Background

The Cultural Competency Plan exists to ensure the delivery of culturally competent services and ensure the provision of Linguistic Access and Disability-related Access to all members including those with limited English Proficiency. The plan is based on guidelines outlined in National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, published by the US Department of Health and Human Services (HHS), Office of Minority Health (OMH). The Cultural Competency Plan describes how the individuals and systems within the Organization will effectively provide services to people of all cultures, races, ethnic backgrounds and religions as well as those with disabilities in a manner that recognizes values, affirms and respects the worth of the individuals and protects and preserves the dignity of each.

Training of employees and provider, and quality monitoring are the cornerstones of successful culturally competent service delivery. For that reason, the cultural competency program is integrated into the overall provider training and quality monitoring programs. An integrated quality approach is aimed at enhancing the way people think about our members, service delivery and program development so that cultural competency becomes a part of everyday thinking.

Provider and Community Training

Molina Healthcare offers educational opportunities in cultural competency concepts for providers on a regular basis. This is a summary of the Cultural Competency Plan; providers may use links on the Molina Healthcare website to obtain the full Cultural Competency Plan.

Cultural Competency trainings are offered to providers and supporting staff. Cultural Competency Training programs are also available to Community Based Organizations.

Provider training is conducted concurrent with and integrated into provider orientation with annual reinforcement training. Additional training reinforcement is provided through Continuing Medical Education (CME) monographs developed by the health plan, and periodically accompanying provider communications. Cultural Notes, a monthly newsletter publication, is emailed to interested providers highlighting important cultural customs relevant to plan members.

Training is provided in modules delivered through a variety of methods including, but not limited to, one or more of the following:

1. Written materials – Provider Manual
2. Access to enduring reference materials available through health plan representatives and the Molina Healthcare website
3. Integration of cultural competency concepts into provider communications; and
4. Continuing Medical Education
Integrated Quality Improvement – Ensuring Access

Molina Healthcare ensures member access to language services such as oral interpreting, written translation and access to programs and services that are congruent with cultural norms and provide quality care.

Molina Healthcare provides oral interpreting of written information to any plan member who speaks any non-English language regardless of whether that language meets the threshold of a prevalent non-English language. Molina Healthcare notifies plan members of the availability of oral interpreting services and informs them of how to access oral interpreting services. Members are informed that there is no charge for interpreting and translation services.

Members may also request written member materials in alternate languages and formats, which are provided within 14 business days. Such congruency with member populations leads to better communication, understanding and member satisfaction.

Key member information, including Appeals and Grievance forms, are also available in threshold languages on the Molina member website.

Program and Policy Review Guidelines

Molina Healthcare conducts assessments at regular intervals of the following information in order to ensure its programs are most effectively meeting the needs of its members and providers:

- Annual review of membership demographics (preferred language, ethnicity, race)
- Local geographic population demographics and trends derived from publicly available sources (Group Needs Assessment)
- Network Assessment
- Applicable national demographics and trends derived from publicly available sources
- Health status measures such as those measured by HEDIS as available
- Comparison with selected measures such as those in Healthy People 2010
- Measures available through national testing programs such as the National Health and Nutrition Examination Survey (NHANES)

Cultural and Linguistic Services

Molina’s Medicaid/MIChild Plan providers (medical, behavioral, community-based, and pharmacy providers who work with Enrollees that require culturally-, linguistically-, or disability-competent care) serves a diverse population of Members with specific cultural needs and preferences.
Cultural Competency

Title VI of the Civil Rights Act, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 and other regulatory / contract requirements ensures that limited English proficient (LEP) and members who are deaf, hard of hearing or have speech or cognitive/intellectual impairments have equal access to health care services through the provision of high quality cultural and linguistic services. Molina Healthcare provides a number of important cultural and linguistic services at no cost to assist members and Providers/Practitioners.

The Michigan Department of Health Care Services (HFS) and Molina Healthcare and its affiliates expect Providers/Practitioners to adhere to the following:

24 Hour Access to Interpreters

Providers/Practitioners may request interpreters for members whose primary language is other than English by calling Molina Healthcare’s Member Services Department at (888) 898-7969. If Member Services representatives are unable to provide the interpretation services internally, the member and Provider/Practitioner are then connected to a telephonic language line interpreter service. TTY/TTD services are available for deaf and hard of hearing members by calling the Michigan Relay Service at 711.

It is never permissible to ask a family member, friend or minor to interpret. State and Federal laws state that it is never permissible to turn a member away or limit the services provided to them because of language barriers. It is also never permitted to subject a member to unreasonable delays due to language barriers or provide services that are lower in quality than those offered in English.

Face to Face Interpretation

Providers/Practitioners may request face to face interpretation (including Sign Language) for scheduled medical visits, if needed, due to the complexity of information exchange or if requested by the member. To request face to face interpretation services call our Member Services Department at (888) 665-1328. Our Member Services Representatives will arrange for an interpreter. Please keep in mind that at least 3 business days are required to make arrangements for this service. If you have any questions, please call Molina’s Health Education Department at (855) 322-4077

Face to face interpretation is desirable for certain complex medical situations such as the need to give complex instructions (i.e. such as how to inject insulin, or postsurgical care), the discussion of health issues requiring major lifestyle changes, the discussion of a terminal prognosis, or other critical healthcare issues. Interpreter services should be provided if a member believes that his or her rights to equal access to medical care, under Title VI or the ADA, will not be met without the services of a face to face interpreter.