CORPORATE POLICY & PROCEDURE

	Policy Name: MS12 - Americans with Disabilities Act and Members
Department: Customer Care	Policy Number: MS12
Version: 2	Creation Date: 11/25/2019
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Line of Business: ☐ All	
☒ Umpqua Health Alliance	☐ Umpqua Health Management
☐ Umpqua Health - Newton Creek	☐ Umpqua Health Network
Approved By: Nancy Rickenbach (Chief Operating Officer)	Date: 08/10/2020

POLICY STATEMENT

Umpqua Health Alliance (UHA) and Umpqua Health Network (UHN) are committed to assuring communication and delivery of services to members with diverse cultural and ethnic backgrounds in such a way as to meet all member needs to provide whole-person care. One way this is done is by ensuring service delivery meets the requirements of Title II of the Americans with Disabilities Act (ADA) and Title VI of the Civil Rights Act.

PURPOSE

This policy demonstrates how UHA, and its provider network, meets the needs of its ADA members in a non-discriminatory fashion regardless of disability in accordance its Coordinated Care Organization (CCO) Contract with Oregon Health Authority (OHA) and internal policies, including, but not limited to, MS2 – Nondiscrimination of Members; MS3 – Members Rights; CE16 – Intensive Care Coordination Services; and CE18 – Integrated Care Coordination.

RESPONSIBILITY

Clinical Engagement
Customer Care (fka Member Services)
Provider Network

DEFINITIONS

Americans with Disabilities Act (ADA): A federal law guaranteeing equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.

- ADA defines physical impairment as a physiological disorder or condition, anatomical loss, or cosmetic disfigurement that impacts one or more of these body systems: neurological, special-sense organs, musculoskeletal, digestive, cardiovascular, respiratory, reproductive, hemic and lymphatic, endocrine, skin, or genitourinary.
- ADA defines a mental impairment as any psychological or mental disorder, such as emotional or mental illness, mental retardation, organic brain syndrome, and learning disabilities.
- ADA does *not* consider cancer, multiple sclerosis, and other serious impairments as disabilities. Additionally, depression, stress, and similar conditions are only *sometimes* considered impairments.

Assertive Community Treatment (ACT): An evidence-based practice designed to provide comprehensive treatment and support services to individuals with serious and persistent mental illness. ACT is intended to serve individuals who have severe functional impairments and who have not responded to traditional psychiatric outpatient treatment (OAR 309-019-0105).

Culturally and Linguistically Appropriate Services (CLAS): The provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

DCO: Dental Care Organization.

Health Information Technology (HIT): The technology that serves as the foundation for health system transformation and administration of the services provided by UHA under their contract with OHA and which enables care coordination among providers and contains costs through the sharing of medical information useful in diagnosis and treatment decision making, facilitates patient registries, enables unified quality reporting and empowers members to participate in their overall wellness and health.

I/DD: Intellectual Disability as defined in OAR 411-320-0020(21) and/or Developmental Disability as defined in OAR 411-320-0020(11).

Integrated Care Coordination (ICC): Integrated person-centered care and services that assure that physical, behavioral, and oral health services are consistently provided to members in all age groups and all covered populations when medically appropriate and consistent with the needs identified in the community health assessment (CHA) and community health improvement plan (CHP) as defined in OAR 410-141-3860.

Section 1557: The nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities.

PROCEDURES

1. UHA shall ensure that all services provided to members with disabilities are provided in the most integrated setting appropriate to the needs of those members (MS1 – Member Assignment and Reassignment; MS2 – Nondiscrimination of Members; MS3 – Member Rights; MS9 – Member Handbook; MS10 – Member Enrollment and Disenrollment; and MS11 – Call Center).

a. Such communication and delivery of these services may also require, without limitation, certified or qualified health care interpreter services for members who have difficulty communicating due to a medical condition, disability, or limited English proficiency (LEP), or where no adult is available to communicate in English, or there is no telephone. Accommodations may also include, but are not limited to, the use of braille, large print, auxiliary aids, readers, telecommunications devices for deaf persons (TDDs), or captioning videos and other methods (MS3 – Member Rights and MS4 – Written Notices to Members).
b. UHA will make sure that when providing such services, they meet the following criteria as applicable to the member's needs (OAR 410-141-3515(12)(a-g); MS5 – Requests for Interpreter or Alternative Format):
    i. The provision of Oregon certified or Oregon qualified health care interpreter services by phone or in person if requested anywhere the member is attempting to access care or communicate with UHA or its representatives;
    ii. UHA shall ensure the provision of certified or qualified health care interpreter services for all covered services including but not limited to, physical, behavioral health, or oral care (when UHA or DCO is responsible for oral care) visits, and home health visits to interpret for members with hearing impairment or in the primary language of non-English-speaking members;
    iii. All certified or qualified health care interpreters must be linguistically appropriate and capable of communicating in both English and the member's primary language and be able to translate clinical information effectively. Certified or qualified health care interpreter services must enable the provider to understand the member's complaint, make a diagnosis, respond to the member's questions and concerns, and communicate instructions to the member;
    iv. UHA shall ensure the provision of services that are culturally appropriate, demonstrating both awareness for and sensitivity to cultural differences and similarities and the effect on the member's care. UHA will ensure the provision of Oregon certified or Oregon qualified interpreters whenever possible.
        1. If it is not possible UHA will require the interpreters to adhere to generally accepted interpreter ethics principles, including client confidentiality; demonstrate proficiency in speaking and understanding both spoken English and at least one other language and must be able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary

specialized vocabulary, terminology and phraseology. For an individual with a disability qualified interpreters can include: sign language interpreters, oral transliterators, and cued language transliterators as defied in 45 CFR 42.4;

v. UHA shall comply with requirements of the Americans with Disabilities Act of 1990 in providing access to covered services for all members and shall arrange for services to be provided by nonparticipating providers when necessary;

vi. UHA shall have a plan for ensuring compliance with these requirements and shall collect and monitor for compliance.

vii. UHA will report to OHA such language access data and other language access related analyses in the form and manner set forth in OAR 410-141-3515 and as may otherwise be required in the CCO Contract. OHA will provide supplemental instructions about the use of any required forms (OAR 410-141-3515(12)(g)(A-C).

