

<b>CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL</b>		Chapter:	1.9
Title:	INTRODUCTION AND ADMINISTRATIVE POLICIES	Page:	1 of 2
		Date Effective:	July 1, 2002
Subject:	INDIVIDUALLY TAILORED, CULTURALLY COMPETENT SERVICES	Date Revised:	July 1, 2004
		Authorizing Signature:	

**AUTHORITY:** Guiding Principle(s): Consumer Focused, Holistic/Humanitarian, Accessible, Responsive  
WAC 388-865-0230, Community Support Services  
DSHS Standard Work Order, RSN/PHP Services  
DSHS Title XIX Contract and Federal Waiver  
DSHS Administrative Policy No. 7.07  
42 CFR 438.206(c)(2)  
State MHD Quality Strategy Doc Sec VIII

**SCOPE:** This policy applies to Chelan-Douglas Regional Support Network/Prepaid Health Plan (CDRSN/PHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

**PURPOSE:** To ensure access standards and the provision of individually tailored, culturally competent community mental health services.

**DEFINITIONS:**

A. Cultural Competence. A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals 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.

B. Qualified Interpreter. An individual under contract with DSHS or an employee of DSHS who is certified by DSHS examination; or accreditation from a professional association, federal or state certified court interpreter program.

**POLICY:** The CDRSN/PIHP participates in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

- PROCEDURE:
- A. The CDRSN/PIHP shall obtain from the State Medicaid agency any and all descriptive information on the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, etc. The information will address how the State has communicated to the CDRSN/PIHP with respect to how the CDRSN/PIHP is expected to participate in the State's efforts to promote such services.
  - B. The CDRSN/PIHP enrollee information, member materials, educational materials, etc. must all reflect the CDRSN/PIHP's commitment to and success in designing the service system to operate with sensitivity to the cultural needs of the CDRSN/PIHP's enrollees. The CDRSN/PIHP should demonstrate in the procedures who is responsible to conduct ongoing needs assessments and other planning methods to determine what their enrollees needs are.
  - C. All CDRSN/PIHP services must be based on and tailored to each individual consumer's particular needs. This includes sensitivity to understanding and treating each person in the context of his or her community, language, and culture.
  - D. Contractors are responsible for assuring that:
    1. Admissions, placements, transfers, and discharges to and from brief intervention, community support, and inpatient services are conducted in accordance with culturally competent practice in accordance with this manual and under the supervision of a mental health specialist(s) (ethnic, disabled, children and families, older adults, homeless, HIV/AIDS, and sexual minority communities should be involved in this process and criteria should address reduction and elimination of culturally based barriers to service);
    2. Bilingual staff and qualified interpreters trained in mental health are involved in the delivery of services, including residential services.
      - i. In an emergency, if a qualified interpreter is not available, a non-qualified interpreter may be used with efforts to locate a qualified interpreter documented.
      - ii. By law, interpreters must also be provided by hospitals if the consumer is an inpatient facility or in the emergency department.
      - iii. Emergency language interpretation is provided telephonically 24-hours a day through the AT&T Language Line at the Crisis Line (see Chapter 3.2) and through the hospital switchboard.

SEE ALSO: Chapter 2.2, Mental Health Assessment and Intake Evaluation  
Chapter 2.2.5, Special Populations Assessment and Ongoing Consultation  
Chapter 2.5, Plan of Care  
Chapter 3.7, Geriatric Evaluation and Outreach Services  
Chapter 3.8, Children's Crisis Stabilization Services  
Chapter 3.9, Other Specialized Services (DD, MICA, HIV/AIDS, PATH)  
Glossary of Terms and Acronyms