



United Behavioral Health

Cultural Competency		Policy Identifier/Number: AD-18	
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

The Optum Pierce Behavioral Health Organization (BHO) fosters and promotes cultural competency by Optum Pierce BHO employees and Optum Pierce BHO’s contracted network of behavioral health care providing agencies as well as provides the community with educational opportunities for cultural competency.

To outline the responsibility that Optum Pierce BHO establishes a culturally competent system of care and assists behavioral health care providers in delivering services in a manner which respects each Individual’s ethnic and cultural background and preferences.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

- **Cultural Competency:** In *Section 1 of the Client Service Contract for the Prepaid Inpatient Health Plan (PIHP), the Substance Abuse Block Grant (SABG), and State Mental Health Contract (SMHC) agreements* is a set of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs.

Per WAC 388-865, "Cultural competence" means the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communications barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.

Policy Provisions

1. Optum Pierce BHO engages in a variety of activities to help foster a culturally competent system of care at the BHO staff level, including:
 - 1.1. Optum has a Cultural Competency Subcommittee, which reports to the Quality Assurance/Performance Improvement Committee.
 - 1.2. The Cultural Competency Subcommittee is chaired by an Optum Pierce BHO staff member, and monitors the system to:
 - 1.2.1. Ensure that staffing at all levels is representative of the community;
 - 1.2.2. Ensure cultural factors and sensory impairments are integrated into the clinical assessment;
 - 1.2.3. Ensure that care plans and interventions are culturally appropriate;
 - 1.2.4. Review and recommend standards of practice and outcomes related to cultural competence and sensory impairments; and
 - 1.2.5. Review access to service data and grievance data to identify trends and make recommendations for quality improvement initiatives as they relate to sensory impairments and culturally competent services.
2. Cultural competency training is provided to all new Optum Pierce BHO employees.
 - 2.1. Initial training includes an initial training module designed to raise overall awareness about cultural competency issues and a second module with information specific to the cultural and ethnic makeup of Pierce County.
 - 2.2. As part of ongoing continuing education efforts, additional cultural competency training are provided to Optum Pierce BHO employees through presentations by local cultural competency experts, online coursework through the *ULearn and Relias Learning* online Continuing Education Modules, and presentations by individuals and family members.
3. In accordance with the *Client Service Contract for the PIHP, Section 5.1 and SMHC Agreements Section 4.1*, Optum Pierce BHO translates generally available materials into each prevalent language spoken by at least 5% of the population of the State of Washington based on the most recent US census. Optum Pierce BHO provides, at minimum, the following translations:
 - 3.1. Applications for services;
 - 3.2. Consent forms;
 - 3.3. The *Behavioral Health Benefits Booklet*;
 - 3.4. Notices of adverse benefit determination; and
 - 3.5. Notices of Determination.
4. The Washington State DSHS has provided translations of the Medicaid Benefits Booklet, including consumer rights, and Notice of Action statements into the twelve DSHS prevalent languages of Cambodian, Chinese, Korean, Laotian, Russian, Spanish, Somali, Vietnamese, Arabic, Amharic, Punjabi, and Ukrainian.
 - 4.1. Optum Pierce BHO maintains copies of these translated materials, which are available for individuals at all times.
5. If an Individual whose primary language is other than English agrees to receive materials in English, this permission is to be documented in the Individual's clinical

record.

