

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
*Magellan Health Services of Arizona Edition***

Section 3.23 Cultural Competence

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3.23.1 Introduction

The Arizona Department of Health Services/Division of Behavioral Health Services defines culture in a broad sense, as there are characteristics in addition to race, language, and ethnicity that contribute to a person's sense of self in relation to others. A person may identify him or herself according to general subgroups (such as age, gender, sexual orientation or gender orientation) or shared life experiences (such as survival of violence and/or trauma, disability status, education, occupation, socio-economic status or homelessness.) Multiple memberships in these subgroups contribute to an individual's personal identity and sense of own "culture". Understanding how these factors influence the way a person seeks and uses behavioral health services is important to providing culturally competent care.

The ADHS/DBHS vision for culturally competent care is:

- Care that is given with an understanding of and respect for behavioral health recipients' health-related beliefs and cultural values;
- Staff who respect health-related beliefs, interpersonal styles, attitudes and behaviors of the behavioral health recipients, families, and communities they serve; and
- Leadership from administrative, management and clinical operations that includes assessments and processes that ensure a culturally competent response by all staff.

The overall goal of ADHS/DBHS is to establish a model intake, assessment, service planning and service delivery system that is strength-based, family friendly, culturally sensitive and clinically sound and supervised. This goal can be accomplished by valuing the role culture can play in a person's health and well-being.

3.23.2 References

The following citations can serve as additional resources for this content area:

[29 U.S.C § 102](#)

[29 U.S.C. § 206 \(d\)](#)

[29 U.S.C § 501](#)

[29 U.S.C. § 621](#)

[29 U.S.C. § 626 \(e\)](#)

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[29 U.S.C § 791](#)

[42 U.S.C. § 2000d et seq.](#)

[42 U.S.C. § 2000e et seq.](#)

[42 U.S.C. § 1981](#)

[42 U.S.C. § 12101](#)

[Balanced Budget Act of 1997](#)

[45 CFR Section 80.3](#)

[42 CFR § 438.10](#)

[42 CFR § 438.206](#)

[ADA Accessibility Guidelines](#)

[Culturally and Linguistically Appropriate Services \(CLAS\) in Healthcare Standards](#)

[Mental Health: Culture, Race and Ethnicity- Supplemental Report of the Surgeon](#)

[General](#)

[U.S. Equal Employment Opportunity Commission](#)

[A.R.S. § 23-341](#)

[A.R.S. § 36-1946](#)

[R9-21-202](#)

[AHCCCS/ADHS Contract](#)

[AHCCCS Contractor Operations Manual](#)

[ADHS/RBHA Contracts](#)

[ADHS/Tribal IGAs](#)

[The Adult Clinical Team Practice Protocol](#)

[The Child and Family Team Process Practice Protocol](#)

[Section 3.9, Intake, Assessment and Service Planning](#)

[Section 3.13 Covered Behavioral Health Services](#)

[Section 4.2, Behavioral Health Medical Record Standards](#)

[ADHS/DBHS Behavioral Health Covered Services Guide](#)

[ADHS/DBHS Cultural Competency Plan](#)

[ADHS/DBHS Cultural Competency webpage](#)

[ADHS/DBHS Policy Clarification Memorandum – Use of Spanish Assessments and Service Plans](#)

3.23.3 Scope

To whom does this apply?

All persons receiving behavioral health services.

3.23.4 Did you know...?

- ADHS/DBHS and Tribal and Regional Behavioral Health Authorities are each required to submit and implement an annual cultural competency plan. The plan must provide for T/RBHA and provider orientation and ongoing training and education in the provision of cultural competent services for staff with behavioral health recipient contact, the method of evaluating recipients' cultural diversity, network and outreach services for improved accessibility and quality of care, and the provision of skilled linguistic services and disability related services.

