



500 Summer St NE E35

Salem, OR, 97301

Voice: 503-945-5772 or 800-527-5772

Fax: 503-373-7689

TTY: 711

[www.oregon.gov/OHA/HSD](http://www.oregon.gov/OHA/HSD)

**Date:** May 11, 2020

**To:** Coordinated care organizations (CCOs)  
All OHP-enrolled providers

**From:** Lori Coyner, Medicaid Director

**Subject:** Providing culturally and linguistically appropriate services during the COVID-19 emergency

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care ([National CLAS Standards](#)):

- Emphasize respectful, understandable, effective and equitable care, and
- Provide a framework for improving quality and eliminating health care disparities.

During the COVID-19 emergency, the importance of providing CLAS-based care is elevated because of the disproportionate impacts that COVID-19 infections and mortality have on the populations who rely most on CLAS-based care for quality, reliable, and meaningful access to services.

To reduce barriers to accessing quality and appropriate care for priority populations and advance Health Equity ([OHA's Health Equity definition](#)), the Oregon Health Authority (OHA) expects all OHP-enrolled providers and CCOs to provide services in support of OHA's health equity goals, consistent with National CLAS Standards. This means all health services, including telemedicine services:

- **Are culturally responsive:** Specifically, providing 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. Providers must demonstrate awareness of, and sensitivity to, cultural differences and similarities, and the effect on the member's care;
- **Provide meaningful access to language services** as required by [Title VI of the Civil Rights Act](#), the [Americans with Disabilities Act \(ADA\)](#), [Section 1557 of the Affordable Care Act](#) and corresponding regulations [45 CFR Part 92](#) (Section 1557); and
- **Are provided in an equitable and inclusive manner**, without regard to race, color, religion, national origin, sex, age, disability, English proficiency, or economic status. See the [HHS Office of Civil Rights Action Bulletin](#).

CCOs are required to ensure **all services** are provided according to National CLAS Standards. OHA also requires CCOs to reimburse Certified and Qualified Health Care Interpreters (HCIs) for interpretation services provided via telemedicine at the same rate as face-to-face interpretation services. See Oregon Administrative Rules [410-141-3515](#)(12) and [410-141-3860](#)(12).

## Providing culturally responsive care

A person- and family-centered approach to culturally responsive services begins with understanding the social and cultural differences among members, then providing care that is consistent with members' social and cultural preferences. Culturally responsive services include:

- Using OHA-approved HCIs, available on OHA's [HCI Registry](#);
- Using Traditional Health Workers (THWs), available on OHA's [THW Registry](#); and
- Recognizing implicit bias in service delivery for patients or members, including individuals who have physical disabilities, who are Deaf or hard of hearing, or who have developmental or intellectual challenges; and delivering appropriate services in way that helps overcome any bias. Helpful resources on this topic include [NW ADA Effective Communication](#), [ARC Q and A on COVID-19 and Down Syndrome](#), [National Association for the Deaf Guidance](#) and [Supporting Individuals with Autism](#).

## Providing language access services

[Title VI of the Civil Rights Act](#), the [Americans with Disabilities Act \(ADA\)](#), [Section 1557 of the Affordable Care Act](#) and corresponding regulations [45 CFR Part 92](#) (Section 1557) require CCOs and providers to ensure meaningful access to language services. These federal requirements are not waived during the COVID-19 emergency.

Providers and CCOs must ensure all services, including telemedicine services preserve meaningful access to language services as described on the US Department of Health and Human Services' [Office of Civil Rights website](#) and in [OHA's questions and answers about language assistance services](#).

## Applying CLAS standards to telemedicine services

Providers and CCOs must ensure telemedicine services:

- Are inclusive, accessible, and promote Health Equity;
- Are delivered through high-quality, accessible modalities that meet [ADA](#) and [LEP](#) requirements;
- Preserve the privacy and confidentiality of patient information, as outlined in the [Office of Civil Rights Telehealth FAQ](#);
- Do not result in vicarious trauma or retraumatizing individuals (for example, requiring a patient to repeat difficult scenarios unnecessarily to an interpreter or provider); and
- Are appropriate for sharing remotely and/or through a third party.

Examples of situations that may **not** be appropriate for a telemedicine appointment include when:

- There is a need to discuss complex diagnoses or sensitive or emotionally charged topics;
- The patient has difficulty with using telemedicine technology; or
- The patient needs another person in the room to manage the technology.

In these cases, consider using in-person care and interpretation for such services, [if personal protective equipment can be secured for HCIs and THWs](#) involved to reduce health risk exposures.

## Questions?

For more questions or additional guidance from OHA, please contact [COVID.19@dhs.oha.state.or.us](mailto:COVID.19@dhs.oha.state.or.us).