

delivered in digital form meet accessibility requirements to support persons with visual impairments.

Program and Policy Review Guidelines

Thurston-Mason BH-ASO conducts assessments at regular intervals of the following information to ensure its programs are most effectively meeting the needs of its individuals, families, and providers:

Collection and analysis of race, ethnicity and language data from:

- Eligible individuals to identify significant culturally and linguistically diverse populations within the Thurston-Mason RSA
- Contracted Providers to assess gaps in network demographics
- Local geographic population demographics and trends derived from publicly available sources
- Applicable national demographics and trends derived from publicly available sources
- Network Assessment of adequate providers for services
- Identification of specific cultural and linguistic disparities found within the region's diverse populations.

SECTION 7.1: INTERPRETER AND TRANSLATION REQUIREMENTS

See also Thurston-Mason BH-ASO Policy 401 Informational Requirements.

- For individuals receiving services funded by GFS, SABG, MHBG or Legislative Proviso and need interpreter and/or translation services the Provider will submit encounters to the Thurston-Mason BH-ASO for payment. For individuals receiving Apple Health Medicaid covered services the Provider must use Universal Language Services through HCA.

The network provider shall assure equal access for all Individuals when verbal or written language creates a barrier to such access.

For Medicaid Services: Network providers will utilize and follow the registration process on HCA's website for interpreter services and will submit reimbursement for those services as applicable for the contractually required services and for other support services.

For non-Medicaid Services: Network providers will maintain a log of all requests for interpreter services, or translated written materials. This log shall be provided to Thurston-Mason BH-ASO upon request.

- The provider shall utilize a DSHS authorized vendor for translation or interpretation services, which may include CTS LanguageLink; <http://www.ctslanguagelink.com/>.
 - Step 1: Call 1-888-338-7394
 - Step 2: Enter Account Number 24578, followed by # sign
 - Step 3: Select the number for the type of interpreter needed, or 9 for all other languages
 - NOTE: If you require a 3rd party call, press 9 to reach a Customer Service Representative
 - A 3rd party call is when you need LanguageLink to call the LEP client and then bridge the call together with you and the interpreter.
 - Step 4: Enter Client Code (this is accessed by contacting Thurston-Mason BH-ASO as each client code is unique to each provider so please do not share), followed by # sign.

Thurston-Mason BH-ASO provides verbal interpretation of written information to individuals who speak any non-English language regardless of whether that language meets the threshold of a prevalent non-English language.

Thurston-Mason BH-ASO notifies individuals and families of the availability of verbal interpreting services and informs them how to access verbal interpreting services at no cost to them on all significant Thurston-Mason BH-ASO materials. Thurston-Mason BH-ASO serves a diverse population with specific cultural needs and preferences.

Providers are responsible for supporting access to interpreter services at no cost for Individuals with sensory impairment and/or who have Limited English Proficiency.

24 Hour Access to Interpreter Services

Thurston-Mason BH-ASO Providers must support access to telephonic interpreter services by offering a telephone with speaker capability or a telephone with a dual headset.

Providers may offer individuals interpreter services if the individuals do not request them on their own. It is never permissible to ask a family member, friend or minor to interpret.

Documentation

As a contracted Thurston-Mason BH-ASO Provider, your responsibilities for documenting language services/needs in the individual's medical record are as follows:

- Record the individual's language preference in a prominent location in the medical record.
- Document all requests for interpreter services.
- Document who provided the interpreter service. Information should include the interpreter's name, operator code and vendor.
- Document all counseling and treatment done using interpreter services.
- Document if an individual insists on using a family member, friend or minor as an interpreter, or refuses the use of interpreter services after notification of his or her right to have a qualified interpreter at no cost.

