# POLICY AND PROCEDURE

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| **POLICY NAME:** Cultural Competency and Linguistic Assistance Policy (C&L) | **POLICY ID:** LA.QI.CLAS.29 |
| **BUSINESS UNIT:** LHCC | **FUNCTIONAL AREA:** Quality |
| **EFFECTIVE DATE:** 3/16/21 | **PRODUCT(S):** Medicaid |
| **REVIEWED/REVISED DATE:** 3/22, 3/23, 1/24, 11/24, 9/25 | |
| **REGULATOR MOST RECENT APPROVAL DATE(S): n/a** | |

**POLICY STATEMENT:**
Louisiana Healthcare Connections (LHCC or the "organization") is committed to advancing health equity and provides culturally appropriate health care. Services are provided in an accessible and responsive manner to all beneficiaries, including those with diverse cultural and ethnic backgrounds, diverse health beliefs and practices, limited English proficiency, disabilities, and differential abilities, regardless of race, color, national origin, sex, sexual orientation, gender identity, preferred language, or limited health literacy, free of charge. LHCC implements processes that assure the health care services provided have the flexibility to meet the unique needs of members.

**PURPOSE:**
To provide clarity regarding the provision of cultural and linguistic services in accordance with regulatory and managed care contract requirements. This includes the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards), as developed by the U.S. Department of Health and Human Services Office of Minority Health and Section 1557 of the Affordable Care Act.

**SCOPE:**
This policy applies to LHCC employees, network practitioners, and subcontractors.

**DEFINITIONS:**

**Alternate Formats** — auxiliary aids used to effectively communicate printed information to people who are blind or have low vision or people who have other functional impairments. Text produced in audio formats, electronic formats, large print, braille, and accessible PDFs.

**Ancillary Plan** — an additional health insurance plan entity that may provide extra "ancillary" services including services including vision, dental care, behavioral health care, etc.

**Auxiliary aids and services** — include, as defined in 45 CFR 92.4, (2) Qualified readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs; large print materials; accessible electronic and information technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision; (3) Acquisition or modification of equipment and devices; and (4) Other similar services and actions.

**Qualified bilingual/multilingual staff**— a member of a covered entity's workforce who is designated by the covered entity to provide oral language assistance as part of the individual's current, assigned job responsibilities and who has demonstrated to the covered entity that he or she: (1) is proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology and phraseology, and (2) is able to effectively, accurately, and impartially communicate directly with individuals with limited English proficiency in their primary languages.

**Braille** — a tactile system of print in which the characters are represented by tangible points or dots.

**Contract Provider** — an individual provider, clinic, group, association, vendor or facility employed by or under a provider agreement with the contractor to furnish physical health, behavioral health or long-term care covered services to the contractor's members under the provisions of this agreement.

**Culture** — includes, but is not limited to, history, traditions, values, family systems, and artistic expressions of client groups served in the different cultures related to race and ethnicity, immigration and refugee status, tribal status, religion and spirituality, sexual orientation, gender identity and expression.

**Cultural Competence** — a set of congruent behaviors, attitudes and policies that come together in a system or agency or among professionals that enables them to work effectively in cross-cultural situations. Cultural competency involves

integrating and transforming knowledge, information and data about individuals and groups of people into specific clinical standards, service approaches, techniques and Marketing programs that match an individual's culture to increase the quality and appropriateness of health care and outcomes.

**Electronic Format** — text that is produced for use with digital equipment such as email, computer programs, screen readers or electronic players such as MP3 players.

**Grievance** — an expression of dissatisfaction about any matter or aspect of the contractor or its operation, other than a contractor adverse benefit determination.

**Health literacy** — a person's ability to read, understand, communicate, and act upon health information.

**Health literacy level** — the degree to which members are able to obtain, process, communicate, and understand basic health information and services needed to make appropriate health decisions.

**Large Print** — text produced in Times New Roman or similar font style in font size 14 or larger as required by regulator.

**Limited English Proficient (LEP)** — an inability or limited ability to speak, read, write, or understand the English language at a level that permits effective Interaction with health care providers or plan employees.

**Linguistic Competence (Capabilities)** — providing readily available, culturally appropriate oral and written language services to limited English proficiency (LEP) (with the exception of Native American languages for which there are not written forms and/or for which the State has not obtained consent from Tribal leadership to use the language) members through such means as bilingual/bicultural staff, trained medical interpreters, and qualified translators.

**Major subcontractors** — an entity with which the contractor has, or intends to have, an executed agreement to deliver or arrange for the delivery of any of the covered services under the agreement.

**Marketing materials** — materials that are produced in any medium, by or on behalf of the contractor that can reasonably be interpreted as intended to market to a recipient or potential member.

