



Training:
Provider Training - Cultural Competency,
Linguistic Access, and Grievance
Cooperation

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1.0	Original/ Initial Version	Brittney Green	01/28/2026	N/A

1. PURPOSE

This Policy replaces the prior Provider Cultural Competency Training and establishes comprehensive, enforceable standards governing:

- Cultural competency
- Linguistic access
- Nondiscrimination
- Member grievance and appeal rights
- Provider cooperation obligations

This Policy ensures compliance with:

- Knox-Keene Health Care Service Plan Act
- DMHC regulations and grievance requirements
- California Department of Insurance (CDI) standards (where applicable)
- NCQA Cultural & Linguistic Competency standards
- Federal and State civil rights laws (ADA, Section 504, Unruh Civil Rights Act)

Compliance with this Policy is a condition of participation in the Holman Group provider network.

2. REGULATORY FRAMEWORK

Providers must comply with all applicable:

- Health & Safety Code §1340 et seq.
- Title 28 California Code of Regulations
- DMHC grievance, IMR, and member rights regulations
- California Insurance Code (for DOI-regulated products)
- NCQA accreditation standards (Cultural & Linguistic Competency; Member Rights & Responsibilities; Quality Improvement)
- Federal nondiscrimination and language access requirements

3. DEFINITIONS

Culture

The collective values, beliefs, behaviors, customs, communication styles, health beliefs, and social influences shared by a group and transmitted across generations.

Cultural Competency

The ability to function effectively in the context of cultural differences through ongoing awareness, self-assessment, knowledge development, and adaptation of services.

Cultural Diversity

The variety of customs, attitudes, practices, and behaviors among individuals from different racial, ethnic, national, or social backgrounds.

Primary Dimensions of Diversity

Race, age, gender, ethnicity, sexual orientation, and mental/physical abilities.

Secondary Dimensions of Diversity

Education, geographic location, socioeconomic status, religion, parental status, thinking styles, migration history, and functional level.

Limited English Proficient (LEP)

An individual who does not speak English as their primary language and has limited ability to read, speak, write, or understand English.

Grievance

Any expression of dissatisfaction regarding quality of care, access, service, coverage, billing, medical necessity, scheduling, provider conduct, or administrative operations.

4. POLICY STATEMENT

Contracted providers shall:

1. Deliver culturally competent care.
2. Respect cultural beliefs, health practices, and diversity factors.
3. Provide meaningful language access at no cost to members.
4. Ensure equal access to services without discrimination.
5. Inform members of their grievance and appeal rights.
6. Cooperate fully with Holman Group grievance investigations and regulatory processes.

Failure to comply may result in corrective action, remediation, termination, or regulatory reporting.

5. CULTURAL COMPETENCY REQUIREMENTS

5.1 Core Principles

Providers must demonstrate:

- Acceptance and respect for cultural differences

- Ongoing cultural self-assessment
- Awareness of bias and health disparities
- Adaptation of service models to meet culturally unique needs
- Respect for cross-cultural communication

5.2 Factors Influencing Culture

Providers must recognize that cultural factors influencing care include:

- Age
- Gender
- Socioeconomic status
- Ethnicity
- National origin
- Religion
- Geographic location
- Migration history
- Sexual orientation
- Functional ability

These factors may affect:

- How members define illness
- Help-seeking behavior
- Symptom presentation
- Response to treatment
- Participation in service plans

5.3 Culturally Competent Care Delivery

Providers shall:

- Use plain language and confirm understanding
- Avoid assumptions based on cultural background
- Modify communication style when appropriate
- Respect health beliefs while maintaining clinical standards
- Encourage shared decision-making

6. LANGUAGE ACCESS REQUIREMENTS

6.1 Identification of Language Needs

Providers must:

- Ask and document preferred spoken and written language
- Identify when alternative communication methods are needed
- Recognize dialect differences and communication barriers

6.2 Interpreter Services

Providers shall:

- Offer qualified interpreter services at no cost

- Not require members to provide their own interpreter
- Not use minor children as interpreters
- Use qualified interpreters for:
 - Informed consent
 - Treatment planning
 - Behavioral health services
 - Authorization discussions
 - Grievance-related matters

6.3 Language Access in Telehealth

Providers must ensure interpreter services are available for telephonic and virtual encounters.

7. MEMBER RIGHTS AND GRIEVANCE PROCESS

7.1 Right to File

Members or authorized representatives (including parents of minors, HR representatives, patient advocates) may file grievances.

7.2 Methods to File

Members may file grievances by:

- Phone
- Fax
- Mail
- Email
- Website submission

Providers must inform members of these options upon request.

7.3 Grievance Categories

Grievances may include:

- Scheduling problems
- Billing issues
- Coverage disputes
- Quality of care concerns
- Provider availability issues
- Waiting time concerns
- Attitude or professionalism concerns
- Medical necessity disputes
- Authorization issues
- Other dissatisfaction

7.4 Grievance Types and Timelines

Non-Exempt (Formal) Grievances

- Acknowledgment within five (5) calendar days
- Resolution within thirty (30) calendar days

Exempt (24-Hour) Grievances

Issues resolved immediately that do not involve coverage or medical necessity disputes.

- Acknowledgment within 24 hours

Expedited (Urgent) Grievances

When there is an imminent and serious threat to health:

- Immediate notification to Holman Group
- Written disposition within three (3) days

Providers must cooperate with all required timelines.

8. BEHAVIORAL HEALTH SPECIFIC CONSIDERATIONS

Providers delivering mental health or substance use disorder services must:

- Recognize stigma and cultural barriers affecting engagement
- Avoid discriminatory denial of medically necessary care
- Ensure parity in treatment decisions
- Provide additional engagement efforts when cultural barriers increase risk of dropout

9. NCQA ALIGNMENT REQUIREMENTS

Providers shall:

- Participate in cultural competency initiatives
- Maintain policies supporting nondiscrimination
- Cooperate with quality improvement and disparity reduction efforts
- Support collection of demographic and language data

10. TRAINING REQUIREMENTS

Providers must ensure:

- Cultural competency training upon hire
- Annual refresher training
- Retention of training records
- Submission of attestation upon request

11. MONITORING AND ENFORCEMENT

Holman Group may monitor compliance through:

- Site reviews
- Record audits
- Grievance analysis
- Quality audits
- Regulatory audit support

Noncompliance may result in:

- Corrective Action Plans
- Provider remediation

- Network termination
- Regulatory referral

12. CONTACT INFORMATION

Holman Group – Provider Relations / Compliance

pr@holmangroup.com

ComplianceTeam@holmangroup.com

Approval Authority	Signature	Date
Brittney Green	<i>Brittney Green</i>	01/28/2026