6. If written materials are not translated into an Individual's primary language, translation requirements may be met by providing information through audio or video recording in the Individual's primary language, having an interpreter read the materials to the Individual, or providing materials in another format acceptable to the Individual. All such translation/interpreter efforts are to be documented in the Individual's clinical record.
7. The Optum Pierce BHO's contracted network of behavioral health care providing agencies post the following notices prevalently in each office where individuals are seen:
 - 7.1. A multilingual notice in each DSHS prevalent language advising individuals that information is available in other languages and giving instructions on how to access this information; and
 - 7.2. A list of consumer's rights, translated into each of the DSHS prevalent languages.
8. During Clinical and Administrative site visits, Optum Pierce BHO performs clinical record audits to determine the degree to which services delivered are age, culturally, and linguistically competent.
 - 8.1. When services are provided to a family, the services are to be appropriate to the culture of the Individual and his/her family structure. Services are to be designed to strengthen the structure of the family.
 - 8.2. When services are provided to an individual, they are to be congruent with the age, strengths and cultural framework of the individual and his/her family.
 - 8.3. *Early and Periodic Screening, Diagnosis and Treatment (EPSDT)* is to be provided in a culturally and age appropriate manner.
 - 8.4. In outpatient Mental Health settings, *Special Population Evaluations* are to be provided by a child, geriatric, ethnic or disabled specialist, who considers age and cultural variables specific to the individual being evaluated.
9. Optum Pierce BHO encourages contractors to access the *Washington Institute for Mental Health Research and Training (WIMHRT)* online training in cultural competency which is designed to:
 - 9.1. Provide an expansion of cultural knowledge and acceptance of the dynamics of cultural differences;
 - 9.2. Facilitate the adoption of services to meet culturally unique needs; and
 - 9.3. Provide information and tools to better assess and increase organizational cultural competency.
10. Optum Pierce BHO provides access for contracted behavioral health care provider agencies to online cultural competency courses through *Relias*. Continuing Education Units are earned for completion of these courses.
11. Every staff member at Optum Pierce BHO and at contracted behavioral health care provider agencies is required to complete at least 1 training per year in cultural competency.
12. Optum Pierce BHO strives to have a culturally diverse workplace and service delivery system. Optum Pierce BHO hires, and encourages contracted behavioral health care provider agencies to hire individuals who are representative of the diverse cultures and languages served in Pierce County.
13. Optum Pierce BHO will demonstrate efforts to work effectively with Federally Recognized Tribes and/or RAIOS as defined in:

- 13.1. The Bureau of Indian Affairs Service Area List:
<http://www.bia.gov/WhoWeAre/RegionalOffices/Northwest/WeAre/Tribes/index.htm>
- 13.2. The Governor's Office of Indian Affairs map of Federally Recognized Tribes of Washington State:
http://www.goia.wa.gov/tribal_gov/documents/WAStateTribalMap.pdf
- 13.3. The DSHS 7.01 Policy, which identifies the Federally Recognized Tribes and/or Recognized American Indian Organizations (RAIOs):
<https://www.dshs.wa.gov/sites/default/files/SESA/oip/documents/DSHS-AP-07-01.pdf>
14. An updated *7.01 Plan* is submitted biennially to DSHS. The *7.01 Plan* specifies:
 - 14.1. Coordination and collaboration with local Tribes regarding *Title XIX* and state-funded behavioral health services for Tribal members;
 - 14.2. Coordination and collaboration with BHOs and Tribes when tribal boundaries cross BHO boundaries;
 - 14.3. Identification of a contact person(s) and/or process within the BHO to assist in integration of agreements with the Tribes;
 - 14.4. The reduction of duplicative screening and evaluation processes and the increase of ongoing coordination of care between the Tribes and BHOs for Tribal members receiving primary outpatient behavioral health care from a Tribal provider, who may need or be receiving *Title XIX* or state-funded behavioral health services through a BHO-contracted behavioral health providing agency.
15. Optum Pierce BHO uses a variety of requirements and activities to foster a culturally competent system of care at the level of the contracted behavioral health care provider agency, including:
 - 15.1. The use of DSHS certified interpreters or clinicians who are certified as bilingual to meet the needs of individuals with Limited English Proficiency (LEP) whose primary spoken language is other than English.
 - 15.1.1. Family members or non-certified interpreters are not to provide interpretation services.
 - 15.1.2. Certified interpreters or certified bilingual, culturally competent clinicians are used throughout the course of services to assist individuals with any need to file a complaint, grievance or appeal, and to encourage individuals to:
 - 15.1.2.1. Effectively communicate their needs; and
 - 15.1.2.2. Participate fully in the development, review and edit of an Individualized Service Plan.
 - 15.2. In crisis situations and in the case of Involuntary Treatment Evaluations, contracted behavioral health care provider agencies engage a certified interpreter and/or certified bilingual, culturally competent clinician. Engagement of these professionals is intended to resolve the crisis in the least restrictive manner possible and reduce the risk of hospitalization of the Individual.
 - 15.3. Optum Pierce BHO network providers are required to implement criteria for admissions, placements, transfers, and discharges which are culturally competent. Such criteria are to cover underserved populations including, but not limited to:
 - 15.3.1. Children;