**Member** — a person who has been determined eligible for the Company's plan and who has enrolled in the contractor's managed care organization (MCO).

**Oral Interpretation** — the process of understanding and analyzing a written text in one language and re-expressing that message faithfully, accurately, and objectively in a spoken or signed language, taking cultural and social context into account.

**People-first language** — a type of linguistic prescription to avoid marginalization or dehumanization (either conscious or subconscious) when discussing people with a health issue or disability. It can be applied to any group that would otherwise be defined or mentally categorized by a condition or trait (for example, disease, age, disability, or appearance).

**Plain language** — information focused on readers. It is also referred to as "plain English". Materials written in plain language allow the readers to quickly and easily find what they need, understand what they find, and act appropriately on that understanding.

**Points of contact** — instances in which a member accesses the services covered under a plan contract, health insurer's policy or certificate, including administrative and clinical services, telephonic and in-person contacts where the need for language assistance may be reasonably anticipated.

**Provider** — an institution, facility, agency, physician, health care practitioner, or other entity that is licensed or otherwise authorized to provide any of the covered services in the state in which they are furnished. Providers include individuals and vendors providing services to members through the self-directed community benefit.

**Qualified interpreter for an individual with limited English proficiency** — an interpreter who via a remote interpreting service or an on-site appearance: (1) adheres to generally accepted interpreter ethics principles, including client confidentiality; (2) has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and (3) is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

**Source language** — the language in which the statement or conversation originated. For the purposes of bilingual assessment, the source language is English.

**Standing Request** — a process that is used to make materials available to the member in threshold languages at the time of request and on an ongoing basis thereafter.

**Subcontractors** — an entity with which the contractor has, or intends to have, an executed agreement to perform any functions required under the agreement and does not include a provider or contract provider.

**Target language** — the language into which the statements are converted.

**Threshold language** — a language spoken by a minimum number or percentage of members.

**Translation** — the conversion of a written text in one language (source language) into a written text in a second language (target language) corresponding to and equivalent in meaning to the text in the first language.

**Tribal** — denoting an Indian or Alaska Native tribe, band, nation, pueblo, village, or community that the Secretary of the Interior acknowledges to exist as an Indian tribe pursuant to the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C.

**POLICY:**

**I. Commitment to Diversity, Equity, and Inclusion**

The organization is an equal opportunity employer that is committed to diversity, equity, and inclusion. The organization's vision of success requires a diverse workforce that reflects the member population/communities served and consideration of whether groups are inadequately represented in the workforce, as well as whether particular groups are marginalized, disenfranchised, or disempowered by the organization's recruitment and hiring practices. Hiring and recruitment processes promote diversity for internal staff and leadership (including roles such as supervisors, mangers, directors, vice presidents or chief officers, etc.), as well as for committees (internal and external participants) and governance bodies such as the board of directors.

This is accomplished through an annual assessment of the diversity of the health plan workforce and leadership as well as relevant ~~committee~~committees and governing body participants, as compared to the community served. Assessment includes, but is not limited to, gathering race/ethnicity and gender data for the membership served and for staff/leadership and committee and governing body participants. Factors such as professional background, veteran status, etc. are also considered in the assessment. In addition, results of employee survey feedback are also assessed to identify opportunities to improve diversity, equity, and inclusion. Refer to organizational policies and internal references listed at the end of this policy for additional detail

**II. Provision of Language Services**

The organization will take appropriate actions to ensure a continuum of language services to members and/or caregivers who are Limited English Proficient (LEP), are deaf, deaf-blind, hard of hearing, and/or those who request language services or require language support have meaningful access and an equal opportunity to participate and/or engage with authorized representatives involving services provided, their medical conditions, and treatment.

Language assistance will be provided via competent bilingual staff, interpreters, or language service vendors contracted to provide interpretation or translation services. Bilingual staff, and interpreters who communicate directly with members in a non-English language must complete and pass a language proficiency assessment designed to measure the ability of those individuals to communicate effectively in their specific language(s). The Language Proficiency Assessment focuses on the bilingual staff or interpreters' ability to listen and ~~comprehend, and~~comprehend and speak and be understood. Additionally, all staff who may have direct contact with LEP members will be trained in effective communication techniques, including how to access interpreter services and how to appropriately interact with an interpreter.

To meet the needs of members, high quality Interpreter and translation services will be provided free of charge, in a timely manner, for limited English proficient (LEP) members or potential members in all languages, including American Sign Language.

Vital information, including, but not limited to, eligibility for services and participation criteria, how to use and access the organization's services, notices pertaining to changes in service, information pertaining to denial, reduction, modification or termination of services, the right to file a grievance or appeal and notification of practitioner termination are available at all key points of contact through a variety of formats.