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- Representatives from ADHS/DBHS in conjunction with Tribal and Regional Behavioral Health Authorities (T/RBHAs) have established a Cultural Competency Advisory Committee to strategize, provide input and implement initiatives.
- Each T/RBHA has a Cultural Specialist. The Cultural Specialist, as well as behavioral health recipients and representatives from the community serve on the Cultural Competency Advisory Committee.
- According to research by the Department of Health and Human Services (DHHS) Office of Minority Health, language assistance such as oral interpretation can have a positive effect on patient satisfaction and comprehension, improvements on delivery measures such as increased amount of time spent with recipients, high clinic return rates, and increases in service utilization. Studies also demonstrate the cost benefits of providing interpretation services, including decreased malpractice claims.
- Of the 14 Culturally and Linguistically Appropriate Services (CLAS) Standards, four (Standards 4, 5, 6 and 7, dealing with linguistic competency) are federally mandated.

3.23.5 Definitions

[Commonly Encountered LEP Groups](#)

[Cultural Competence](#)

[Disability](#)

[Interpretation](#)

[Limited English Proficiency](#)

[Linguistic Competence](#)

[Translation](#)

3.23.6 Objective

To ensure the delivery of culturally and linguistically appropriate behavioral health services by competent providers that are respectful and responsive to cultural and linguistic needs. To ensure that services are accessible to diverse recipient populations and provider policies follow applicable federal and state anti-discrimination laws.

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3.23.7 Procedures

3.23.7-A. Culturally Competent Language Services

In light of Arizona's rapidly changing demographics, the delivery of behavioral health services by competent providers to culturally and linguistically diverse populations has become a priority. In 2003, ADHS/DBHS developed a Statewide [Cultural Competency Plan](#) that includes actions to address Arizona's changing demographics, the needs of linguistically diverse populations, the needs of persons with Limited English Proficiency (LEP) and assistance for persons who are deaf or hard of hearing. The [Cultural Competency Plan](#) is updated annually.

Required Culturally and Linguistically Appropriate Services (CLAS) Standards

In 1997, the DHHS Office of Minority Health developed national CLAS standards that support a more consistent and comprehensive approach to cultural and linguistic competence in health care. In 2000, the standards were published as recommendations in the Federal Register. In accordance with all the standards, ADHS/RBHA contracts, ADHS/Tribal IGAs and RBHA Annual Cultural Competency Plans, T/RBHAs and their subcontracted providers (where indicated) are required to adhere to the following:

Culturally Competent Care

1. Ensure that behavioral health recipients receive from all staff members, effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language;
2. Implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area;
3. Ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery;

Language Access Services

4. Offer and provide language assistance services; including bilingual staff, interpreters, and telephone interpretation services, at no cost to each behavioral health recipient with Limited English Proficiency (LEP) at all points of contact, in a timely manner during all hours of operation;
5. Provide both verbal offers and written notices informing behavioral health recipients, and potential behavioral health recipients of their right to receive language assistance services in their preferred language;
6. Ensure the quality of language assistance provided to LEP persons by interpreters and bilingual staff through certification or a similar process. Family and friends should not be used to provide interpretation services; and

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7. Make available easily understood recipient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area in a conspicuous public area such as a facility waiting room. Examples of translated agency signage for Spanish speaking persons may be obtained on the [ADHS/DBHS Cultural Competence web page](#).

Organizational Supports for Cultural Competence (T/RBHA only*)

8. Develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services;

9. Conduct initial and ongoing organizational self-assessments of CLAS-related activities and integrate cultural and linguistic competence-related measures into internal audits, performance improvement programs, recipient satisfaction assessments, and outcomes-based evaluations;

10. Ensure that data on behavioral health recipients' race, ethnicity, and primary and/or preferred language is collected in the behavioral health medical record, integrated into management information systems, and periodically updated;

11. Maintain a current demographic profile of the service area as well as communicate existing needs in order to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area;

12. Develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and recipient involvement in designing and implementing CLAS-related activities;

13. Ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by behavioral health recipients; and

14. Regularly make available to the public information about progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

In adherence to the CLAS Standards throughout the Maricopa County RBHA and Provider Network, the following service standards should be implemented:

- Implement the CLAS standards throughout the administrative, policy and service delivery practice to include a cultural competency organizational assessment and an annual cultural competency plan.
- Ensure workforce diversity is representative of and reflects the community being served.

