

Date	Calendar Year - 2016
Subject	Cultural Competency Training

PRACTICE RESPONSE REQUIRED

The California Department of Health Care Services (DHCS) requires CHOC Health Alliance (CHA) to conduct annual Cultural Competency Training for CHA staff and Health Network Providers and their Staff who come in contact with CalOptima Members.

This training and attestation is due by no later than December 1st, 2016.

Objectives:

- Identify members with potential cultural or language needs where alternate communication methods are needed
- Use informational materials that are culturally sensitive
- Determine that appropriate processes and tools are available to support communication and remove barriers
- Ensure persons interacting with CalOptima members have an understanding of how culture and language may influence health

This training will help you understand:

- The variety of cultural groups in CHA's service area
- Services that promote equal access to health care services and are responsive to a member's cultural and linguistic needs
- The meaning of cultural competent care

CHOC Health Alliance is required to ensure that all contracted Providers and their Staff are compliant with this requirement. Please go to www.chochealthalliance.com, click on **For Providers** (password is kidsfirst), and then click on **Cultural Competency Training** on the left hand side under **Links for Providers** to access the training presentation. You will also find here the attestation which must be signed by a designated signer in your practice. The attestation can be scanned and emailed to ProviderRelations@CHOCHHealthAlliance.com or faxed to (714) 509-7015.

For any questions or inquiries about this provider notification, please contact your Provider Relations Representative directly or send your email to ProviderRelations@CHOCHHealthAlliance.com.

We look forward to working collaboratively with you and your office staff, and appreciate the quality care you provide to our Members. Thank you.



CHOC Health Alliance Attestation Form

Cultural Competency Training

Provider or Group Name: _____

Tax ID # (if applicable): _____

NPI # (if applicable): _____

Date Training Completed: _____

Signatory Printed Name: _____

Signatory Title: _____

Signature: _____

Please check (✓) the following related to CalOptima's Cultural Competency Training:

Provider ensures that all the following personnel completed CalOptima's Cultural Competency Training:

- ☐ All staff who interact or who may potentially interact with CalOptima members;
- ☐ All staff who are responsible for policies and procedures affecting CalOptima members;
and
- ☐ Any other staff deemed appropriate by contractor or Department of Health Care Services.

ATTESTATION SUBMISSION INSTRUCTIONS:

This Attestation Form may be scanned and emailed to CHA Provider Relations at ProviderRelations@CHOCHHealthAlliance.com or faxed to (714) 509-7015.