Services will be provided accurately, in a timely fashion, and protect the privacy and independence of members with LEP or members needing language services.

**1) Identifying Members with Language Service Needs**

The organization identifies and arranges for qualified interpreter services at the time of the appointment or member interaction with authorized persons via contracted interpreter vendors suitable to the patients' needs and situation. Language Services include:

- Over-the-phone (OPI): interpretation that occurs over the telephone.
- On-site Interpretation, otherwise known as in-person or face-to-face interpreting, when a language interpreter is scheduled to meet a member at a defined location.
- Video Remote Interpretation (VRI): available to mitigate communication barriers to individuals who are deaf, deaf-blind, and hard of hearing. All attempts will be made to secure an on-site sign language; however, it is recommended that the VRI device be introduced into the communication process as soon as possible in the case that on-site interpreter cannot be secured.
- TTY/TDD (toll-free number) capability. TTY is presently the preferred term for this technology.
- Written Translation: transposition of a text from one language to another.
- Alternate Format: materials as an alternative to traditional print: audio, Braille, large print, and machine-readable electronic formats.

**2) Obtaining a Qualified Interpreter**

The organization must provide interpreter services at no cost to the member for any interaction a member is likely to have with the organization and/or healthcare encounters in person, over the telephone or via remote or virtual methods *(at all applicable points of contact)*, including, but not limited to:

- Customer service, including information about benefits, services and coverage and how to access
- Claims, including denial/modification notices and how to file a grievance or appeal
- Practitioner/Provider Interactions
- Utilization management, including practitioner termination notification
- Population health management
- Case management
- Complaints, grievances and appeals

Additionally, the organization will provide communication services in support of members who are visually impaired, deaf-blind, deaf, or hard of hearing. Call Center staff provide access to video relay or TTY lines to deaf or hard of hearing members, their support person(s), and potential members, upon request. American Sign Language interpreters are available for in-person communication for members who are deaf or hard of hearing.

Federal law prohibits providers and organization staff from requiring or recommending that other untrained/unqualified individuals act as an interpreter, including for ASL, or use friends or family to provide interpreter services. A minor child may only be used as an interpreter in an emergency involving an imminent threat to the safety or welfare of the individual or the public where there is no qualified interpreter for the individual with limited English proficiency immediately available.

An accompanying adult may be used to interpret or facilitate communication in an emergency involving imminent threat to the safety and welfare of the member or the public where there is no qualified interpreter available or, when the individual with limited English proficiency specifically requests that the accompanying adult interpreter, and such assistance is appropriate for the circumstance. The accompanying adult must agree to provide such assistance.

For all language services provided, the organization ensures all contracted interpreter vendors utilized meet quality standards outlined in the contract. The organization facilitates access and documents a request and/or refusal of services in the applicable member data system.

Requirements for procuring competent interpreters, turnaround times for translation services and quality standards for translation services are included in each vendor contract. Contracted vendors are used for all non-English translations and braille, including oral interpretation.

Interpreter quality standards include, but are not limited to:

- Standards to adhere to generally accepted interpreter ethics principles, such as those published by the National Council for Interpreting in Health Care, including patient confidentiality.
- Demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language.
- Demonstrated ability to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology.

**3) Providing Written Translations**

The organization provides required translated materials in threshold languages in accordance with state and federal requirements for mailed materials and materials available electronically, including standing requests, as applicable. A standing request is a process that is used to make materials available to the ~~member~~members in threshold languages at the time of request and on an ongoing basis thereafter. This is provided at no cost to the ~~member~~members. Materials are available in English and threshold languages and written in plain language, easy- to read, and are reviewed for culturally sensitivity and appropriateness.

Under Section 1557 of the Affordable Care Act, Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, federally conducted and assisted programs along with programs of state and local government are required to make their programs accessible to people with disabilities as well as provide effective communication. Effective communication means ~~to communicate~~communicating with people with disabilities as effectively as communicating with others. Any documents sent by the organization, or our delegate(s) are made available, upon request, in an alternate format.

The organization will use competent translation services for all translations and in-language versions of member materials. Services will be provided accurately, in a timely fashion, and protect the privacy and independence of members with limited English proficiency or members needing language services.

Requirements for procuring competent interpreters, turnaround times for translation services and quality standards for translation services are included in each vendor contract.

*Sight Translations (oral interpretation):* To ensure timeliness for access to medical information and/or for languages and/or materials that do not meet state and federal requirements for written translations, or to avoid delays, the organization, at a minimum, provides oral translations (including members who have visual impairments) by facilitating a reading of the material to the member in their preferred language through use of contracted interpreter vendors. Written translation is provided following oral translation, upon member request.