Individuals with Hearing Impairment

- Thurston-Mason BH-ASO provides a TTY/TDD connection accessible by dialing 711.
- Thurston-Mason BH-ASO strongly recommends that Provider offices make available assistive listening devices for individuals who are deaf and hard of hearing. Assistive listening devices enhance the sound of the provider's voice to facilitate a better interaction.
- Provider shall assure equal access for all Individuals when verbal or written language creates a barrier to access for Individuals with communication barriers.
- Provider shall offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Verbal Information

The Provider shall assure that interpreter services are provided for Individuals with a preferred language other than English, free of charge. Interpreter services include the provision of interpreters for Individuals who are deaf or hearing impaired at no cost to the Individual, including American Sign Language (ASL). Interpreter services shall be provided for all interactions between such Individuals and the Provider including, but not limited to:

- Customer service;
- All appointments with any provider for any covered service; and
- All steps necessary to file Grievances and Appeals.

Written Information

The Provider shall provide all generally available and person-specific written materials in a language and format which may be understood by each Individual in each of the prevalent languages that are spoken by five percent (5%) or more of the population of the Regional Service Area (RSA) based on information obtained from Thurston-Mason BH- ASO/HCA.

For Individuals whose preferred language has not been translated as required in this Section, the Provider may meet the requirement of this section by doing any one of the following:

- Translating the material into the Individual's preferred reading language;
- Providing the material in an audio format in the Individual's preferred language;
- Having an interpreter read the material to the Individual in their preferred language;

- Providing the material in another alternative medium or format acceptable to the Individual. The Provider shall document the Individual's acceptance of the material in an alternative medium or format in the Individual's record; or
- Providing the material in English, if the Provider documents the Individual's preference for receiving material in English

The Provider shall ensure that all written information provided to Individuals is accurate, is not misleading, is comprehensible to its intended audience, is designed to provide the greatest degree of understanding, is written at the sixth (6th) grade reading level and fulfills other requirements of the Contract as may be applicable to the materials.

Thurston-Mason BH-ASO may make exceptions to the sixth (6th) grade reading level when, in the sole judgment of Thurston-Mason BH-ASO, the nature of the materials does not allow for a sixth (6th) grade reading level or the Individual's needs are better served by allowing a higher reading level. Thurston-Mason BH-ASO approval of exceptions to the sixth (6th) grade reading level must be in writing.

Educational materials that are not developed by the Provider are not required to meet the sixth (6th) grade reading level requirement and do not require approval.

For Individual-specific written materials, the Provider may use templates that have been pre-approved in writing by Thurston-Mason BH-ASO/HCA.

Chapter Eight

SECTION 8.0: QUALITY IMPROVEMENT

See also Thurston-Mason BH-ASO Policy 1105 Quality Management Plan.

Thurston-Mason BH-ASO has established a Quality Assessment and Performance Improvement (QAPI) Program that complies with regulatory and accreditation guidelines. The QAPI Program provides structure and outlines specific activities designed to improve the care, service and health of individuals receiving services.

Thurston-Mason BH-ASO hosts biannual Quality Management/Utilization Management meetings with Providers to ensure inclusion of provider voice and experience as it relates to quality and utilization. This meeting also reviews critical incidents, OBHA report-statewide Ombuds (when applicable), grievances, monitoring/audits, policies & procedures, compliance/program integrity, care coordination, contracts, utilization management, and crisis services. As time allows, the TMBH-ASO Medical Director will conduct a training related to topics suggested by the network.

Thurston-Mason BH-ASO requires Providers to comply with the following core elements and standards of care and to:

- Have a Quality Improvement Program in place (and make it available upon request to Thurston-Mason BH-ASO, see Deliverables section);
- Comply with and participate in Thurston-Mason BH-ASO QAPI Program including reporting of Access and Availability and provision of clinical records review process; and
- Allow access to Thurston-Mason BH-ASO personnel for site and clinical record review processes.

Clinical Records

Thurston-Mason BH-ASO requires that clinical records are maintained in a manner that is current, detailed and organized to ensure that care rendered to Individuals is consistently documented and that necessary information is readily available in the record. All entries will be indelibly added to the Individual's record.

Clinical Record Keeping Practices

Below is a list of the minimum items that are necessary in the maintenance of the Individual's records:

- Each individual has a separate record;
- Clinical records are stored away from public areas and locked;
- Clinical records are available at each visit and archived records are available within twenty-four (24) hours;
- If hardcopy, pages are securely attached in the clinical record and records are organized by dividers or color-coded