2. UHA shall make certain that its employees, subcontractors, and facilities have the tools and skills necessary to communicate and provide services to meet the special needs of members who require accommodations because of a disability or LEP by ensuring all are trained in Culturally and Linguistically Appropriate Services (CLAS) standards as established by the US Department of Health and Human Services (DHS).
    a. Health Equity Plan Training and Education will be provided and monitored to UHA staff and provider network on cultural responsiveness, implicit bias, trauma-informed care, and anti-discrimination laws, in accordance with the OHA's standards (OAR 410-141-3735 and 410-141-3860(12)(a)).
    b. UHA's non-emergent transportation (NEMT) provider shall also be versed in working with members who require assistance due to disabilities etc. (MS7 – Non-emergent Transportation).
3. To ensure not only provision of accommodations, but provider access as well, UHN, on behalf of UHA, continuously monitors its provider network, as outlined in the following policies: PN8 – Monitoring Network Availability; PN9 – Monitoring Network Access; and PN12 – Delivery System Network Workflow.
    a. The policies listed above speak to how UHA monitors and ensures access; how its provider capacity is determined; its procedures for monthly monitoring of its capacity and access as well as areas for improvement and management during times of reduced provider capacity through its Network Performance Committee.
    b. This access plan strategy includes how UHA will meet the accommodation and language needs of LEP and people with disabilities in its service area in compliance with state and federal rules including, but not limited, to Section 1557

of the Affordable Care Act and the Americans with Disabilities Act (OAR 410-141-3515).

c. UHA's provider network is required to adhere to the appointment and wait time standards outlined in OAR 410-141-3515; this includes all such elements that pertain to members with disabilities. Examples of services include, but are not limited to:
    i. Providing outreach services to members who fail to keep a schedule appointment as a symptom of the member's diagnosis or disability;
    ii. Requiring adherence to scheduling and rescheduling timeframe requirements for those with disabilities such as, but not limited to, HIV/AIDS, I/DD population, IV drug users, opioid users, medication assisted treatment participants, and children with serious emotional disturbance (OAR 410-141-3515(11)(c)).
    iii. Ensuring access to providers of pharmacy, hospital, vision, ancillary, and behavioral health services;
    iv. Guaranteeing priority access for pregnant women and children ages birth through 5 years to health services, developmental services, early intervention, targeted supportive services, and behavioral health treatment; and
    v. Making available such supports as employment and assertive community treatment services (OAR 410-141-3515(18) and CE27 – Behavioral Health Assertive Community Treatment).

d. UHA shall also utilize grievance and appeal data to identify member access issues by geographic area, by provider type, by special needs populations, and by subcontractor or subcontracted activity (PN12 – Delivery System Network Workflow).

4. UHA's grievance and appeal procedures comply with CCO Contract Exhibit I, by providing a process for member complaints concerning communication or access to covered services or facilities in relation to racial or ethnic background, gender identity, sexual orientation, socioeconomic status, culturally or linguistically appropriate service requests, disability, and other identity factors for consideration in improving service for health equity (CE01 – Grievances and CE20 – Appeals & Hearings).
5. To support members identified with a need for integrated care coordination (ICC), UHA has in place a robust process for identification of the need, staffing, and provision of ICC services (MS8 – Health Risk Assessment; CE15 – Specialty Health Care Services; CE18 – Integrated Care Coordination; and CE26 – Behavioral Health Screening Care Coordination / Intensive Care Coordination and Reporting).
6. Member materials, as well as provider materials, are available on its website. These materials meet the requirements outlined in Exhibit B, Part 3, Section 4(c)(7) as well as

the "readily accessible" standards such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG). Examples of available member items include, but are not limited to:

a. Member Benefits;
b. Member Handbook (English, Spanish and Machine Readable);
c. Member Newsletter;
d. Provider Directory (English, Spanish, and Machine Readable);
e. Advance Directives Form (English and Spanish);
f. UHA Formulary (English, Spanish and Machine Readable)
g. Member Complaint Form;
h. Notice of Privacy Practices;
i. Community Advisory Council; and
j. Contacting Compliance for fraud, waste, abuse and privacy matters.

7. UHA and its provider network also utilize health information technology (HIT) for the purposes of care coordination to share medical information which is not only useful in diagnosis and treatment, but also empowers members to participate in their overall wellness and health. HIT's information exchange also permits, among other things, the exchange of information between members, providers, and facilities regarding issues of health literacy, language interpretation, and electronic medical records (OAR 410-141-3860).

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Health Plan Operations	Special Health Care Needs	SOP CE15/CE16/CE18-09	7/25/19	1
Health Plan Operations	Intensive Case Management Care Plans	SOP CE16/CE18-03	4/23/19	1
Health Plan Operations	Interdisciplinary Team	SOP CE16/CE18-04	6/28/19	1
Health Plan Operations	New Beginning Program	SOP CE16/CE18-05	7/22/19	1
Clinical Engagement	New Day Program	SOP CE16/CE18-07	7/25/19	1
Customer Care	Written Documentation Translation Services	SOP MS5-2	7/15/20	3
Customer Care	Interpreter Alternative Format	SOP MS5-1 CIM	7/15/20	3