The organization ensures that all non-English translations and alternate formats meet the standards of quality required by law, regulatory agency, contract, or oversight agency. Translation vendors are required to provide a quality attestation for all materials provided to the organization and/or members. The health plan is responsible for requesting this from the vendor fulfilling each request.

**4) Providing Notice**

The organization notifies all members and network practitioners of the availability of language services in threshold languages through methods such as the website, annual mailings, the member handbook, and provider manual, on an annual basis. The notification informs how to access auxiliary aids and services, free of charge, upon request.

**5) Monitoring Language Needs and Implementation**

The organization will conduct an annual review of the language access needs of the member population, as well as update and monitor the implementation of language services. Additionally, the organization will regularly assess the efficacy of language services provided including:

- Monitoring grievances that are related to alternate formats, taking corrective actions to address the grievance issues, tracking of grievances to identify trends, and collecting information on the performance of alternate format vendors.
- Oversight of the vendors for quality standards, turnaround times and monitoring vendor performance.

- Identifying barriers and developing solutions to support quality translation processes.
- Ensuring website accessibility meets guidelines according to the accessibility guidelines published by the Web Accessibility Initiative and outlined in Section 508 of the Rehabilitation Act of 1973.
- Develop information on community resources that support the ethnic and diverse make-up of the member community with a focus on resources that support the social determinants of health.

Materials will be written in Sans Serif font using a font size of 12 or larger. When requested, or as required by regulators, materials in Large Print text are produced in font size 18 or larger. Unless otherwise specified in state contracts, plain language is determined as no greater than a 6th grade reading level for Medicaid. The organization uses readability testing on all materials to ensure plain language standards are met.

**REFERENCES:**

**External References:** Culturally and Linguistically Appropriate Standards (CLAS), Office of Minority Health; Americans with Disabilities Act (ADA), Title II and Title III; Civil Rights Act of 1964; Section 1557 of the Affordable Care Act (ACA); National Association of Social Workers (NASW) Practice Standards & Guidelines; Medicaid Managed Care Rules; NCQA Health Plan Standards and Guidelines NCQA Health Equity Accreditation Standards and Guidelines; Centers for Medicare and Medicaid Services (CMS) Code of Federal Regulations (CFR), CMS Criteria for Medicaid Managed Care Contract Review and Approval, Plain Writing Act of 2010; U.S. Code § 18031 Affordable choices of health benefit plans.

**Internal References:**

CC.COMP.42 Section 1557 Nondiscrimination in Centene Health Care Programs and Activities,
CC.COMP.21.02 Third Party Corrective Action Process, Found Policy,
CC.MRKT.14 Web 508 Compliance,
CC.HUMR.75 Disability Accommodation,
CC.HUMR. 02 Equal Employment Opportunity & Affirmative Action,
CC.COMP.21 Third Party Oversight Program Description,
CC.COOR.01 Language Access Effective Communication Procedures
CC.QI.CLAS.29 Cultural Competency and Linguistic Assistance

**ATTACHMENTS: N/A**

**ROLES & RESPONSIBILITIES:**

**REGULATORY REPORTING REQUIREMENTS**:
La R.S. 46:460.54 applies to material changes to this Policy.

**REVISION LOG**

| REVISION TYPE | REVISION SUMMARY | DATE APPROVED & PUBLISHED |
|---|---|---|
| New Policy Document | Retiring LA.COMP.50 Organizational Cultural Competency Policy | 03/25/21 |
| Annual Review | Clarified Data Source Conflicts<br>Updated Member information on permissible and impermissible use of REL data<br>Updates based on Corporate Cultural Competency and Linguistic Assistance Policy<br>Updated Committee Charter Name Change and Reporting Structure<br>Grammar and Punctuation updates<br>Added Video as form of interpreter services<br>Updated requirements for staff used as bilingual interpreters<br>Added annual mailings as a source of language services notifications<br>Updated current tagline communication requirements<br>Added 2022 NCQA Health Equity Accreditation Standards and Guidelines as Reference | 03/03/22 |
| Annual Review | Reformatted to latest Policy Template<br>Removed Medicare, Marketplace and MMP Specific References<br>Grammar and Punctuation Updates | 03/13/23 |

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| | Added Specific Diverse Workplace Development and Monitoring Activities<br>Updates based on Corporate Cultural Competency and Linguistic Assistance Policy | |
| Annual Review | Updates based on Corporate Cultural Competency and Linguistic Assistance Policy CC.QI.CLAS.29 updated 12/2023 | 01/09/24 |
| Annual Review | Updates based on Corporate Cultural Competency and Linguistic Assistance Policy CC.QI.CLAS.29 updated 06/2024 | 11/12/24 |
| Annual Review | Updates based on Corporate Cultural Competency and Linguistic Assistance Policy CC.QI.CLAS.29 updated 06/2025 | 09/09/25 |

**POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.