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- Ensure ongoing recruitment and retention strategies to increase and maintain a multilingual and multi-culturally trained workforce.
- Ensure all staff attend and successfully complete cultural competency training as required by ADHS/DBHS.
- Ensure the availability of services provided in the consumer's primary or preferred language, including American Sign Language (ASL). This requirement will be met through the provision of bilingual speaking staff, contract interpreters through an interpreter service (to include sign language interpretation), telephonic interpreter services, and/or auxiliary aids. The services must be appropriate to the recipient's needs.
- Ensure that materials for recipients of service are translated into all languages that meet the following population thresholds: Spoken Language (3,000 or 10%), Vital Materials (1,000 or 5%), and Written Notices (1,000 or 5%).
- Provide both verbal offers and written notices informing behavioral health recipients of their right to receive language assistance services to behavioral health recipients in their preferred language.
- Ensure all written materials shall be made available in alternative formats for the visually impaired. Inform all behavioral health recipients that information is available in alternative formats and how to access those formats.
- Ensure signage is posted at all direct service locations regarding availability of oral interpretation services. Translated Agency Signage Templates (English and Spanish) are available at <http://www.azdhs.gov/bhs/tast.htm>
- Ensure oral interpretation services are available free of charge. This applies to all non-English languages, not just those the Contractor identifies as prevalent. This requirement will be met through the provision of bilingual speaking staff, contract interpreters and/or telephonic interpreter services.
- Ensure all programming address cultural considerations (i.e., language, sexual orientation, degree of acculturation, provider gender preference, cultural beliefs, utilization of alternative medicine or traditional healer, religious/spiritual needs, living environment, family/social/community involvement and support).

Accessing Oral Interpretation Services

In accordance with [Title VI of the Civil Rights Act](#), Prohibition against National Origin Discrimination, T/RBHAs and their subcontracted providers must make oral interpretation services available to persons with Limited English Proficiency (LEP) at all points of contact. Oral interpretation services are provided at no charge to AHCCCS eligible persons and persons determined to have a Serious Mental Illness (SMI.)

Oral and Sign Language Interpretation Services Requirements:

The Culturally and Linguistically Appropriate Services (CLAS) Standards on Language Access Services numbers 4 through 7 are federally-mandated for health care organizations. They are:

CLAS Standard 4. Offer and provide language assistance services; including bilingual staff, interpreters, and telephone interpretation services, at no cost to each behavioral health recipient with Limited English Proficiency (LEP) at all points of

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contact, in a timely manner during all hours of operation. ***This requirement must be reflected in the clinical record as interpretation services must be noted each time they are provided. Providers should also have an administrative process that tracks provision of interpretation services across all services.***

CLAS Standard 5. Provide both verbal offers and written notices informing behavioral health recipients, and potential behavioral health recipients of their right to receive language assistance services in their preferred language. ***This requirement must be reflected in the clinical record each time that interpretation services are offered to a recipient with Limited English Proficiency (LEP).***

CLAS Standard 6. Ensure the quality of language assistance provided to LEP persons by interpreters and bilingual staff through certification or a similar process. Family and friends should not be used to provide interpretation services. ***This requirement should be fulfilled by testing and/or certifying bilingual staff and/or only using interpretation vendors with the correct experience and credentials. Interpretation and translation language proficiency testing should be conducted through an interpreter services organization that offers proficiency testing as part of its available services. Bilingual staff should demonstrate the language competence appropriate to their job function.***

CLAS Standard 7. Make available easily understood recipient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area in a conspicuous public area such as a facility waiting room. *Examples of translated agency signage for Spanish speaking persons may be obtained on the [ADHS/DBHS Cultural Competence web page](#). This requirement can currently be satisfied by posting all signage in both English and Spanish. It is also recommended that Providers also post signage in any additional languages commonly spoken by recipients served by their organization.*