- 15.3.2. Ethnic minorities;
 - 15.3.3. Older adults;
 - 15.3.4. Persons with disabilities;
 - 15.3.5. Persons who are blind; and
 - 15.3.6. Persons who are deaf, hard of hearing or who have a hearing loss.
- 15.4. Optum Pierce BHO's contracted behavioral health care provider agencies consult with staff or community members with significant experience, knowledge and training in work with underserved populations. Agencies make efforts to incorporate the recommendations of those with cultural knowledge and experience into the individual's *Individual Service Plan*.
 - 15.5. When services are provided to a family, the service is to be appropriate to the culture of the Individual and his/her family structure. Services are to be designed to strengthen the structure of the family.
 - 15.6. When services are provided to an individual, they are to be congruent with the age, strengths and cultural framework of the individual and his/her family.
 - 15.7. *Early and Periodic Screening, Diagnosis and Treatment (EPSDT)* is to be provided in a culturally and age appropriate manner.
 - 15.8. As necessary, mental health *Special Population Evaluations* are to be provided by a child, geriatric, or disabled specialist who considers age and cultural variables specific to the individual being evaluated. Face-to-face consultation from a non-staff specialist (from another BHA or contracted by another BHA) with the Individual present is considered a billable or "encounterable" service. (A special population evaluation cannot be billed or "encountered" at the same time as an intake session.)
 - 15.9. DSHS provides translations of the *Medicaid Benefits Booklet*, including behavioral health information, Individual rights, and the Notice of Action into the DSHS prevalent languages of Cambodian, Chinese, Korean, Laotian, Russian, Spanish, Vietnamese, Somali, Arabic, Amharic, Punjabi, and Ukrainian. Optum Pierce BHO contracted behavioral health care provider agencies maintain copies of the translated materials, which are available for individuals at all times.
 - 15.10. Optum Pierce BHO contracted behavioral health care provider agencies ensure that behavioral health professionals and behavioral health care providers have an effective mechanism such as a teletypewriter or TTY or sign interpreters for communicating with individuals who have sensory impairments.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization policy: AD-02 - *Nondiscrimination*
- Pierce Behavioral Health Organization policy: AD-05 - *Stakeholder Communications*
- Pierce Behavioral Health Organization policy: AD-06 - *Screening and Hiring of Employees*
- Pierce Behavioral Health Organization policy: AD-11 - *Network Adequacy*
- Pierce Behavioral Health Organization policy: QA-01 - *QA/PI Program Description and Work Plan*
- Pierce Behavioral Health Organization policy: QA-06 - *QA Committee Structure*

- Pierce Behavioral Health Organization policy: QA-08 - *Site Visits: Clinical and Administrative Review Including Annual Review of CMHAs*

Attachments

N/A

Approval History

- Policy created and effective: 09/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 09/22/2014
- Policy and Procedure Committee review and approval: 09/28/2015
- Policy and Procedure Committee review and approval: 02/24/2016
- Operation Procedures and Standards Committee reviewed and accepted: 01/25/2017
- Optum Pierce BHO reviewed and accepted: February 2018