.
Member Mailings	<ul style="list-style-type: none"> Mailings are sent in English and select mailings are also sent in Spanish. The Member Handbook has been translated in Spanish and will be translated into other languages upon request. 	Babel sheets offer translation of material upon request, on an as-needed basis.

- C. In order to identify the cultural, racial, ethnic and linguistic needs and preferences of its members, NH Healthy Families conducts a population needs assessment and analysis annually. The assessment may include data and information from the following sources:
- Center for Medicare and Medicaid Services (CMS) and/or State of New Hampshire data,
 - NH Healthy Families enrollment files,
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS) or other member satisfaction surveys,
 - Member complaints, grievances, and appeals
 - NH Healthy families staff are trained to update member languages preferences in our CRM system on every call where applicable
- D. Upon hire and annually, we require all CSRs to complete training based on the Enhanced National CLAS Standards. We require disability sensitivity training focusing on topics such as People-first language, the Americans with Disabilities Act, understanding misconceptions about

persons with disabilities and how to accommodate Member's communications needs. We also plan to sponsor NHHF staff and Provider trainings related to cultural and linguistic sensitivity in partnership with organizations including DHHS Office of Health Equity, DHHS and DOE Cultural and Linguistic Competency Coordinators working with the NH CBHC, Area Health Education Centers, Easter Seals, UNH Institute on Disabilities, and Area Agencies on Aging. As part of our systemic focus on continuous quality improvement, all of our committees and functional departments identify issues that impact access, quality of care and services, and health outcomes to assist our Quality Improvement Committee (QIC) in developing, evaluating and revising our Cultural Competency Plan, which includes the Language Access Plan.

Our Cultural Competency Plan outlines specific responsibilities for meeting cultural competency goals and objectives and is part of our overall annual Quality Work Plan that drives the development of Performance Improvement Projects. On an annual basis, NHHF's QI Department analyzes data regarding Member cultural needs and preferences to determine whether the current network, CSRs, and CM staff are meeting these needs. Our Member and Provider-facing field staff, as well as our Members, Providers, community organizations, and advocates, provide direct feedback to our QIC via our advisory committees and workgroups.

On a monthly basis, NHHF's QI Department monitors Member complaints related to cultural competency. These could include those regarding language barriers, difficulty communicating with Providers, accessing interpreter services, and disability access. This information is provided to the Contracting and Network teams to support the identification of trends that may help define and enhance the overall Provider education program or help target specific Providers that may need additional training and education. When a Provider complaint is received, NHHF's Provider Relations staff will address it immediately with that Provider. If complaints show a pattern indicating a need for focused Provider training, our Quality, Contracting, and Network teams will coordinate to ensure that the Provider receives appropriate training and support and that they are monitored for improvement. In such cases, we may also solicit assistance from our community advisory boards to help identify and/or address issues.

- E. Through our subcontractors, Voiance and Language Services Associates (LSA), we have access to local interpreter service providers that meet the requirements of Section 4.4.7 in the Model Contract. Our interpreters provide translation services on-site and remotely in over 200 languages, including American Sign Language (ASL). Interpreters undergo 120 hours of initial standardized, in-person training and are tested for language and code-switching ability as well as cultural sensitivity.
- F. Interpretation services are offered to every member as needed. Interpreter services are offered and will be available for any member who requests the services, in-person or telephonically, regardless of the prevalence of the member's language within the overall Plan. NH Healthy Families will never use children to provide interpretation services. Family and friends will not be used to provide interpretation services (except by member request). We request information about each Provider's expertise, capabilities and special accommodations through our credentialing process. Within our current network, we have 593 practitioners that offer services in a language other than English, 42.6% of whom provide

services in Spanish. Our linguistically diverse network, along with our language line, locally available interpretation services, and bilingual/multilingual staff members, described below, allows us to fully meet the diverse linguistic needs of our membership.

- G. We provide information on Provider cultural competencies to our CSRs and CM staff to assist Members in locating Providers who can meet their unique needs. NHHF's online Provider Directory includes each Provider's linguistic capabilities, as well as whether they are accessible to individuals with disabilities. Members can search for Providers on the Provider Directory and refine the search by languages spoken and whether the Provider is accessible to persons with disabilities.
- H. NH Healthy Families bears the cost of interpretive services, including American Sign Language (ASL) interpreters, translation into Braille, or providing large print materials for hearing- and vision- impaired members.
- I. Addressing language access issues requires multi-faceted strategies. First contact with the Enrollee begins with the Welcome Letter which includes language that states materials are available in other languages as needed or for the visually or hearing impaired. The Member Handbook includes information on the availability of oral and interpretive services. NH Healthy Families provides to members in their preferred language, both verbal offers and written notices informing them of their right to receive language assistance services. NH Healthy Families utilizes a phone service that facilitates communication with non-English speakers, 24 hours a day, 7 days a week as its secondary language access service for Limited English Proficiency Enrollees. Translations are provided on a case-by-case basis. Interpretation services are offered to every member as needed. Interpreter services are offered and will be available for any member who requests the services, in-person or telephonically, regardless of the prevalence of the member's language within the overall Plan. NH Healthy Families will never use children to provide interpretation services. Family and friends will not be used to provide interpretation services (except by member request).
- J. If a Member declines interpreter services:
 - The Member Services Representative educates the Member that due to the complexity of health care and the need to fully understand the benefits and processes regarding coverage, it is recommended that an interpreter be conferenced in, free of charge, to help assist with the Member's questions and translation of health plan information to the Member.
 - If the Member still declines the interpreter services, the Call Center Representative documents in OMNI that the member declined the interpreter services.
 - Each Member identified as needing interpreter services, even if it has been documented that the Member has declined interpreter services, must be offered interpreter services each time they call.
 - If the Member continues to decline the interpreter services during additional calls, the Call Center Representative must document each declination of interpreter services in OMNI.

4. Strategies currently in use for improving the MCOs ability to provide culturally and linguistically appropriate services

NH Healthy Families Staff: All NH Healthy Families employees will receive cultural competency training to ensure their services are provided effectively to our members of different cultures. This training will be customized to fit the needs of NH Healthy Families based upon the nature on the contacts with our members and/or providers.

NH Healthy Families Providers: NH Healthy Families provides a cultural competence section in the Provider Manual which outlines the CCP. The goal of the Cultural Competency section in the Provider Manual is to educate providers on the key components of our CCP, define expectations for performance, and to highlight NH Healthy Families linguistic/translation services. NH Healthy Families also posts the CCP on the NH Healthy Families website which includes useful resources for developing cultural competence. NH Healthy Families will alert providers of cultural competency development opportunities and updates through provider newsletters and other communications. To improve its cultural competency development program, NH Healthy Families monitors the delivery of care and services in relation to the provision of culturally competent services and, additionally, obtains feedback from its training activities. Based on the results, NH Healthy Families implements changes through the Annual Quality Improvement Work Plan

5. Anticipated Challenges and Recommendations

NH Healthy families does not anticipate any challenges with this plan.

6. Changes to Prior Year Plan (if applicable).

Revision Log

Revision	Revision Author	Date
Updated section A iii- removed the annual evaluation will be conducted in the Annual Care Management Report that is submitted to the state, the report is no longer required. Updated to reflect the evaluation of Cult comp will be conducted in the Annual Quality Improvement evaluation	Theresa Hoppe	9/15/20