Qualified Interpreter/Translator

Magellan and the providers must ensure that oral interpretation and translation services are provided by qualified oral interpreters and bilingual staff, and licensed sign language interpreters when providing behavioral health services. Magellan and the providers are responsible to identify bilingual staff and to ensure that the bilingual staff takes a spoken and written language evaluation from a language testing agency recommended by ADHS/DBHS. Sign language interpreters must be licensed according to A.R.S. § 36-1946 and [A.A.C. R9 Chapter 26, Article 5](#). Magellan and the providers are responsible for determining what level of written and oral language competency is required to perform clinical or administrative functions. Sign language, oral interpretation and translation services must be provided by a Magellan or provider employee who is proficient and skilled in translating and interpreting language(s).

Procedure for Accessing Oral and Sign Language Interpretation Services:

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In an effort to increase accessibility to interpretation services, Magellan has negotiated with interpretation vendors to offer their services to the Provider Network at Magellan-contracted rates and under the umbrella of their contracts with Magellan. This means that Magellan-contracted Providers may contact any of the interpretation vendors listed on the Magellan Interpretation Services Directory and access their services without an executed contract. Access the Magellan Interpretation Services Directory at [Magellan of Arizona](#).

Please note:

1. Providers will be solely responsible for billing interpretation services in conjunction with another service under code T1013.
2. Providers will be solely responsible for paying the interpretation vendors in a timely manner.
3. Providers will be solely responsible for scheduling interpretation services in coordination with the vendors. Please state membership in Magellan RBHA when contacting interpretation vendors.
4. Each interpretation vendor will have their own form and/or process for scheduling an interpreter, so inquire about those specifics when contacting them.
5. As a part of the monitoring process, interpretation vendors will submit quarterly language usage reports to Magellan that include languages requested, hours contracted, and timely payment history listed by Provider.
6. The RBHA Cultural Competency Committee will review the vendor quarterly language usage reports and language interpretation encounter data on a quarterly basis to identify opportunities for improved access.

Telephonic Interpretation Services

Providers should submit a service agreement with Pacific Interpreters to access telephonic interpretation services.

Pacific Interpreters is a telephonic interpreting service that will ensure that staff has access to reliable interpretation services that are fast, available immediately, and conducted by medically-qualified interpreters. To learn more about the service, please visit <http://www.pacificinterpreters.com/> or call 1-800-311-1232.

By completing the Magellan/Pacific Interpreters service agreement and submitting it directly to Pacific Interpreters, Providers will shortly thereafter begin receiving the service, which includes access to telephonic interpretive services in over 180 languages and dialects, in less than 25 seconds.

When submitting paperwork, Providers should note that they are a Magellan of Arizona subcontractor.

Upon receipt of the service agreement paperwork, Pacific Interpreters will issue an access code for each Provider. They will also provide—upon request—“Quick

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Reference Cards,” which include the 800 phone number and Provider-specific access code.

Please note that Providers are solely responsible for payment to Pacific Interpreters for services rendered.

Accessing Interpretation Services for the Deaf and the Hard of Hearing

In accordance with [A.R.S. 36-1946](#), T/RBHAs and their subcontracted providers must provide auxiliary aids or licensed sign language interpreters that meet the needs of enrolled persons upon request, at no charge to AHCCCS eligible persons or person determined to have a Serious Mental Illness. Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning, and other effective methods of making aurally delivered materials available to persons with hearing loss.

The Arizona Commission for the Deaf and the Hard of Hearing provides a listing of qualified and licensed interpreters, information on auxiliary aids and the complete rules and regulations regarding the profession of interpreters in the State of Arizona. (Arizona Commission for the Deaf and the Hard of Hearing <http://www.acdhh.org> or (602) 542-3323 (V/TTY).)

Any person or family member of a person requesting or receiving behavioral health services that is deaf or hard of hearing shall be afforded face-to-face sign language interpretation either through a qualified provider staff member or through a subcontracted sign language provider at no cost to the recipient or family member.

In an effort to increase accessibility to sign language interpretation services, Magellan has negotiated with sign language interpretation vendors to offer their services to the Provider Network at Magellan-contracted rates and under the umbrella of their contracts with Magellan. This means that Magellan-contracted Providers may contact any of the sign language interpretation vendors listed on the Magellan Interpretation Services Directory and access their services without an executed contract. Access the Magellan Interpretation Services Directory at [Magellan of Arizona](#).

Please note:

1. Providers will be solely responsible for billing sign language interpretation services in conjunction with another service under code T1013.
2. Providers will be solely responsible for paying the sign language interpretation vendors in a timely manner.
3. Providers will be solely responsible for scheduling sign language interpretation services in coordination with the vendors. Please state membership in Magellan RBHA when contacting interpretation vendors.
4. Each sign language interpretation vendor will have their own form and/or process for scheduling an interpreter, so inquire about those specifics when contacting them.

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5. As a part of the monitoring process, sign language interpretation vendors will submit quarterly language usage reports to Magellan that include languages requested, hours contracted, and timely payment history listed by Provider.
6. The RBHA Cultural Competency Committee will review the vendor quarterly language usage reports and language interpretation encounter data on a quarterly basis to identify opportunities for improved access.

Translation of Written Material

T/RBHAs and their subcontracted providers must make written translated materials available, including vital documents (such as formal notices) to the commonly encountered LEP groups who are AHCCCS eligible and to persons determined to have a Serious Mental Illness. Members with LEP, whose languages are not considered commonly encountered, will be provided written notice in their primary language of the right to receive competent oral translation of written material.

- Ensure that materials for recipients of service are translated into all languages that meet the following population thresholds: Spoken Language (3,000 or 10%), Vital Materials (1,000 or 5%), and Written Notices (1,000 or 5%).
- Vital materials and written notices, at a minimum, include:
Notice for denials, reductions, suspensions or termination of services;
Consent forms; and
Notice informing persons of their right to interpretation and translation services.
- All materials must be available in alternative formats for the visually impaired.

Assessment and Service Planning

The intake, assessment and service planning process described in [Section 3.9, Intake, Assessment and Service Planning](#) includes the active solicitation of a person's linguistic preferences and needs. The behavioral health recipient's primary/preferred language must be documented in the Assessment and Service Plan ([PM Form 3.9.1, ADHS/DBHS Behavioral Health Assessment and Service Plan, Cover Sheet](#)) and as part of the intake process. (Information regarding a recipient's primary/preferred language must be submitted as part of the Demographic Data Set, HIPAA 834 Benefit Enrollment and Maintenance File.) In addition, if a person requests a copy of his/her Assessment and Service Plan, those documents must be provided to the person in his/her primary language. Documentation in the Assessment and Service Plan must also be made in English. However, collaboration with the enrolled person and the clinical team must be conducted in the person's preferred language. Documentation of oral interpretation services provided in a language other than English must also be included in the person's file. Documentation must include date of service and interpreter name, each time a service requiring interpretation is provided.

3.23.7-B. Respect for Diversity

The definition of cultural competence includes awareness and respect for behavioral health recipients' diverse languages, thoughts, communications, actions, customs, beliefs, values, and racial, ethnic, religious, or social affiliations. Providers should

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attempt to create environments sensitive to recipients' cultural needs incorporating respectful, receptive and inclusive front desk management and recruitment strategies for a diverse workforce. Recipient services and provider organizational policies must be consistent with applicable federal and state laws and should reflect a respect for diverse values and considerations.

The Delivery of Culturally Competent Services

ADHS/DBHS supports a model for intake, assessment, service planning and service delivery that is strength-based, family friendly, culturally sensitive and clinically sound. There are six basic principles that serve as a framework for the process of assessment and service plan development. These include ensuring that behavioral health assessments and service plans:

- Are developed with an unconditional commitment to those enrolled in the behavioral health system and their families;
- Begin with empathetic relationships that foster ongoing partnerships and an expectation of equality and respect throughout the service delivery system;
- Are developed collaboratively with families to engage and empower their unique strengths and resources;
- Include other individuals important to the person;
- Are individualized, strength-based, culturally appropriate, and clinically sound; and
- Are developed with the expectation that the person is capable of positive change, growth and leading a life of value.

In addition, providers should:

- Provide an environment in which behavioral health recipients from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of identifying treatment options; and
- Communicate to recipients in their preferred language and ensure that recipients understand all clinical and administrative information.

The assessment and service planning process can include the active participation and integration of the recipient's culture(s,) to include his/her sexual or gender orientation, provider gender preference, disability status, cultural beliefs, age, utilization of alternative medicine or traditional healer, religious and spiritual needs, living environment, and family, social and community involvement and support. Recipients and their families should be responded to in a culturally relevant manner and service needs addressed in ways that are consistent with their culture, customs, communication style and preferences.

Providers with direct care responsibilities must complete mandated Cultural Competency training (as per [Section 9.1 Training Requirements](#)) and ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

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Laws Prohibiting Discrimination

T/RBHAs and provider agencies must abide by the following referenced federal and state anti-discrimination laws:

- [Title VI of the Civil Rights Act](#) prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.
- [Title VII of the Civil Rights Act](#) of 1964 prohibits employment discrimination based on race, color, religion, sex, or national origin by any employer with 15 or more employees. ([The Civil Rights Act of 1991](#) reverses in whole or in part several Supreme Court decisions interpreting Title VII, strengthening and improving the law and providing for damages in cases of intentional employment discrimination.)
- [State Executive Order 99-4](#) and [Federal Order 11246](#) mandate that all persons regardless of race, color, sex, age, national origin or political affiliation shall have equal access to employment opportunities.
- [The Age Discrimination in Employment Act](#) (ADEA) prohibits employment discrimination against employees and job applicants 40 years of age or older. The ADEA applies to employers with 20 or more employees, including state and local governments. The Older Workers Benefit Protection Act (Pub. L. 101-433) amends the ADEA to prohibit employers from denying benefits to older employees.
- [The Equal Pay Act](#) (EPA) and [A.R.S. 23-341](#) prohibit sex-based wage discrimination between men and women in the same establishment who are performing under similar working conditions.
- [Section 503 of the Rehabilitation Act](#) prohibits discrimination in the employment or advancement of qualified persons because of physical or mental disability for employers with federal contracts or subcontracts that exceed \$10,000. All covered contractors and subcontractors must also include a specific equal opportunity clause in each of their nonexempt contracts and subcontracts.
- [Section 504 of the Rehabilitation Act](#) prohibits discrimination on the basis of disability in delivering contract services.
- [The Americans with Disabilities Act](#) prohibits discrimination against persons who have a disability. Providers are required to deliver services so that they are readily accessible to persons with a disability. T/RBHAs and their subcontracted providers who employ less than fifteen persons and who cannot comply with the accessibility requirements without making significant changes to existing facilities may refer the person with a disability to other providers where the services are accessible. A T/RBHA or its subcontracted provider who employs fifteen or more persons is

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required to designate at least one person to coordinate its efforts to comply with federal regulations that govern anti-discrimination laws.

Magellan participates in the monthly DBHS Cultural Competence Committee Meetings and the quarterly roundtable meetings facilitated by the Arizona Commission for the Deaf and Hard of Hearing in order to learn more about culturally competent services and to participate in the process of creating a more culturally responsive behavioral health system.

Magellan of Arizona hosts bimonthly RBHA Cultural Competence Committee Meetings with recipient and stakeholder participation which guides the implementation of cultural competence initiatives.

For more information about Cultural Competency at Magellan, please visit [Magellan of AZ Cultural Competence](#) or contact the Director of Cultural Competency.